

The teeth and mouth of both operator and nurse as well as patient should be kept in the best possible condition in order to guard against such potent sources of infection. Regular visits to the dentist and the frequent use of a tooth-brush with or without some good mouth-wash are the requisites of common decency.

The presence in the operating room of an individual suffering from ozena, alveolar abscess, or other suppurative conditions, nasal catarrh, coryza, inflammatory conditions of the pharynx or tonsil, bronchitis, or pulmonary tuberculosis is a menace to the patient.

Upon the hand of the surgeon much depends. While the size of the hand cannot well be regulated, it can at least be well groomed. Great care of the hands should be taken; they should never become abraded or chapped. Gloves should be regularly worn out-of-doors for their protection. The fingers should never be contaminated with pus or soiled dressings. All hangnails should be removed with cuticle scissors; if the cuticle is well pushed back from the base of the nail every day or two these will seldom form. Keeping the nails short by the frequent use of the file is better than frequent cutting with knife or scissors, which tends to make the nails become brittle and split. The metal nail cleaner should not be used to remove the accumulations of dirt under the nails, but the orangewood stick, which produces no abrasions, should take its place. When the nails are to be cut they should first be softened by soaking in warm water. Cracks, fissures, or roughened places on nails or hands act as nidi for dirt and promote infection.

Just prior to operation the hands are washed thoroughly with green

soap and running hot water. All collections of dirt are removed from under the nails. After the washing is resumed the ends of the fingers and the palmar surfaces of the hands are scrubbed with a Tampico nail-brush; the forearms, the backs of the hands, and the spaces between the fingers are systematically scrubbed with a towel during the cleansing process, care being taken to miss no part. The stiff nail brush ordinarily used is apt to produce slight abrasions on the arms that may be a source of infection. The hands and arms are then washed thoroughly in 70-per-cent alcohol and rinsed in sterile water. Antiseptic solutions are not used for the reason that they irritate the skin and give a false sense of security.

Rubber gloves are worn as a part of the regular routine in all operative work, obstetric cases, vaginal and rectal examinations, etc. I have never been able to subscribe to the German custom of having the hands bare and wearing rubber boots or overshoes in the operating arena. Among the disadvantages of gloves as enumerated by those who oppose them I note expensiveness, short life, masking of tactus, and the slipperiness of gloves. Among the advantages I mention the protection of the surgeon and the patient from infection by the intervention of a germ-proof, easily sterilized cover for the hand. The contact of the glove with the intestinal peritoneum is less irritating than the bare fingers. The cost of gloves is of course considerable, but is small when compared with the benefits to be derived from their use. By taking good care of gloves and by mending those punctured or torn the cost can be somewhat lessened.