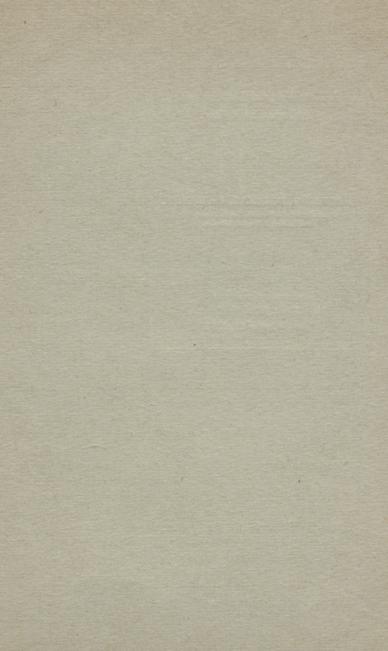
A New Vaginal Douche with Automatic Outflow.

RY

NATHAN G. BOZEMAN, Ph. B., M. D., Gynecologist to St. Francis's Hospital, Jersey City, and St. Mary's Hospital, Hoboken.

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A NEW VAGINAL DOUCHE WITH AUTOMATIC OUTFLOW.

BY NATHAN G. BOZEMAN, Ph. B., M. D., GYNÆCOLOGIST TO ST. FRANCIS'S HOSPITAL, JERSEY CITY, AND ST. MARY'S HOSPITAL, HOBOKEN.

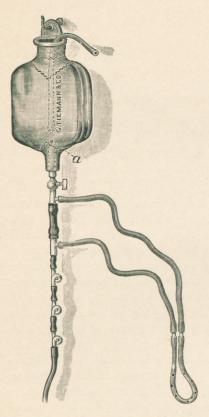
It has been my endeavor for several years to perfect a system of vaginal douching which can be applied conveniently and without the douche pan. The object which I have in view is to flush the vagina with a small quantity of hot water and evacuate before it flows over the perinæum. The patient's clothing and the bedding are thus protected from moisture and it enables me to use the water at 130° F.—hotter than is tolerated by the skin but comfortably borne by the vaginal mucous membrane, after slight cooling in passing through the apparatus. Protracted douching of this kind I have found relieves pelvic pain and promotes absorption of plastic exudates about the uterus, ovaries, and tubes. It also dilutes the urine and washes the vesical mucous membrane when there is a vesicovaginal fistula, made for physiological rest of the bladder for the cure of cystitis and ureteritis.

The apparatus which I have devised and used to my

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entire satisfaction is well represented in the cut. It differs from the air and water irrigator and drain only in the form of the reservoir (see the New York Medical Journal, June

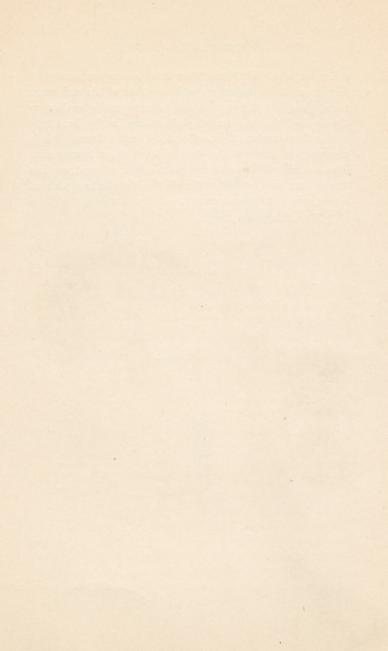


1, 1889, and May 27, 1893). Here a soft rubber bag is employed and the outflow is not constant: it is four ounces per minute at the beginning and it gradually diminishes. The bag holds two quarts of water which runs out in twenty minutes. The apparatus commends itself for its compactness, and it certainly minimizes the quantity of hot water required for a protracted douche, which is a great comfort to patients who have not the advantages of a home or hospital appointments.

When in use the bag is suspended by

the side of the bed, three feet from the floor, directly over some form of receptacle; the perforated loop of soft rubber tubing is compressed when introduced into the vagina. On opening the stopcock the upper or inflow tube is clamped for a few seconds while the outflow tube is being exhausted of air; when it is released a continuous flow of air and water takes place into the vagina; the water accumulates there to the level of the uppermost perforations in the bent tube and is then carried off into the vessel on the floor. If it is necessary to continue the douche longer than twenty minutes a pitcher of hot water is placed near at hand, so that the patient can herself replenish the douche bag without rising, when it becomes empty.

⁹ West Thirty-first Street.



The New York Medical Journal.

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FRANK P. FOSTER, M.D.

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