

we shall have added the endoscope, the sphygmograph, the stethoscope, and a case of surgical instruments, I do not know. To none of the material of their present armamentarium do I see any valid objection; indeed, I highly approve of all these things, not excepting the syringe, provided they are intelligently used. But when I see these nurses preparing to use the syringe for the purpose of douching the vagina of a perfectly healthy parturient woman without saying by your leave, it seems to me proper to enter my protest, and so I do. The nurse who has taken the temperature and recorded it, noted the pulse and perhaps the respiration, adjusted the binder, attended to the function of the bladder, washed and dressed the baby, etc. etc., all without special direction or attention on my part, now looks up in surprise as if I were unwarrantably interrupting the performance of the usual offices of childbed when I ask what she is about to do with that syringe. And when I absolutely forbid its use for the purpose indicated I am treated as though I had expressed grave doubts about the Copernican theory of our solar system. Now it is clear that especially in the lying-in room nothing should under any circumstances be permitted which may disturb the confidence of the patient, the family, or of the nurse, in the competency and skill of the physician. And yet I have had to bear to be informed by the nurse in the presence of the patient that in the lying-in hospital where she had her training the vaginal douche is invariably used in every case, and that Dr. A. and Dr. B.,—respected members of the obstetrical society,—for whom she had frequently nursed, always expect her to use it as a matter of course, and without being directed to do so. She has heard of doctors who do not approve of it, but cannot remember their names.

Seriously, then, I find a threefold objection to the use of the vaginal douche in normal childbed. First, it is useless; second, it is hurtful; third, it is dangerous.

(1) Uselessness. In this part of my subject I find myself forestalled by two writers in a recent number of the *New York Medical Journal*, and I shall not hesitate to quote from these papers. The first is theoretical, and is entitled "Normal parturition always physiological," by Dr. Ernest Palmer, of Brooklyn, N. Y. The advanced school of obstetricians hold that gestation and parturition are "more or less pathological conditions." This Dr. Palmer denies. He takes from Leishman's Midwifery a description of the vagina and cervix during labor, and describes the nature and use of the profuse mucous flow at that time. He says: "Upon the quantity of these secretions the ease of the labor undoubtedly depends in no small degree." Now we are directed by the antiseptic school of midwifery to wash away these secretions upon the presumption that they furnish a nidus for, or may prove a source of, septic infection. "In other words," says Dr. Palmer, "removing an important physiological factor from a normal delivery to prevent a possible pathological complication." After the labor the antiseptic midwife or physician continues to act upon a similar fallacy. "Prophylactic vaginal douching and medication with iodoform is at once resorted to," to prevent absorption of some

#### GROUNDNS FOR OBJECTING TO THE ROUTINE USE OF THE VAGINAL DOUCHE IN NORMAL CHILDBED.<sup>1</sup>

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I HAVE chosen, and thus formulated, my subject for two reasons: First, because I wished to excite discussion of an important question which could be fully introduced in a short paper; and second, to bring forward matter especially interesting and, as I believe, valuable to country doctors.

I am in the constant habit of employing monthly nurses drawn from the city, and it is probable the same practice is followed by others. Country nurses are not to be relied upon, and only very rarely are they entirely devoted to, or thoroughly trained in, the occupation of nursing, so that they are of little real use in the lying-in room.

Lately I have been annoyed to find that these city nurses required watching to prevent the indiscriminate and unauthorized use of the vaginal douche during the parturient week. They come equipped with the clinical thermometer, the catheter, the gored binder, the breast-pipe, and, lastly, the syringe and its accessories, all of which they proceed to use as if a matter of course. How soon

<sup>1</sup> Read before the Suffolk District Medical Society, Section of Obstetrics and Gynecology, December 17, 1884.



