

On the use and abuse of the nasal douche, and on the alleged danger attending the introduction of fluids into the nasal passages / by James Patterson Cassells.

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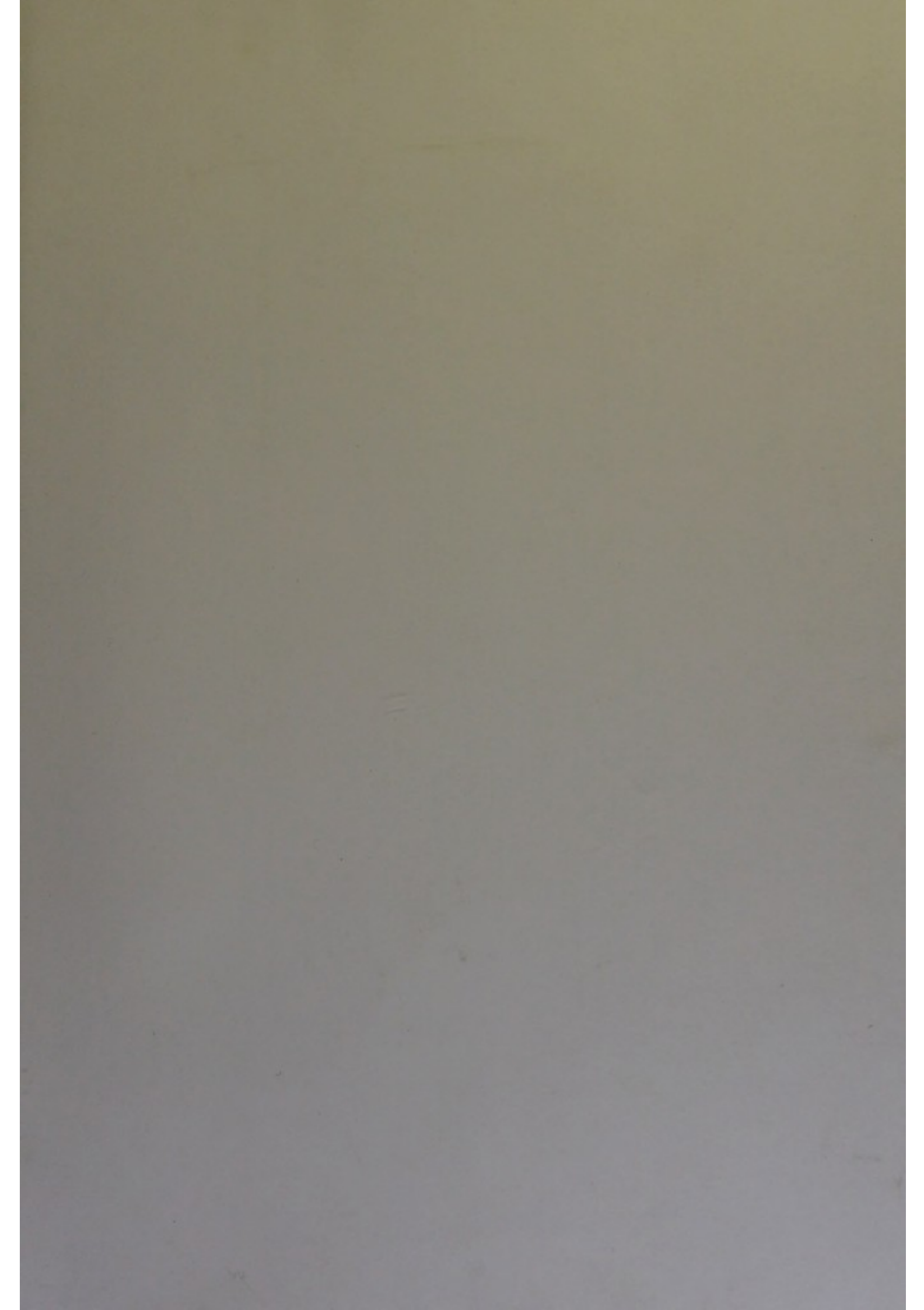
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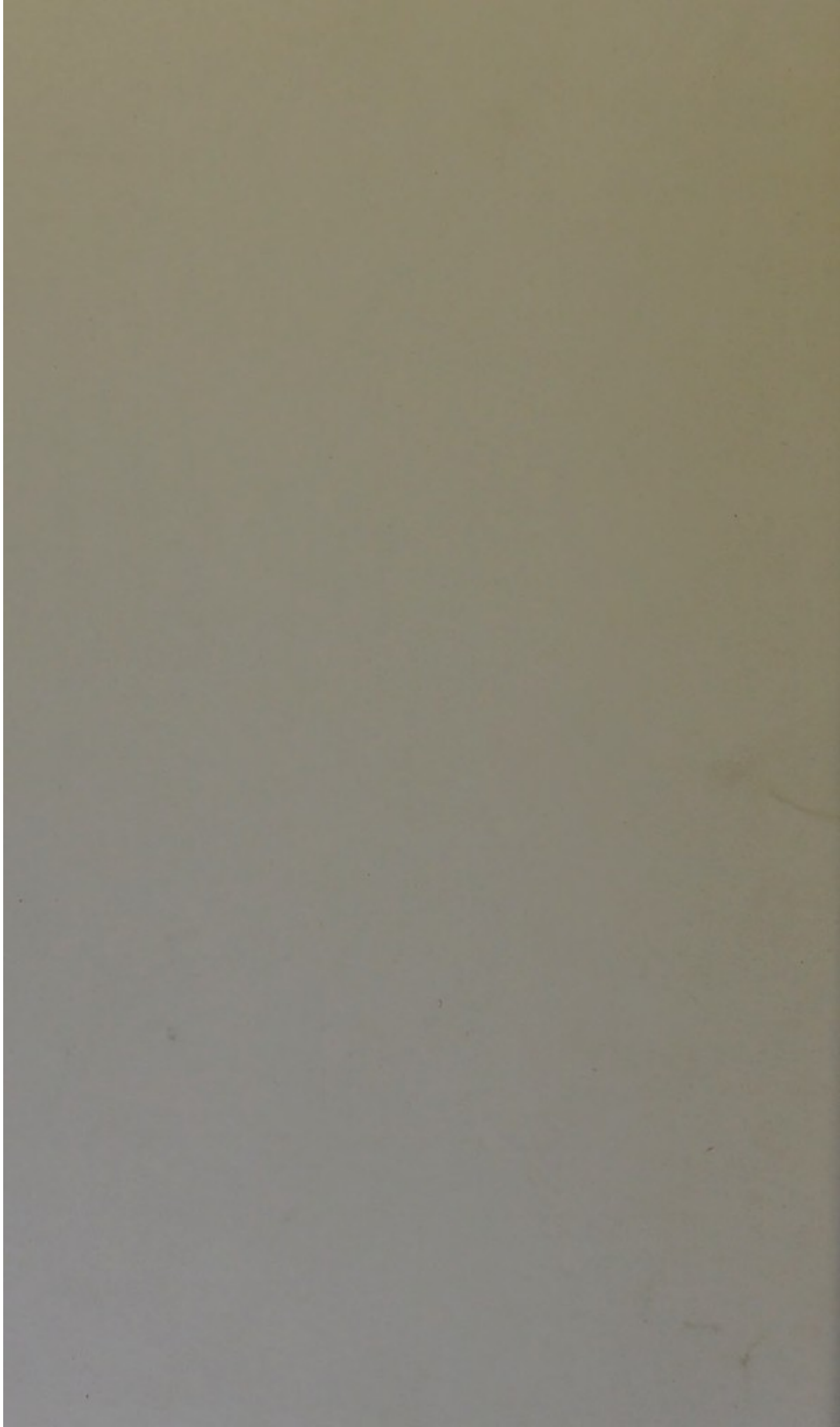
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ART. XXI.—*On the Use and Abuse of the Nasal Douche, and on the alleged danger attending the Introduction of Fluids into the Nasal Passages.* By JAMES PATTERSON CASSELLS, M.D., M.R.C.S., London; Fellow of the Faculty of Physicians and Surgeons; Surgeon to, and Lecturer on, Aural Surgery at the Dispensary for Diseases of the Ear, Glasgow.

