

## A NEW RECTAL ENEMATOR.

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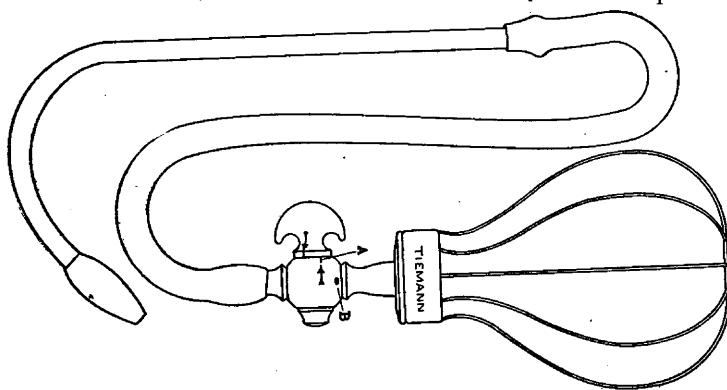
In the treatment of the different forms of chronic constipation no measure is so uniformly successful as the systematic injection of oil into the rectum. It may, indeed, be said that this method is indispensable in the cure of the spastic form of constipation. Since the elaborate study of this method of treatment by Fleiner and Kusmaul in 1892 it has gradually grown in favor.

There is, however, one serious objection to this method of cure; while patients realize its value they constantly complain that the taking of the oil is exceedingly annoying. By all the heretofore practised methods of injection there has been the bother of warming the oil and pouring it into the reservoir and the very trying experience of having the oil spill from the container or run from the rectal tube after its withdrawal from the anus. Now as success depends on the persistence with which this measure is kept up it is very essential that the procedure be simplified as much as possible, and that all unnecessary annoyance be eliminated. It is understood that as the oil is to be retained over night it must be injected by the patient himself at bedtime.

After a considerable experience with all methods of having the oil injected I have discarded them for the one here described. Patients who have had experience with the old apparatus characterize this new one as a great boon and well worth the additional cost.

The apparatus, as may be seen from the cut, consists in a curved rectal tube of hard rubber, the end of which is olivary shaped to make it self-retaining. This tube is made curved so that it comes up in front of the pubis; to this end is attached a 10-ounce Politzer bag, the connecting soft rubber tube being of a convenient length for the patient. The rectal tube is made with such a curve that it is readily passed from the front of the body to the anal opening; here by a slight traction movement it enters the anus in the proper direction, pointing toward the umbilicus. It has been demonstrated that this new form of tube is much less awkwardly introduced than by reaching around behind the buttocks. The Politzer bag is fitted with a stopcock having a small hole in one side, which permits the bag to fill with air when the cock is closed.

The method of taking the injection is simple; the bag is allowed to fill itself and the oil is then warmed by placing the bag in warm water. The patient lies on the back with hips some-



what elevated and introduces the rectal tube with soft rubber tubing attached. The bag is then attached and the stopcock turned to permit the oil to be slowly forced into the rectum. The bag being emptied, the stopcock is turned and air dilates it so that all oil may be forced from the tubing; by shutting off the stopcock we prevent the return of any oil into the tube and obviate the danger of soiling the clothing and bedding.

This new rectal tube can be used for ordinary enemata if attached to a fountain bag, and experience with it will quickly demonstrate the great ease with which it can be introduced into the rectum.

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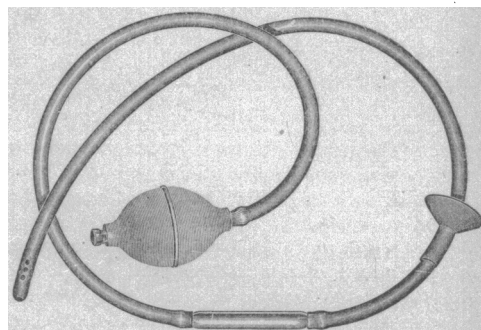
## AN IMPROVED STOMACH TUBE.

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The apparatus shown by cut consists of (1) an Ewald stomach tube proper, 30 inches long, marked at 22 inches from its distal end with a white band; (2) an adjustable saliva shield, to prevent saliva from flowing down tube; (3) a glass connector, and (4) a 30-inch connecting tube, to which is attached a strong valveless bulb of 3 ounces or 90 c.c. capacity.

Some of the advantages of the apparatus are as follows: (1) Aspiration or expression of gastric contents; (2) lavage or douching of stomach, and (3) inflation of the stomach may be done without making a connection or disconnection of apparatus and without the use of a stop-cock or shut-off. The efficient bulb enables one to evacuate the stomach contents



quickly and thoroughly as is required in poisoning. The apparatus will be found most convenient for self lavage, requiring no assistant. By substituting a "Rosenheim" douching tube the stomach may be douched as recommended by Rosenheim, the late Riegel and others. By using the 30-inch colon tube in place of stomach tube proper, the colon may be inflated for diagnostic and therapeutic purposes and rectal injections and high enemata may be given.

The apparatus has thus far acquired only a local reputation, but since it was seen in use during the recent Boston session, it has gone to many distant states and abroad. I naturally desire that it shall prove a success and for this reason have some suggestions to offer. The first is an important caution: Do not use the tube on a patient until you have spent five minutes in mastering its simple mechanism. Take a basin of water and follow explicitly the directions on box cover.

Inability to evacuate gastric contents may result from (a) plugging of eyes of tube; the injection of one bulb of air will clear eyes; (b) tube being introduced too far or not far enough; withdraw tube a little or introduce further; (c) stomach in some conditions being empty one hour after an Ewald test breakfast, in such case tube should be passed in from 30 to 50 minutes after breakfast. In cases of gastroptosis it is often necessary to introduce tube twenty-four or twenty-eight inches. The white band on tube shows only average distance of introduction in normal cases. Failure to appreciate these points has at times led physicians to condemn this and other apparatus, when there was no fault with the apparatus. Lavage or douching is done with the apparatus by injecting fluid into the stomach with the bulb; five or six bulbfuls (15-18 ounces) is enough to inject at one time. The fluid is allowed to siphon out of stomach in the usual way; suction, induced with the bulb, hastens the return flow.

Inflation of the stomach or colon becomes a very simple process with this apparatus; after cavity is distended, the air is retained by simply pinching tube; it may be allowed to escape at any desired moment. No assistant is required in any of the above procedures.

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