

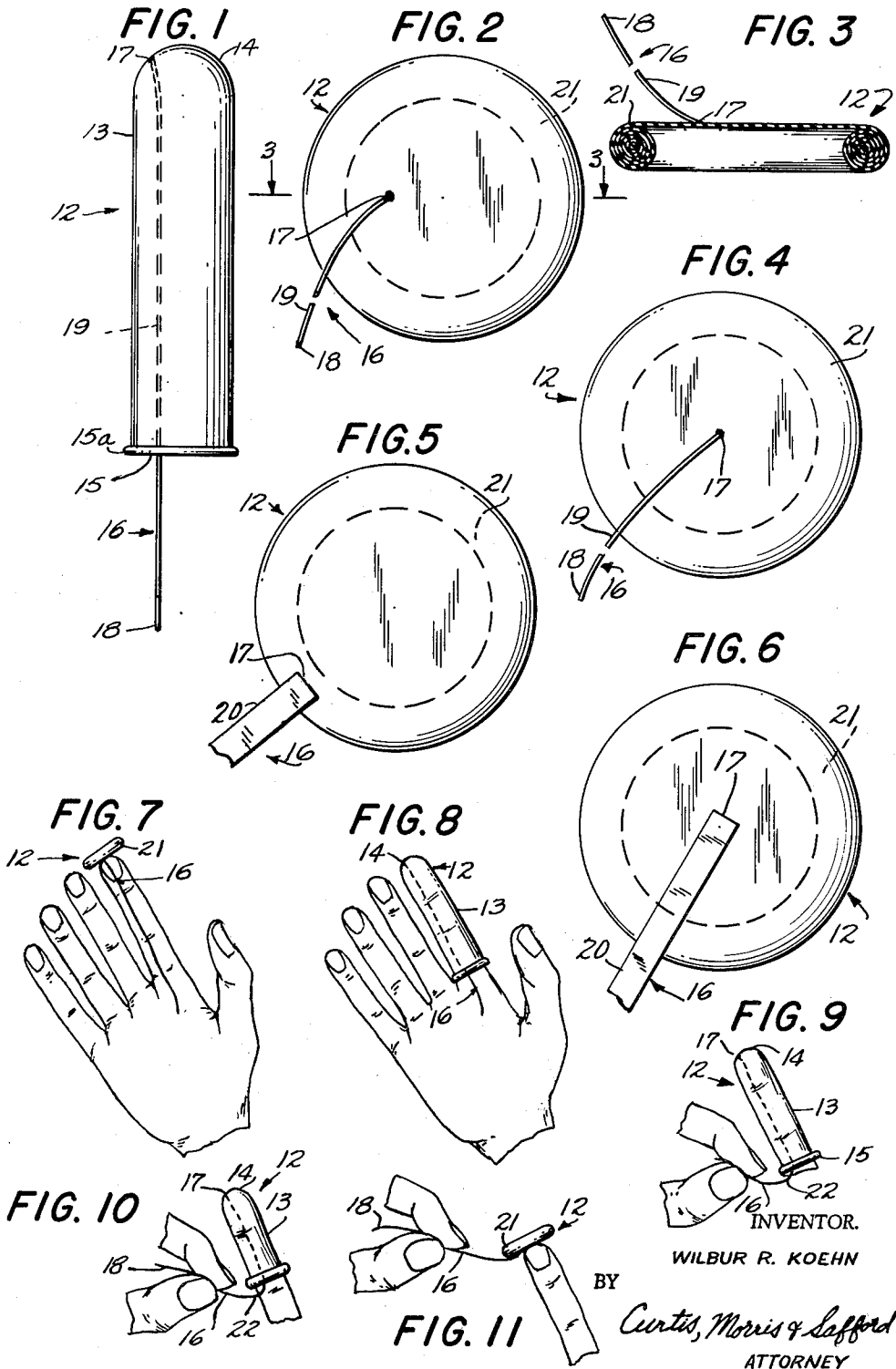
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FINGER COTS

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**FINGER COTS**  
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The present invention relates to finger cots and more particularly to an improved finger cot of the type used by physicians for examining body cavities.

When a physician makes an examination of body cavities he places a sterile cot of a thin, flexible and elastic material over his finger to prevent transmission of infection and/or contamination from or to his finger. The cot is stretched to closely fit the finger and the cot is usually rolled into an annulus to facilitate application by merely unrolling it along the finger. The finger with the cot applied is then lubricated with an acceptable sterile lubricant.

After an examination the cot is removed from the finger by grasping the rearward edge of the cot between the forefinger and thumb of the other hand and stripping it from the finger. Due to the tight fit and the lubricant thereon, it is sometimes difficult to grasp the cot and, more important, it is practically impossible to remove the cot without contaminating the thumb and forefinger of the other hand with the lubricant.

One of the objects of the present invention is to provide a finger cot which may be easily and quickly removed without contamination of either hand.

Another object is to provide a finger cot of the type indicated which is rolled onto the finger in a conventional manner and rolled off the finger by merely pulling the uncontaminated end of an actuating element extending beyond the finger cot.

Still another object is to provide a finger cot of the type indicated which is of simple construction, economical to manufacture and reliable in operation.

These and other objects will become more apparent from the following description and drawings in which like reference characters denote like parts throughout the several views. It is to be expressly understood, however, that the drawings are for the purpose of illustration to teach one skilled in the art how to practice the invention and are not intended as a definition of the limits of the invention, reference being had for this purpose to the appended claim.