supposed poison or infectious matter through the lacerated mucous membrane of the vagina or cervix, or by the presumed denuded tissues of the uterine cavity itself. Absorption of what poison or infectious matter? To wit, the lochia, consisting of a thin bloody fluid weeping from the site of the detached placenta, combined with products of a retrograde metamorphosis of tissue entirely physiological in character. He shows, moreover, that "the supposed denuded muscular tissue of the uterus is a condition which has no existence." Dr. Palmer says: "Uncomplicated labor is a purely physiological act, for which ample preparation has been made in the system to provide for the increased demand made on it, and to guard against all the ordinary incidents pertaining to that function." He enters a firm protest against the antiseptic douche as being established on misconceived theories of pathology and in direct violation of the physiological laws of reproduction, being both unnatural and irrational. Now, if Dr. Palmer's view is the correct one, the practice of douching the vagina in childbed is no more defensible than would be the practice of giving antiseptic clysters to prevent infection from fecal matter; and it is well known that septicæmia from wounds or fissures of the anus is one of the very rarest of accidents.

Moreover, there is high authority for the opinion that the lochia depend upon a condition in every respect analogous to what occurs in menstruation, namely, "an exfoliative shedding of the mucous membrane of the uterus." Leishman says that at no time is the normal discharge of the lochia "in any way analogous to the suppuration which accompanies the reparative process of a healing stump." Dr. Tyler Smith, as quoted by Dr. Palmer, says that the analogy is perfect between the menstrual fluid and the lochia. I think no one of my hearers would think it wise to introduce the practice of douching the vagina during menstruation in every female. Yet according to Dr. Palmer this about what we do when we are washing out the vagina in a healthy parturient woman.

Per contra, in an address lately delivered by Dr. T. Gaillard Thomas before the New York State Medical Association, he says: "Although the obstetricians of to-day are not prepared to make aseptic midwifery the rule, it is highly probable that in the near future this position will be accepted." He compares it to the antiseptic surgery of amputations and of laparotomy. Such views from one who stands as Dr. Thomas does, in my opinion, *facile princeps* among American gynæcologists, cannot fail to make a humble pupil pause and look warily over the ground before proceeding farther. I would ask his pardon for daring to present an adverse view of this question. It should be remembered, however, in excuse of my temerity that Dr. Thomas speaks from the standpoint of the gynæcologist and not from that of an obstetrician. We believe that all diseases are only so many modifications of the healthy condition. But is it true that the parturient state is such a variation from health as we ordinarily mean in speaking of disease? Now this question is altogether too profound and too intricate to be slightly treated in a twenty-minute paper. Indeed, it is doubtful if any fine line can

be drawn showing when in the course of imperceptible gradation health ends and disease begins. But there is an abstract position which we may be permitted to occupy upon this matter. Is it likely that of all organic functions that upon which the continuance of species depends, and which is common to all animal life, should be the one which acts only under conditions tending to decay and death; that is to say, under conditions of disease? Is it not, on the other hand, probable, *a priori*, that this function, in every one of its separate parts, is especially guarded against those accidents which produce disease? That nature should seek to continue, and yet use means that by reason of defect may hinder or disturb the continuance of a race or species, is simply incredible. Nor can it be argued that, in the case of mankind, civilization, or abuse of function, or an effort of nature to prevent overproduction, or other supposable cause, is operating to confuse or pervert the order of things. I think, then, we assume that there can be no real analogy between normal parturition and what takes place after amputations or laparotomies. And if there be no analogy between these conditions, what grounds have we to act upon similar theories or to employ similar methods in their treatment? So much for theories.

