DOMESTIC CORRESPONDENCE.

*Audi Alteram Partem.***The Use and Danger of the Nasal Douche.**

To the Editor.—At the last meeting of the American Medical Association Dr. W. C. Richardson (THE JOURNAL, November 30, 1889), reported three instances of acute inflammation of the middle ear resulting from the use of a nasal spray under high pressure. Since some writers have recommended the spray for cleansing the nose on account of its safety as compared with the more dangerous nasal douche, it does not seem out of place to me to relate my own extensive experience with the use of the latter method. As long as numerous observations have shown that the douche can do harm, it ought not to be given into the hands of patients except on proper indications. This rule, however, is often overlooked, and the douche is not rarely recommended by general practitioners when of doubtful utility.

The only thing the douche can do, is to remove secretion, and it can do this more efficiently than any other method which the writer has ever tested, when the secretion is either abundant or tenacious. Especially is this true when it dries in the form of crusts, as in ozæna. It would of course not be good practice to let the patient remove the secretion for mere palliative purposes with the douche, when more radical means in the hands of the surgeon can cure the disease. Hence, about the only diseases in which I deem it best to give the douche to the patient are the atrophic forms of rhinitis or ozæna and the persistent suppurative rhinitis of children, which, if allowed to go on unchecked, may develop into ozæna. In the latter case, however, I advise the douche only if I cannot see the patient sufficiently often myself.

Personally I use the douche to remove secretion before applying topical remedies to the nose. I find it besides very valuable in searching for a minimal secretion for diagnostic purposes. For this purpose I let the water flow out of the nose into a black rubber basin in which every flake of mucus or pus is readily seen.

I have used the douche, at the least calculation, from 6,000 to 8,000 times in my office, without ever having seen any bad consequences. I have also recommended it to more than a hundred patients, and do not know that I can trace any accidents to its use, beyond, perhaps, one relapse of suppuration of the middle ear. If I have been more fortunate with the use of the douche than some other specialists, it may be due to some precautions which I habitually take. I never use the douche except when both nasal passages are permeable or until after I have made them permeable with forceps (in the case of crusts), or the use of cocaine.

Since the recommendation by Lucas I have always used a solution of bicarbonate of soda, about one-half per cent. in strength, in preference to salt. Not having used salt much I could not say whether it might increase the danger to the middle ear, but I do know that soda solution is rather more convenient for cleansing purposes than salt, although not quite as agreeable to the patient. The water should of course be blood warm.

I find a plain rubber bulb, the natural end of which is used instead of a nozzle, a more manageable instrument than the usual douches in the market or the fountain syringe. The pressure on the bulb can be varied by the hand, or stopped instantly whenever a desire to cough or swallow is felt, and the instrument is always ready for use.

Perhaps more than a dozen times patients have felt the water entering the ear while I was using the douche. With the intention of stopping the feeling of fullness in the ear to which this gave rise I at once inflated the middle ear with air the very first time this accident occurred to me. This procedure stopped all annoyance and no further consequences resulted. I have had the same experience perhaps fifteen to twenty times and it never led to any damage. If the use of the Politzer bag fills the ears and relieves the uncomfortable sensation, it is sufficient; if not, I resort at once to the Eustachian catheter.

The douche has proven a very reliable method in my hands in the treatment of persistent forms of chronic suppuration of the middle ear, especially when bilateral. It has been strenuously urged by Schwartze and his disciples that one of the best means of cleansing the suppurating tympanic cavity is irrigation through the Eustachian catheter. But this procedure is more difficult than mere inflation of air, and of course meets with resistance in small children. The nasal douche, practiced with the bulb as described by me, can easily force a free stream through both Eustachian tubes if some pressure be used. If necessary the patient may be directed to swallow at the same time. In some instances of suppuration of one ear only in which I could not succeed in forcing water through the catheter into the ear, I have used the douche with success, preventing the water from entering the other ear by pressing the finger into the meatus. However, since this is not an absolute hindrance to the flow of water into the tube, I would prefer in such cases irrigation through the catheter if possible. Washing out retained pus from the middle ear with the aid of the nasal douche has often assisted me in reducing the time of treatment of persistent suppuration of the tympanic cavity.

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