THE object of this communication is to consider the question of the use and abuse of the nasal douche, and to inquire if, as is alleged, there be danger attending the introduction of fluids into the nasal passages, and, further, to examine the evidence upon which this allegation is founded.

I include under the well-known name of nasal douche not only the syphon douche of Weber—the *douche par-excellence*—but all the usual modes of introducing fluids into these passages—viz., the anterior douche of Gruber, the posterior one of Pomeroy, and the so-called “snuffing-up” process, all of which are, indeed, so many modifications of the original douche of Weber.

It may be assumed, I think, on behalf of the Weber's nasal douche, as introduced to the notice of the profession by Dr. Thudichum,^a that it has been, and still is, held in high repute, more especially by those who have used it frequently, and found it to be, what it really is, a highly effective and not unpleasant mode of treating certain affections of the naso-pharynx—so satisfactory, indeed, as to make it difficult, if not impossible, for any one to devise an equally efficient substitute, were such a step deemed necessary. This being so, it was somewhat startling to be told by an authority of no mean eminence, and whose opinion, therefore, commends itself to our highest respect and consideration, that there was a danger of doing serious injury to the ears in using the

^a See Lancet, 24th Nov., 1864.

Weber's douche, and that, therefore, "*its use* (the italics are mine) ought to be discountenanced by the profession." When, therefore, Professor Roosa, of New York, the authority above referred to, had thus shaken our confidence in the assumed safety of this proceeding, by appearing to prove that its use, "even with proper precautions,"^a was productive of serious ear disease, many of the profession who had used the douche, hitherto without fear, abandoned this manœuvre altogether, and found peace of mind in the assumed safety of the use of such modifications of this douche as have been already named. Others allowed the warning thus given to pass unheeded, while others, again, some of them men of eminent authority, questioned the justness of Roosa's opinion just stated, on the grounds that the evidence which he adduced in support of this opinion was insufficient and incomplete, and that it did not warrant such a conclusion.^b

Nevertheless, enough had been said, whether rightly or wrongly, by Roosa, on this subject, to shake the confidence of all but a very few in this mode of douching the nasal passages and naso-pharynx; and, as already mentioned, many found a refuge in the use of one or other of its modifications. But even these modifications are assailed in quite recent times by one so eminent as Dr. Buck of New York, who, besides, agreeing in the opinion of Roosa, relative to the *use* of the douche of Weber causing serious ear disease, also raises the question of the safety of introducing fluids *at all* into the nasal passages.^c This latter-named writer recommends, in the article referred to,^d as the result of his experience, that *all* the modes of introducing fluids into the nasal passages, at present in use in the treatment of their diseases, ought to be abandoned, because of the danger that may accrue to the ears therefrom; even the simple, efficient, and seemingly innocent "snuffing-up" process, so much in use, is condemned with the others; and the "swabbing-out" process is recommended in their stead; a method, by the way, less efficient for treating naso-pharyngeal affections than the douche, while *it* is not altogether free from danger. In these circumstances, when a therapeutic proceeding of acknowledged value is threatened with extinction, it seems high time, in the interest of general and

^a See Arch. für Aug., u. Ohrenheil. Bd. I., 1867. Also his recently published Treatise on the Ear, p. 291.

^b See critique of Roosa's position in Arch. f. Ohrenheil. Bd. I., N.S. Also Prof. Isberg's reply to Roosa in Arch. f. Aug., u. Ohrenheil. B II., p. 77.

^c See New York Medical Record, 24th March, 1877.

^d On the Danger Attending the Introduction of Fluids into the Nasal Passages.

special practitioners as well, to inquire if there be good grounds for this new alarm, by examining the evidence upon which it is based.

Concerning the opinion of Roosa, that "the use of the Weber's nasal douche ought to be discountenanced by the profession," . . . "even with proper precautions" taken as to the mode of employing it, I have to say, with every respect for the deservedly great authority of this writer, that I do not share in his apprehensions regarding its evil effects on the ears, for the best of all reasons—viz., that in my hands it has invariably proved itself to be a perfectly safe, and not unpleasant proceeding. In these circumstances I would suggest, if the evidence which he offers in support of the position that he holds, with regard to this measure, be not in proof of the *misuse* rather than the *use* of this douche. To *use* a right remedy wrongly in a right case, or rightly in a wrong one, and to expect good results to follow, is surely a little unreasonable; but, in such circumstances, to blame the *use* of the remedy, seems to me to be as unjust as it is unscientific; the *misuse* of a thing cannot, I submit, be urged as a hindrance to its *use*.

In speaking thus, I assume that all the evidence that Professor Roosa has to offer in support of his denunciation of the *use* of the nasal douche, is similar in character to that which he publishes in his recent work on the ear; if this be so, then I have to ask, judged by the canons of a scientific method of investigation, is there in the history of the case, reported on page 292 of his book, the smallest evidence that the sufferings of the patient, as there detailed, were, even in the most remote way, the result of the *use* of the nasal douche? As for the "analysis of reported cases," tabulated on page 296 of the same work, I have to say, that its incompleteness deprives it of all value in the determination of the question before us. To condemn, therefore, the *use* of a recognised and valuable therapeutic measure, as Professor Roosa has done, on evidence so weak and so incomplete, is surely unwarrantable.