In the drawings:

FIGURE 1 is a side elevational view of a finger cot incorporating the novel features of the present invention and showing the end of an actuating cord attached to the inside of the cot adjacent its closed end;

FIGURE 2 is an enlarged plan view of the finger cot illustrated in FIGURE 1 in the rolled-up form in which it is supplied to adapt it to be applied to the finger;

FIGURE 3 is a transverse sectional view through the finger cot illustrated in FIGURE 2 to show the convolutions of the rolled wall with one end of the actuating cord attached to the closed end of the cot;

FIGURE 4 is a plan view of a rolled cot similar to FIGURE 2 showing the cord in the form of a string having its end attached to the center of the closed end of the cot;

FIGURE 5 is a plan view of a rolled cot similar to FIGURE 4 showing a modified construction in which the cord is in the form of a tape having one end attached to the closed end adjacent its periphery;

FIGURE 6 is a plan view of a rolled cot similar to FIGURE 5 showing the end of the tape attached to the center of the closed end;

FIGURE 7 is a perspective view of a hand and show-

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ing the manner in which the finger cot is applied to the forefinger;

FIGURE 8 is a view similar to FIGURE 7 showing the finger cot rolled onto the finger with the pull cord positioned between the finger and cot;

FIGURE 9 is a view showing the end of the cord being pulled to initiate the removal of the cot from the finger;

FIGURE 10 is a view similar to FIGURE 9 showing the cot being rolled along the finger as the cord is pulled;

FIGURE 11 is another view like FIGURES 9 and 10 showing the cot being rolled off the end of the finger.

FIGURE 1 of the drawings illustrates a finger cot of a thin, flexible and elastic material such as natural or synthetic rubber or other suitable plastic. Finger cot 12 has a continuous wall forming a cylindrical sleeve 13 with a rounded closure 14 at one end. The opposite end 15 of the cot 12 is open for the insertion of the finger therein and the terminal edge has an annular bead 15a. Finger cot 12 is of a length to completely cover the finger and of a diameter to tightly engage the sides of the finger.

In accordance with the present invention, the finger cot 12 has an actuator so connected and arranged as to adapt the cot to be stripped from the finger without contaminating the fingers of either hand. As illustrated in the drawing the actuator is a flexible cord 16 having one end 17 attached to the inside surface of the continuous wall of the finger cot 12 adjacent the closed end 14 and of a length to extend outwardly from and beyond the open end 15 of the cot to provide a finger tab at its opposite free end 18.

The flexible cord 16 may be in the form of a fine thread or string 19 as illustrated in FIGURES 1 to 4 or may be in the form of a flat tape 20 as illustrated in FIGURES 5 and 6. The tape form 20 of pull cord 16 may be composed of a flexible plastic material. The end 17 of cord 16 may be attached at any point on or adjacent the closed end 14 of the cot 12. For example, the end 17 of cord 16 may be attached to the inside wall of the cot 12 at the point of junction of the cylindrical sleeve 13 and rounded closed end 14 as illustrated in FIGS. 1 to 3 and 5, or may be attached to the center of the rounded closed end 14 as illustrated in FIGURES 4 and 6, or anywhere therebetween. Thus, the term "cord" or "pullcord" as used in the specification and claims is intended to include any form of flexible actuator having one end connected to the inside surface of the closed end of the cot and extending through and beyond the open end of the cot.

Preferably, the cylindrical sleeve 13 of the finger cot 12 is rolled on itself to form an annulus 21 with the closed end 14 extending across the annulus at one side as shown in FIGURES 2 to 6 to facilitate application onto the finger. When the cot 12 is so rolled, the end of the cord 16 is attached to the outer exposed side of the closed end and preferably at the periphery of the annulus 21. The finger cot 12 is applied on the finger in the manner illustrated in FIGURES 7 and 8. To this end, the exposed side of the closed end 14 extending across the annulus 21 is placed over the end of the finger with the cord 16 positioned at the rear or dorsal side of the finger. Annulus 21 is then rolled down the finger throughout its entire length. Cord 16 is then positioned between the back of the finger and the cylindrical wall 13 of the cot 12. The cot may then be lubricated and the examination performed.

After the examination, the finger cot may be removed without contaminating the fingers of either hand in the manner illustrated in FIGURES 9 to 11. The free end 18 of the cord 16 extending beyond the open end 15 of cot 12 is grasped between the forefinger and thumb of the opposite hand and pulled forwardly toward the attached end 17. The forward motion of the loop 22 of

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the cord 16 causes the edge of the continuous wall of the cot 12 to roll on itself forwardly along the finger until it is entirely free of the finger. The removed cot 12 then may be deposited in a waste receptacle. As the end 18 of cord 16 extends beyond the end of the finger cot 12, it is not contaminated either by lubricant or by contact with the body and as the end 18 of cord 16 is the only part contacted to remove the cot, none of the fingers of either hand are contaminated during application or removal of the cot.

It will now be observed that the present invention provides a finger cot of improved construction which may be easily and quickly applied and removed without contamination of either hand. It also will be observed that the present invention provides a finger cot which may be rolled onto the finger in a conventional manner and rolled off the finger in a similar manner by merely pulling on an actuating cord. It still further will be observed that the present invention provides an improved finger cot which is of simple construction, adapted for economical manufacture and one which is reliable in operation.

While several embodiments of the invention are herein illustrated and described, further changes may be made

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in the construction and arrangement of elements without departing from the spirit or scope of the invention. Therefore, without limitation in this respect, the invention is defined by the following claim.

What is claimed is:

A finger cot of the type used by physicians for examining body cavities and consisting of a cylindrical tube of a thin, flexible material closed at one end and open at the opposite end to adapt it to be applied over the finger, the combination with said finger cot of an actuator for stripping the cot from the finger comprising a flexible pull cord positioned within the cot between the cot and finger when the cot is applied and having one end only attached to the cylindrical tube of the cot adjacent its closed end and its opposite free end extending beyond the open end of the cot whereby to roll the cot along the finger when the free end of the cord is pulled in a direction toward the attached end.

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