

Original Communications.

NOTE ON THE SYPHON DOUCHE, AND ITS USE IN AFFECTIONS OF THE UTERUS AND THROAT.

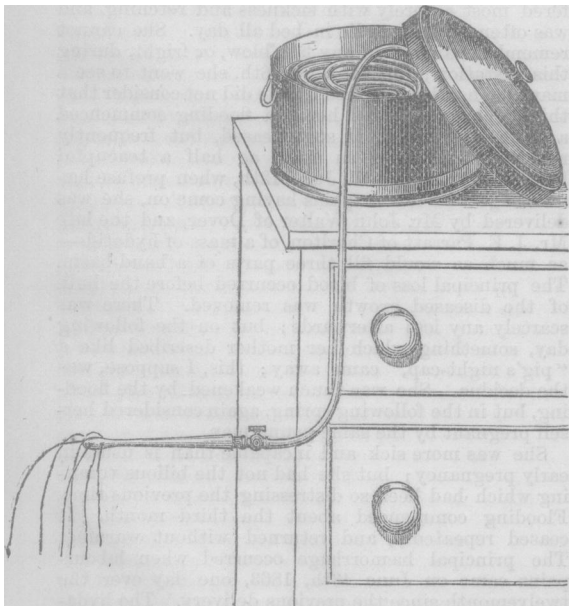
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I do not pretend to any originality in either the principle or application of this very simple, but almost unused instrument; but being convinced, by much experience, of its value, I am anxious to draw attention to its great usefulness in diseases of the throat and uterus.

The douche I employ is made thus. An India-rubber tube, five inches long, half an inch in external diameter, and retaining the wire inside, is fitted at one end with a brass stopcock, on which the vaginal tube is screwed. The other end is inserted in a large jug of water placed at a suitable height. The tube is tied with string to the handle of the jug, care being taken that the end is near the bottom of the vessel. The jug may be put on the top of a chest of drawers; and, to avoid the risk of its being overturned, it may be placed inside an open box. Should a more complete syphon douche be desired, I have had the following convenient instrument made for the use of my patients by Mr. Salt of Birmingham. It is a round tin vessel, sufficiently large to contain two gallons of water, to the inside of which the pipe is fastened, and in which it is coiled when not in use.*

In douching the throat, a tube of the same length, but of smaller bore than the ordinary vaginal tube, is fitted to the stopcock.

The accompanying wood-cut exhibits the form and working of the instrument.



Diseases of the Uterus. In using the douche, the

* The instrument may be had at Mr. Salt's, High Street, Birmingham.

patient must be flat on her back, with the head on a pillow; and a bed-slipper of white ware is placed under the pelvis, to collect the water as it escapes from the vagina. The vaginal tube should then be introduced for about three inches, and the stopcock opened. As the bed-slipper fills with water, it should be emptied. The douche is continued three, five, or ten minutes, according to circumstances; and the water used may be cold, tepid or warm, pure, or medicated with borax, nitre, lead, alum, tannic acid, krameria, oak-bark, zinc, or copper.

Advantages. In the treatment of congestive and inflammatory diseases of the uterus and vagina, the advantages of this instrument over the ordinary forms of injection apparatus are very great. It can be used promptly, without fatigue or exertion, and without the aid of an attendant. It furnishes a continuous stream, of equal and measured force; and, the vaginal tube being at perfect rest, and quite under the control of the patient, all risk of injury to the parts is avoided. In all cases, this is of the highest importance, but especially so when the sensibility and tenderness are exalted by disease. After a little practice, the superior cleanliness and dryness of this mode of irrigation will be found of much comfort to the patient.

Diseases of the Throat. The value of the douche is even more evident in the treatment of affections of the throat. In relaxation, chronic congestion, inflammation, and ulceration of the fauces, it enables us to apply continuously and efficiently to the whole morbid surface a stream of water, cold, warm, or medicated. The superiority of this means over the ordinary method of gargling is most evident in actual practice. In ordinary gargling, the difficulty of bringing the fluid into contact with the fauces is always great; in some cases, it is impossible. This I have demonstrated repeatedly by the following experiment. I have painted the back of the throat with iodine, and then caused the patient to gargle with a solution of starch. On examining the throat, I have found that, in many of those experimented upon, the starch did not pass behind the anterior arch; and even in the remainder, the blue colouring matter resulting from its contact with the iodine was very partial. These experiments have been repeated for me, and with the same result, by Mr. Wilders of the Queen's Hospital, and Dr. Anderson of the General Hospital.

The result in this experiment, when the douche is employed, has been, on the other hand, most satisfactory; the blue colouring being then displayed over the entire surface on which the iodine had been painted.

Another obvious advantage of the douche over the gargle is the avoidance of the spasmodic action of the fauces, which in some cases is so severe as to render gargling very difficult, and is always undesirable when the throat is swollen and tender. In the treatment of affections of the throat in children, in whom gargling is always such a trouble, this superiority is obvious; the soothing influence of the water thus used being in marked contrast with the gasping efforts made by the little patient in his attempts to gargle. The comparatively slight exertion required in its use is also important when the patient is weak and exhausted, enabling him to continue without fatigue the irrigation of the throat as long as may be requisite.

Mode of Using. Care must be taken that the vessel containing the fluid to be applied to the throat is placed at a sufficient height above the patient to bring the syphon principle into action. The patient should be seated before a basin, over which he leans. He then inserts the pipe into the mouth sufficiently

far to secure the fluid reaching the back of the throat; the stopcock is turned, and the irrigation continued as long as may be necessary; the fluid flowing into the basin as it leaves the mouth.

