

The flexible instruments, while used extensively by men of reputation and authority, I have always used and considered as exceptionally indicated. When a catheter is to be retained in the bladder, it should always be a metallic one; the flexible articles being readily softened, and hence as inefficient as they may sometimes be pernicious.

PART NINETEENTH.

INJECTIONS.

For purposes of cleanliness, to remove impacted excrement, or to open canals or cavities partially closed by excessive secretions, it is sometimes necessary to direct a stream of water, or other fluids, into such passages, by means of syringes of various shapes and patterns. The operations are, for the most part, very simple, and some of them are daily performed in domestic emergencies without the aid or counsel of the family medical attendant. Nevertheless there are many instances when the mother is unfamiliar with enemata, as injections into the rectum are otherwise called—and it is important that the physician should be able to properly instruct, both by precept and example. In other cases, it would be improper to commit the operation to laymen, it requiring some skill and anatomical knowledge.

1. *Injections of the lachrymal canal*, should not, as a rule, be attempted by the general practitioner, unless his remoteness from cities, or a special practitioner, renders it an absolute necessity. It is made for the purpose of opening the passage where it is filled up by the inspissated or the altered lachrymal secretion. The instrument needed is known as ANELS' Syringe, and is usually provided with two or three nozzles, straight and curved, and of different sizes. The lower lid is put upon the stretch, in the case of the left eye, the surgeon standing behind the patient—and putting the left arm around the head, drawing the lid outward by

pressure with the fore fingers. By slightly depressing the lid at the same time, the puncta will be directed forwards,

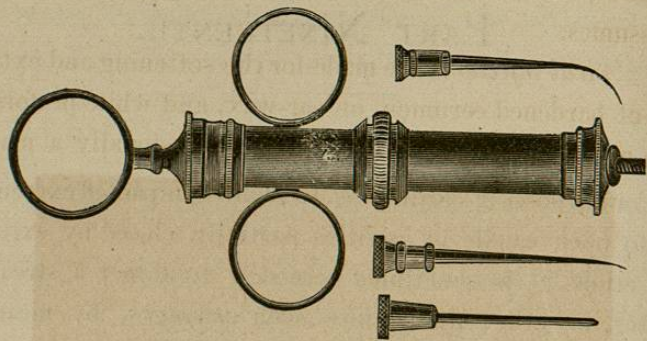


FIG. 87.

and thus brought more readily into view. Having the syringe filled with warm water, insert the forefinger in the ring in the piston, grasping the body or tube with the thumb and fingers, and gently insert the nozzle into the puncta. Be sure that a fold of the conjunctiva is not carried before the point, which would be apt to cause a wound or defeat the operation; when well entered, by a slow and steady pressure on the piston, force the injection into the canal. Success will be indicated by the appearance of the injection through the nose, or into the fauces. To guard against accidents, the syringe had better be steadied by resting the little finger on the cheek. If the fluid all enters the canal and sac, and yet does not appear in the nose, there is evidently a stricture of the passage, at some point, and the case must be sent to a special practitioner. If the lower puncta should be imperious, the injection may be passed through the upper; when practicable, however, the lower is usually preferred.

In the case of the right eye, the surgeon will stand in front of the patient, draw the lid outwards, towards the temple,

with the left hand, and using the syringe with the right carried over the other hand. Should the operator be ambidextrous, it is a matter of convenience, only, which position he assumes.

2. *Aural injections* are made for the softening and extraction of hardened cerumen, or ear-wax, and while performed with greater facility than the last, is occasionally a matter

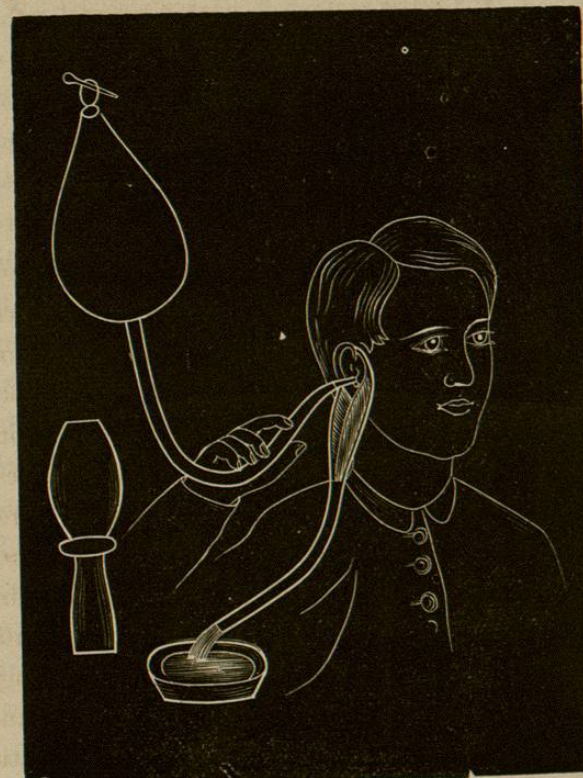


FIG. 88.