But all such arguments are idle if it can be shown that in clinical practice the use of the vaginal douche will cut short or prevent the spread of puerperal fever, peritonitis, or septicæmia in hospitals. And here I find one of the strongest arguments to prove the uselessness of the practice under consideration. It is, I believe, a fact that the employment of the vaginal douche does not prevent the occurrence of the diseases in question in those institutions where it is in constant use. But does it prevent the spread of infectious diseases? To prove this we should have cases treated side by side at the same time and place by the two methods. Satisfactory evidence of this kind is not at hand. But I will ask you, gentlemen, to say if any of you would have the slightest confidence in the vaginal douche, however thoroughly used, to stamp out puerperal fever, should it occur in a hospital under your control. And if this method is useless in lying-in wards, of what possible good can it be in private practice, where the mortality from child-bed diseases is four or five times less, according to the statistics of Winckel?

And in this connection I will quote from Dr. Charles Jewett, of Brooklyn, N. Y., Professor of Obstetrics and Diseases of Children in the Long Island College Hospital, whose paper is also in the *New York Medical Journal* for November, 1884. He says that his recent experience has led him to abandon prophylactic injections as a routine practice in the puerperal period. In 1883 two parallel series of hospital cases were treated side by side by his direction, one with and the other without the douche. There were twenty-nine cases in all, sixteen douched, thirteen non-douched. One to 1000 bichloride solution was the principal disinfectant employed, three to five per cent. carbolic being used in a small proportion of the cases. These injections were administered by competent trained nurses, and were repeated at least twice a day during the post-



partum week. The mortality was less in the non-douched than in the douched. This is not much, but as far as it goes it proves nothing in favor of the douche. For a time also all wounds or injuries occurring during labor were carefully treated with antiseptics, but even this method was at last abandoned, Dr. Jewett's confidence in the value of the practice being shaken by his experience. He says it became clear to him that this treatment was of no effect in preventing puerperal fever. So much for the clinic.

Pathology gives no support to the use of the vaginal douche. On reading the records of autopsies in cases of puerperal peritonitis I discover the fact that in the greater number of cases the uterine cavity and the vagina are found to be in a healthy condition. Can it, then, be maintained that any importance attaches to antiseptic douching of these parts? In a case of acute peritonitis in a young child, lately reported in the *Medical and Surgical Journal*, the closed cavity of the peritonæum contained an odorless fluid which was filled with micrococci, according to the evidence of Dr. H. O. Marcy, who examined it carefully under the microscope. Is it not, indeed, admitted by the best authorities that the microorganisms which are recognized as the ferments which give origin to purulent infection, puerperal fever, and septicæmia, in many cases find their entrance into the body of the parturient woman by other avenues than the generative tract? I will only refer to the valuable papers of Dr. Kinkead, of Dublin, in the July and August numbers of the *Obstetrical Journal* of 1884 in support of this opinion. And if it be so, I ask again of what use is the vaginal douche?

There is yet another proof of uselessness in the "method," to which I shall refer when speaking of hurtfulness.

(2) Hurtfulness. Meigs says in his "Midwifery": "There is in natural labor no element of disease," and, therefore, the old writers have said nothing truer nor wiser than that "*a meddling midwifery is bad.*" The method of douching the vagina substitutes an artificial for a natural problem. It is meddling, and therefore it may be hurtful, midwifery.

If septicæmia be at times autogenetic, which I by no means deny, I should like to ask any practical observer if the frequent washing with water (carbolyzed or not), of rents, or tears, or abrasions, of mucous membrane does not delay and interfere with the process of union of such parts. That is certainly my own experience. If this is so, this douching is hurtful by prolonging the period of exposure to autogenetic infection. Again, it is hurtful by causing pain and annoyance, more or less in every woman, but in nervous and irritable subjects enough to forbid its frequent use. This, again, is "meddlesome midwifery."

But the hurtfulness upon which I would chiefly insist is of a much graver character, and inheres in the method itself.