Let us now turn our attention to the consideration of the position taken up by Dr. Buck, who, as has been already stated, alleges that there is "danger attending the introduction of fluids into the nasal passages" to the ears, and to the nature of the evidence which he adduces in support of that position. As in the case of Professor Roosa, so it is in that of Dr. Buck, the evidence does not warrant the conclusion. It is too weak and too inconclusive to be employed in a condemnation so wholesale as that indulged in by this latter-named writer; and if it proves anything at all, it

proves, even more conclusively than Roosa's evidence, that, in all the cases reported by Buck, the fluids were passed into the nasal passages in improper cases, or used improperly in cases that justified their use; here again showing that the terms use and misuse have been misplaced as well as misapplied.

To show that I am not speaking rashly, nor without warrant, I shall place before the reader a brief analysis of the evidence, as follows:—Ten cases of naso-pharyngeal catarrh are reported, in which it is alleged that the ear disease, from which each patient suffered, was the direct result of the nasal douche in one or other of the modifications that have, at the outset of this paper, been named. It is, however, to be noted that in all these cases no notice has been taken of the state of the ears *before* the nasal douche was employed; such a gap in the evidence is suggestive of many questions relative to the state of these organs prior to the use of the douche. In four cases in which the douche seemed admissible, the patient "blew his nose" *immediately* after passing the fluid through the nasal passages; one used cold water alone through the nostrils, the water being of "the temperature of the croton in April;" one used the posterior nasal-douche in "an active naso-pharyngeal catarrh," and so on; the remaining four cases are so briefly reported as not to admit of analysis. Here we have six out of ten cases in which the douche was clearly and unmistakably misused, in which bad results to the ears could have been foretold! So much then for the evidence upon which the *use* of the nasal douche is condemned! As the experience of each man is a fair measure of the worth of his opinion on any given point in which he has had experience, and ought to be a law unto himself, if it be not one to others as well, I shall now briefly show that I have not spoken without some little experience of the use of the nasal douche.

In my out-door *clinique* here, I have treated, by *my own hands*, upwards of 2,300 cases of ear disease, in which the nasal passages were more or less affected with one or other of the many forms of catarrh. These all occurred in the persons of poor and mostly ill-fed, badly-clothed people of all ages. Two-thirds of that number have used the nasal douche in one or other of its forms; the syphon douche, when necessary, was always used upon the patient by myself; so with the anterior and posterior modifications of it:—the "snuffing-up" process always was used by the patients for carrying out home treatment; most of the patients used the douche for several weeks each on an average, some, indeed, have used it

without intermission for two years. The report that I have to record is, that I have neither seen nor heard of an untoward result, not even a single complaint. In my private practice I have the like experience and the same result to report. This being so, it is, perhaps, quite warrantable to ask that I should account for this success in the use of an operation that seems in other hands to have proved hurtful. To this I reply, that I never use it except in appropriate cases; never to trust the use of the syphon-douche to the patient, but in every case to do the operation upon the individual myself; self-use in this as in many similar circumstances mostly means self-abuse. After deciding that the case is one in which the douche is admissible, I observe the following precautions, which, I may add, are applicable to the various modifications of the process. To have the fluid to be used non-irritating—of a density greater than the serum of the blood—about 90° Fh. in temperature, and *never to use pure water alone*. To give the column of fluid a fall from a point about one foot above the level of the patient's nose, patient meanwhile leaning forward and breathing short rapid breaths, about 40 per minute, interrupting the flow of the fluid every few seconds to allow of the patient resting, and to permit of the nostrils being sniffed out from behind by a succession of violent expirations through the nostrils, *the mouth being closed*, stopping the fluid from passing into the nostrils the instant that the patient ceases to breathe, as I have directed, or on any involuntary act of swallowing taking place on the part of the patient—finally, in all cases, never to allow the patient to blow the nose after using the douche till all the residual fluid has been expelled from the nasal passages by oft-repeated and strong expirations through them with the mouth closed. Lastly, never to begin the douche till the patient thoroughly comprehends the part that he or she is expected to perform in the course of the proceeding.

To sum up what has been said, I may repeat that the evidence adduced by Drs. Roosa and Buck does not warrant the condemnation of the *use* of the nasal douche, nor does it show that there is danger attending the introduction of fluids into the nasal passages; on the contrary, it shows that the misuse of a recognised and valuable therapeutic measure has been followed by bad consequences, which is no more than has happened and must happen in like circumstances, as the history of Eustachian catheterism shows, for example; yet who, I may be permitted to say, would feel warranted in asking that the *use* of the catheter should be discountenanced

because dangerous consequences has resulted from its misuse! My own position with regard to the nasal-douche in all its modifications is quite clearly defined—with proper precautions, both on the part of the operator and on that of the patient, no harm need result; nay, its use under such circumstances is as free from danger as is the use of the Eustachian catheter, when prudence and skill guide the judgment and the hand of the operator.

