

## THE DOUCHE IN OBSTETRIC PRACTICE; CLEANLINESS VERSUS CONSERVATISM.

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The progressive obstetrician who has at heart the best interest of his patient and the advancement of his profession, like his progressive brother in other specialties, like the progressive man in life's struggle, must be prepared to battle with what is called conservatism. Guided by knowledge and science he moves in advance of the mass who almost revile him, seeking eagerly for a possible defect in his method and, we regret to say, even unwilling to adopt such as prove successful and beneficial to mankind, until they have been universally and most unquestionably and undoubtedly adopted.

Members of our profession labor in spheres often totally different, and methods of treatment or suggestions advocated and successfully tested by one are wondered at and doubted by another. They live in different climes, among different people, or people of different habits, disposition and method of life; varying influences prevail. All this necessitates a variation of remedies, of method and practice. The differences which exist in the profession even in one and the same country are thus readily accounted for, and much of the strife would cease, and existing views would be by far more harmonious, if the disciples of the various beliefs would exchange their sphere of work. Views strange and peculiar to one not initiated into the peculiar sphere or work of the other may find much to criticise, frequently to ridicule. Could men stand upon the same platform and view the subject under discussion from the same point; were the work in the same sphere, these differences would be greatly diminished, though they would not vanish on account of individual peculiarities. Thus the endless and vague discussions with regard

to the propriety and frequency of the use of the obstetric forceps would be greatly simplified, were the disciples of the various schools discussing the same subject. The country practitioner, especially in this western country, blessed with strong and healthy women, marvels at the figures presented to him by his confrere in the city with an elegant clientele, practicing among delicate society ladies, and a university professor in charge or a consulting surgeon of a large lying-in hospital. The professor publishes an elaborate essay upon the use of the obstetric forceps; he thinks it necessary to apply them in one out of every four or five cases, and gives a history of hundreds of such cases in the medical journals or at the meeting of the state or national association.

The busy practitioner whose life has been devoted to the best interests of his profession in a small community, has seen a great many labor cases in his long eventful life, and claiming the experience of age, he violently assails the views presented by his colleague in the city. He has found it necessary to use the forceps but a few times, and, though he may not say so, he believes that his young friend, who makes these wonderful statements, is either stretching a little or uses the obstetric forceps for the sake of eclat and, perhaps at times, to save himself weary hours of watching, or that he may not lose a hot dinner. The views of both may be correct. The nervous, sensitive lady, whose evenings are spent in society, late to bed, with little or no exercise, her carriage or, at least the street car always at hand, cannot safely be permitted to undergo the sufferings of a tedious labor; she would succumb; though death might not result, she would be so completely prostrated that she might not have sufficient force to expel the child after hours of futile suffering; or if this should be accomplished, it is only done with a superhuman effort; then complete prostration follows. She must be relieved. Why should she suffer? Why should every atom of strength be exhausted, if the obstetrician is at hand to relieve at the proper time and save her a vast amount of entirely needless suffering?

In the lying-in hospital the desperate cases are concentrated. Women who have before suffered in tedious labor go to the lying-in hospital, with the expectation of finding more skilled help, so also the woman who has been suffering for days in a prolonged labor finally comes to the lying-in hospital, when midwife or physician have failed in their attempts to turn or to extract with the forceps; hence it is that this man is obliged so often to use the instrument. The other, practicing in a community who lead a healthy out-door life, is dealing in the main with healthy women who do not mind a little suffering; who have the muscle to expel the child and the nerve to bear it. He has no need of the instrument, and if in some cases he could save his patients some hours of needless

suffering, he knows that his patient can give birth to the child without his aid, and a little more or less suffering will not make much difference; she will recover perfectly, though she may feel somewhat prostrated for a day or two; moreover, his patient dreads the instrument. The patient of the other frequently demands it. She will not be permitted to suffer very long, thus he will frequently resort to the forceps when it may not be absolutely necessary; yet no harm is done, and her strength is certainly saved. Thus views differ.

A great stride forward in obstetric practice which has of late been made consists in the use of the vaginal and intra-uterine douche in puerperal women. A great blessing, indeed. Not only a safeguard to prevent the possibility of infection, but a wonderful comfort to the patient, and, if properly given of a sufficient temperature, an aid to involution. As the progressive physician makes this innovation in his obstetric practice, a hue and cry is raised of needless annoyance, of dangerous interference. The intra-uterine injection must certainly be limited in its application, given with care, and under the proper conditions only, but it is a most valuable and effective method of treatment, which must be confined to its proper sphere. Of this we have nothing to say, but the antiseptic vaginal douche is agreeable and very beneficial. We do not wonder that opposition is made, but we are astonished to have such opposition coming from Boston, the great center of progress. Dr. Z. B. Adams, in the *Boston Medical and Surgical Journal*, illustrates the danger of the practice and raises his warning voice. He says that it is meddlesome, it is of doubtful utility, and it may be hurtful and even fatal. Let us see what he says:

"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 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 ground than this. So much for the danger.

