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A NEW METHOD OF MAKING APPLICATIONS TO THE VAGINAL VAULT, AND A NEW INSTRUMENT TO FACILITATE CLEANSING THE VAGINA IN LEUCORRHOEA.

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Although the strong trend of gynæcology towards the short, sharp, incisive methods of the surgeon has enormously lessened the bothersome, tedious routine of ambulatory patients, who were always getting better and yet never well, there still remain some cases of leucorrhœa and cervical inflammation which cannot be reached by any other mode of treatment but the painstaking, plodding methods of the office and close attention to hygiene and home treatments.

I am still far from satisfied with the means of treating leucorrhœa at my command, so I shall not dwell upon the relative merits of the various medicaments in use, but briefly describe two instruments I have found helpful in making topical applications.

The first instrument is a little glass reservoir shown in the first figure, and designed to conduct fluid or viscid materials, particularly preparations containing glycerine or ichthyol, to the vault of the vagina without soiling the vulva and smearing the instruments. Its value lies in promoting cleanliness and in bringing the drug in full strength in contact with the uppermost part of the vagina and the cervix, from which point it is afterwards slowly diffused over the rest of the vagina.

It is used in this way: the patient kneels in the knee-chest position, and a Sims' speculum is inserted and the perinæum raised. The vagina is then cleansed with cotton and the long glass tube of the reservoir is introduced under the speculum. The dry cotton, or cotton and wool pack is then inserted with a packer which I have made with paral-

lel instead of with spreading prongs. Then the speculum is then withdrawn, leaving the glass tube still in place.

The ichthyol and glycerine mixture is now poured into the receiver, the quantity being measured by graduation marks; as soon as enough has been poured in, the opening above is stopped with thumb or index finger shown in dotted lines, and then by blowing through the upper tube or by forcing in air with a rubber ball, shown grasped in the hand, the liquid is compelled to flow out through the long tube, which discharges it at the vault of the vagina.

A pack applied in this way may be left in situ for from eighteen to twenty-four hours, when it is withdrawn by the patient, if needs

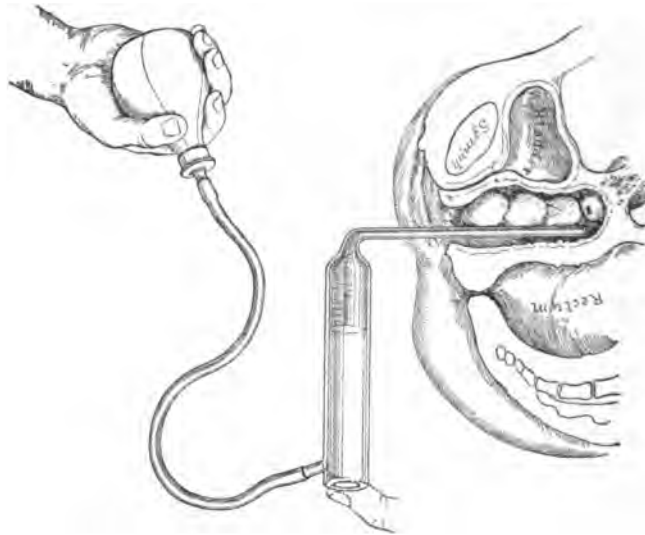


FIG. 1.—Drawn half size. The fluid in the reservoir is in the act of being forced through the long tube into the upper vagina. The vaginal pack is in place and the opening above is closed with the thumb.

be, when she may continue treatment until her next visit to the physician's office by using the vaginal douche nozzle.

This second instrument is designed to enable a patient to cleanse the vaginal tract more effectively, spreading out the folds and reaching every part, without the necessity of introducing a pointed instrument into the vagina.

It is made in the form of a short, blunt cone of hard rubber, perforated in the center with a short attachment for the rubber tubing connecting it with the douche-bag.

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The long, stout handle makes it easy to hold without tiring the patient.

The douche-bag is filled with the solution of menthol, soda and borax, or of alum or permanganate, bichloride of mercury, or formaline, and the tube connected by means of the short neck with the douche-nozzle. The patient now places herself in a semi-reclining posture on the douche-pan, and, grasping the handle firmly, introduces the blunt, rounded nozzle into the vaginal orifice just far enough to plug it and prevent any reflux of the fluid, which is now allowed to flow in *and distend the vagina* thoroughly. After about a minute the nozzle is



FIG. 2.—Vaginal douche nozzle half size; the point should be more obtuse. The dotted lines represent the canal for the passage of the fluid. At the upper end is the short attachment for the rubber tube connecting with the douche-bag. The handle is to the right.

slightly withdrawn and the fluid escapes, then more is allowed to run in, and so on until a pint or more has been used. By using a "Y" in the rubber tube to permit the fluid to escape by the lower branch, the irrigation can be accomplished without any withdrawal and without wetting the person.

I have not used the instrument long enough to speak of the advantages of using a high pressure so as to put the vaginal walls under marked tension. I do not think there is any danger of forcing fluid into the uterus.

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