The diseases of the *uterus* in which I have found the *douche* of most service are, leucorrhœa, menorrhagia, dysmenorrhœa, congestion, inflammation, erosion, and ulceration of the os uteri. The diseases of the *throat* in which it has proved of most value are, acute and chronic inflammation, relaxation, and simple and syphilitic ulceration.

In the treatment of these affections, according to the mode of application, the *douche* may be used as a tonic, sedative, or astringent. We obtain a *tonic* action when cold water is used; but its employment must be continued for a few minutes only. The *douche* in the first instance lowers the vascular activity and nervous sensibility of the part; but, on its cessation, this is followed by reaction and exalted textural and functional energy. By successive applications of the water at proper intervals, the os uteri finally becomes firmer in substance and healthier in function, or, in other words, its tone is improved. On the other hand, we obtain a *sedative* action (1) by the *continuous and prolonged* use of cold or iced water, which directly lowers the heat and depresses the nervous and circulating systems of the parts exposed to its operation; and (2) by the employment of warm water, which directly relaxes the structures and enfeebles their vital energy. Lastly, the *douche* is made *astringent* by the addition of one or other of the astringent drugs formerly mentioned.

CASE OF DEATH FROM SHOCK.

By I. HARRISON, F.R.C.S., Reading.

UNDER the above title, a paper (a summary of which will be found in the *BRITISH MEDICAL JOURNAL* for Dec. 12th, 1863, p. 633) was read by me at the Pathological Society of Reading on November 5th, 1862. As the case was in many respects a very interesting one, I will now give its conclusion.

An inquest was held; and the finding of the jury was, "Death from the effects of the accident."

In due course, a claim was presented to the assurance office in which the deceased had been insured. They objected. There was no alternative but to get up the case as completely as possible, and submit to trial. This was very ably done by Messrs. Whatley and Dryland, solicitors, of Reading.

Mr. Jonathan Hutchinson was applied to for more extended information on the various points of the case. Mr. Luke was also consulted. After various conferences, Mr. Hutchinson drew up the following conclusions.

"1. A compound dislocation, with fracture, of the thumb, is not a trivial accident, but a severe, and occasionally very serious one.

"2. It is especially likely to be followed by serious consequences in an elderly and rather feeble man.

"3. The occurrence of severe nervous shock at the time of the accident would very greatly increase the risk attending the local injury.

"4. In this instance, mortification of the thumb occurred, and was spreading to the forearm at the time of the man's death.

"5. The process of mortification doubtless commenced very soon after the injury, as it was complete (the thumb being cold and black) on the day before death (the third after the accident).

"6. Mortification of this character is quite sufficient to account for the symptoms presented, and for the fatal issue.

"7. The occurrence of a scarlet rash is not at all unusual after accidents and after operations, especially in cases of blood-poisoning.

"8. It is improbable in the highest degree that Mr. T. had scarlet-fever: a. His age. b. The rash was not general over the whole surface. c. There was no sore-throat. d. The tongue was not like scarlet-fever. e. He was quite well at date of accident. f. He would not have died at so early a stage, if it had been scarlet-fever. g. All the medical men who saw the rash considered that it was not scarlet fever.

"The probable causes of death were, the fall; the injury to the thumb; the shock to the system (bodily and mental); gangrene of the thumb; the shock of the gangrene and toxæmic absorption from the gangrenous part."

It may be added, that no scarlatina followed in the house, though there were children who had not had it.

We were prepared to go to trial at the Kingston Assizes. Mr. Holt and Mr. Paget were retained by the office; and they, I believe, would have supported the view that death arose from scarlatina. A few days, however, before the assizes, the money was paid; viz., £1,000.

A clinical lecture by Mr. Paget, on "Scarlatina after Operations", in the *BRITISH MEDICAL JOURNAL* of August 27th, has determined me to publish this case; and I should be much obliged if any gentleman would have the kindness to give, through the *JOURNAL*, any information he may possess as to the frequency of *rashes like scarlet-fever* after operations, accidents, etc.

UTERINE HYDATIDS IN THREE SUCCESSIVE GESTATIONS.

By ASHBY G. OSBORN, Esq., Dover.

MRS. J. P., when a single woman, aged 17, supposed herself pregnant at the beginning of 1862. She suffered most severely with sickness and retching, and was often obliged to lie in bed all day. She cannot remember having had any fall, blow, or fright, during this gestation; but on April 26th, she went to see a man who had hung himself. She did not consider that this sight had affected her, but flooding commenced a week afterwards; it soon ceased, but frequently returned, sometimes as much as half a teacupful being lost at a time till June 12th, when profuse hæmorrhage with labour-pains having come on, she was delivered by Mr. John Walter of Dover, and the late Mr. J. E. Parratt of Charlton, of a mass of hydatids—as much as would fill three parts of a hand-basin. The principal loss of blood occurred before the bulk of the diseased growth was removed. There was scarcely any loss afterwards; but on the following day, something which her mother described like a "pig's night-cap," came away; this, I suppose, was the decidua. She was much weakened by the flooding, but in the following spring, again considered herself pregnant by the same young man.

She was more sick and incapable than is usual in early pregnancy; but she had not the bilious vomiting which had been so distressing the previous time. Flooding commenced about the third month. It ceased repeatedly, and returned without warning. The principal hæmorrhage occurred when labour-pains came on June 13th, 1863, one day over the twelvemonth since the previous delivery. The hydatids were less in quantity; and the decidua passed the second day following.

Her friends supposing that these hydatids were dependent in some manner on the young man with