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

We should not have referred to the subject had it not come from such a source. It is, indeed, artificial, so is it meddling. All that the physician does is artificial and is an interference with nature; but a most beneficial one. It may save the patient from that dread puerperal fever; it may save her from death. It is so agreeable to every cleanly woman, that no lady who has once passed through a puerperium with the douche would go through another without it. I have invariably heard expressions of delight from patients in whose confinement I had assisted for the first time, if they have had an opportunity for comparison. They are so much cleaner, so much more comfortable, and, moreover, the lochia are diminished. The room, bedding, patient is clean. We no longer recognize the odor of the puerperal room. In former days, according to the old method, the patient, without the douche, was recognized as a puerperal at once upon entering the room. In extremely cleanly women the odor was still perceptible if the bedding was raised. If the antiseptic douche is used, this odor disappears and, moreover, as we have stated, this disagreeable lochial flow is greatly diminished, and why? If it stagnates in the vagina, a certain fermentation is inaugurated which rapidly invades the uterine canal, and it is this fermentation which irritates the tissues, increases the flow, and produces the

odor. Remove it constantly with an occasional intra-uterine injection in addition, and you will have a nearly healthy lochial discharge which is slight and without odor. If but a trifle stagnates, we will have fermentation, and we all know how little of a ferment is needed to infect great quantities.

Physician and patient cannot fail to be pleased with the agreeable and beneficial results of the vaginal douche in obstetric practice. The quantity of the flow is diminished, the character improved. But our Boston doctor says: "It may be hurtful and even fatal." Aye, everything that is beneficial may be hurtful, and I may add, the more beneficial it is, the more hurtful it may prove, the more judiciously it must be used. Even so simple a remedy as the vaginal douche is itself dangerous. Years ago we called attention most earnestly to these dangers, but for that reason it should not be discarded. It should be used more judiciously. In a paper read before the Missouri State Medical Society, in 1880, on the dangers incident to the simplest uterine manipulations and operations, we called attention to the fact that danger accompanies even the simplest manipulations, and that we should consequently exercise the utmost precaution even in those simple every-day maneuvers.

We have cited serious and even fatal results following the use of the uterine sound, of simple applications to the uterine canal, even to the cervix; the dangers from scarifications, intra-uterine injections, and vaginal injections among others. We cited two cases which are striking, one, in our own practice, with intense pelvic pain and threatened peritonitis following the use of a Davidson syringe; another, followed by metro peritonitis and imperfect recovery, in the practice of Dr. Evans of Sedalia, Missouri, cases which, as we have stated, might unquestionably be tabulated again and again. But these will suffice to show, that even so simple a proceeding as the use of the vaginal douche is not wholly free from danger, and that it should be cautiously and judiciously employed. To obviate these dangers the patient should be careful:

(1) To take the injection in the recumbent position, the hips rather higher than the head, the knees drawn up.

(2) The nozzle of the syringe must not be permitted to touch the cervix; hence it must not be introduced over an inch and a half to two inches into the vagina (the position assumed allows the water to flow back and thoroughly fill and distend the vagina).

(3) A strong current must never be used whether bulb or fountain syringe is used.

There is no doubt of the existence of such dangers, but they can readily be obviated by a little care; and, moreover, in this way the injection will be more serviceable and can be better given. We can but repeat that a certain danger accompanies

the best and simplest remedies, and it is the duty of the physician, when he orders such a remedy, to give specific directions as to its use. We are glad that attention has again been called to these dangers. The vaginal injection in and out of the puerperium is so frequently used that the physician should bear it in mind and should caution his patients in the puerperium of the dangers arising from the use of the douche as perhaps somewhat more than in the non-puerperal uterus. We have used the antiseptic vaginal douche in the puerperium for several years. It has proved most beneficial, as has already been stated; it is cleanly and agreeable to the patient; lessens the discharge and does away with the disagreeable odor; moreover, it hastens involution, if used at a proper temperature. In the early days of the puerperium antiseptics should be added; the bi-chloride, one to two thousand is preferable, having no odor as carbolic acid, and not staining the bed like permanganate of potash; preferable to listerine, as it is inexpensive. In lying-in hospitals it is all the more important, as there the danger of infection is greatly increased.—Dr. Englemann in *Saint Louis Weekly Medical Review*.