requiring some carefulness, and not entirely devoid of some degree of danger. The instruments are a *proper* syringe, and some kind of vessel for the reception of the fluid as it is discharged. A tin-cup or an ordinary tin-basin will answer very well, but a proper vessel as shown in the cut—will be

found the best. The water should be about blood-heat (98.6°), and should not be injected with great force, and yet with sufficient to fulfill the indications. It is good treatment to remove at least a portion of the cerumen with a curette, after being softened by the water; unless performed by an experienced aurist, or with great gentleness, the curette or forceps must be avoided.

3. *Nasal injections*, while frequently a very useful adjunct in the treatment of nasal catarrhs, are very much over-used, and have more than once been the cause of severe injury, and converted a trifling malady into a very destructive process. Particularly is this true when salt-and-water is used, or in fact any medicated injections. When circumstances seem to require such treatment, nothing but simple warm water must be employed. While admitting that there may be occasion for such practice, I have never yet met a case in which it was indicated, and speak entirely on theoretical grounds, giving the instruction at second hand.

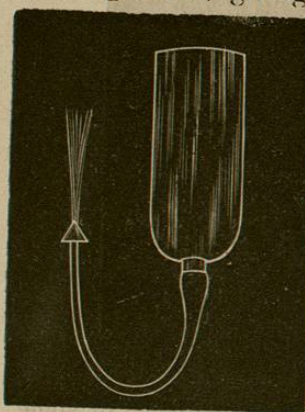


FIG. 89.

Some one of the "nasal douche" instruments, as shown in the cut, will answer every purpose. I am much mistaken if the physician will not be disappointed in the result of such treatment, if he is capable of correctly appreciating the relation of cause and effect. The catarrh will either be much increased, or the parts will take on other conditions, becoming dry and hot and the malady for which the injection was employed being simply altered in form, perhaps aggravated in every way.

4. *Vesical injections*, in our school of therapeutics, can

only be warranted as a means for removing *debris* after operations for stone. They are made by introducing a double catheter (Fig. 84), and injecting through an ordinary syringe, warm water in the upper orifice. The quantity of water thrown in depends entirely on circumstances; it is to be continued until it is discharged as clear as it entered, all foreign material having then been removed.

5. *Vaginal injections*, like those into the nasal cavities, are greatly abused, and used a hundred times when once would be sufficient. They are also much used by those who degrade marriage into a licensed prostitution, for the purpose of avoiding conception. In such cases, however, the offense carries its own punishment with it, and the penalty is well earned, demanding no sympathy from the right-minded. For ordinary leucorrhoeal discharges, it is useless, as the vagina is a self-cleansing canal, and injections, whether medicated or not, are almost certain to aggravate the condition, or perhaps suppress it and set up more serious morbid action. There may be cases, however, when the flow is irritating and perhaps malignant, particularly when proceeding from ulcerative action—when the blood, pus, and detritus may induce septic poisoning, and some means to ensure its removal may be demanded. Even this is very problematical at least the indications are not clear to me; I have never had occasion to resort to such practices, and unless my views should undergo a very radical change, I never shall. The instruments used for this purpose are very many, the chief indication appearing to be something that will cause some expansion of the walls of the canal, smoothing out the rugæ, and which will direct the stream in various directions.

6. *Rectal injections*, for the purpose of securing evacuation of the bowels, is very frequently a necessity, but is also very

much abused. Habitual use of such methods will surely induce hæmorrhoids, fissure or ulcer of the anus, and can scarcely fail to render the constipation habitual. The best syringe, I think, is that known as the Maw's *Enema Pump*, or the ordinary family syringe, as sold in the drug stores.

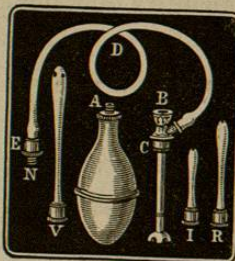


FIG. 90.

The amount of fluid used, must have some relation to the age of the patient; from a tea-cup full, in the case of children, to a pint, or more, for adults. The water should be warmed, about 60°, and a little castile soap dissolved in it will much increase its efficacy. It must be thrown up with some degree of force, and after half an hour, if there has been no evacuation, it may be repeated.

Other measures, soap repositories, cones of paper, and the like, are mentioned in all works on practice, and need not occupy our attention at this time. In closing, I will state, however, that notwithstanding injections are decidedly objectionable, yet there does seem to be an occasional necessity for their employment. When the necessity for an evacuation of the bowels is imperative, and ordinary medicinal treatment fails to accomplish the purpose, the injection must always be preferred to all other means, particularly to the administration of cathartics in any form, mild or severe.

FINIS.

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