It cannot escape notice that great importance attaches to giving the management of the douche into the hands only of trained, competent, and careful nurses. Now Dr. Thomas, in the address already referred to, speaking of antiseptic midwifery, says:

"That it can do no harm is quite evident." It is to be regretted that the doctors themselves should not know all that the nurses seem to know of the occasional experience in giving these douches. Are many physicians aware that at times the water injected does not flow out in a steady stream, but is suddenly and violently ejected in jets? That pain and spasm of the uterus occur? More than that, sometimes only a part of the water escapes at the moment, but, after perhaps an hour or two, there is a sudden and violent gush. Who can doubt that in these cases the water has entered the uterine cavity, of course carrying with it effete and decomposing matter found in the vagina, and which has been already expelled from the uterus? I ask what is to prevent the entrance of water when the os uteri is patulous?

And what harm can be done by an unskilful or careless nurse using the douche incautiously? The tube may enter the uterus, air may be injected, or too much force may be used. Of the first two I shall say little, as I believe them to be avoidable accidents; but the last is, I think, — to use Carlyle's phrase, — humanly impossible to avoid, except on conditions which render the douche futile as a means of detaching or removing clots and *débris* from the relaxed and rugous vagina. The doing this work with any thoroughness requires that some force be given to the current of water. And here I see another proof of the uselessness of the method, since a mere trickle or feeble stream can accomplish nothing, unless almost indefinitely kept up. And what is it we require of a skilled nurse? Let me suppose a case. A faithful woman has given the douche, say two to four times daily for a week; she has been somewhat severely tried by want of sleep and care of an exacting patient and infant night and day; at last, on the seventh day, when attempting to use the syringe, she finds that there is some obstacle in the way, the tube catches in a fold of mucous membrane, perhaps is entangled in a clot or shred of decidua, and she gives the bulb an impatient squeeze. When under such conditions as I have here described any grave accident occurs it seems to me cowardly and idle to lay the blame upon the nurse. It should be put where it properly belongs, namely, upon the practice itself.

It is unnecessary to point out the harm that may result from thus injecting the uterus from the vagina. It is an unhappy accident. And this brings me to the

(3) Danger. I will cite an actual case, giving no names. A young woman in full and vigorous health, a fond and devoted wife, a mother for the first time, a proud and happy husband and father, — this was the family. On the morning of the seventh day after delivery everything was going on perfectly well. The doctor considered the case finished. The wife had parted from her husband after breakfast, and he had gone in town to business, at her request, to stay until night. At 10 A. M. she sent him a telegram telling him not to come back at noon, she felt so perfectly well. This was the situation. Shortly after this telegram the nurse, who had, by direction of the physician, given the vaginal douche twice at least daily since confinement, prepared her syringe as usual. While the injection was



flowing into the vagina the patient suddenly uttered a shriek, "Oh! what pain! What have you done to me? I shall die! I shall die!" turned pale as death, gasped as if suffocated, her lips became livid, and she writhed in agony. This is the picture as given to me soon after by one of the family. The doctor and the husband were sent for, but she sank into unconsciousness, became convulsed, and was dead before evening.

I have it from our lamented pathologist, Dr. Calvin Ellis, who was present at the autopsy, that air was found in the veins and heart.

There is no member of that family, and none of those who saw the case, who, as I believe, entertains a doubt that the use of the douche was the cause of death; the *antiseptic douche*, of which Dr. Thomas says, "That it can do no harm is quite evident." The nurse, I understand, admits that she used more force than she intended to use. The doctor, a woman, blames the nurse. This is ungenerous and irrational. The danger inheres in the practice itself.

Since I began the preparation of this paper I have heard of a case in the practice of a neighboring physician, similar in many of its features to that just related, where, however, the final result was not reached until the fortieth day, the patient dying of septicæmia. The doctor, who did not see her at the time, says he does not know that the douche was the cause of death. Cases are known of collapse and shock following the use of the douche.

It is doubtless true that death is exceedingly rare from this practice. But we do not hesitate to reject chloroform as an anæsthetic on no better grounds than this. So much for the danger.

I would thus sum up my objections to the antiseptic douche in midwifery. It is artificial; it is meddling; it is of doubtful utility, and it may be hurtful and even fatal.