

a small quantity is introduced, by the finger, inside the rectum as well as on the external swelling. There are instruments invented for this purpose, more or less complicated in their working. Where there is much hæmorrhage, injections of some styptic fluid are sometimes prescribed, and then the Nurse should remember that the point of the enema tube should be passed only just inside the rectum, and that the fluid should be small in quantity so as not to set up rectal irritation and cause its rapid ejection. If there is much hæmorrhage or ulceration of the rectum, it is often most useful to administer, whatever injections are ordered, through a large india-rubber catheter, the point of which can be introduced into the passage with greater comfort to the patient, with greater facility, and with much less chance of injury, and perhaps tearing, of the tissues, than might occur if the ordinary bone end tube of the syringe were employed. The catheter can easily be slipped over the bone end and thus the injection can in needful cases be passed higher up the rectum than the ordinary tube would take it. But when the india-rubber catheter has to be passed, perhaps up to the sigmoid flexure, it may be necessary to use either a stiff gum-elastic smaller-sized catheter inside it, or perhaps a soft wire guide; as otherwise the tube may become bent and may crumple up at the lower part of the rectum and thus not penetrate as far as is considered necessary.

An ordinary aperient enema, again, can often be administered with less discomfort to the patient, and more effectually, through the soft catheter passed five or six inches up the canal. It frequently happens that it is about this point that rectal strictures occur; the ordinary bone tube will only convey the stream of water about four inches up the rectum, and thus while effectual in softening and causing the expulsion of the accumulation from the lowest part of the passage, will often leave a large collection of scybalæ lodged a little higher up the canal. If, however, the catheter end can be gently introduced up to the sigmoid flexure, the stream of the injection is thus conveyed into the colon and its fæcal accumulations are more easily broken down and cleared away. Within recent times, it has become usual to employ suppositories of glycerine instead of large enemata of soap and water. These act in two ways; first, by causing some irritation in the rectum

and consequently muscular action; and secondly, through the affinity of glycerine for water, a certain quantity of the watery portion of the blood is effused into the rectum from its blood vessels, and therefore the irritative action of an ordinary watery injection is obtained. The best manner of administering a suppository is for the patient to lie upon the left side; the appliance is smeared with vaseline or oil, and the Nurse standing behind the patient and holding it between the finger and thumb of the right hand, inserts the suppository through the anus, pressing it up the rectum with the fore-finger. On the other hand, a nutrient suppository, while introduced in the same manner, should not be pressed up the canal, but only inserted just within the orifice; so as to set up as little irritation as possible, and thus prevent the patient from straining and expelling it.

Another point which is often overlooked in the administration of an ordinary aperient enema, is that the block in the bowel for which it is required, may exist at a point high up in the canal of the colon. Indeed, it is very usual for such fæcal accumulations to occur in the transverse portion of the colon. Consequently, in order to be of any effect, the quantity of fluid injected must be very considerable; and then the position of the patient becomes of great importance, because it is always difficult, and sometimes impossible, to inject two or three pints of water into the intestine if the patient is lying on the back. It is, therefore, a practical point of great importance to remember that aperient enemata are usually best administered while the patient is lying on the left side; the hips being close to the edge of the bed; a towel and waterproof being placed under the left hip and thigh. The knees should then be well drawn up, the patient's right arm crossed behind the back so that she is lying face and chest downwards on the bed. By this means the action of Gravity assists in the efficient administration of the injection, because the fluid naturally flows downwards, and thus softens and disintegrates fæcal accumulations high up in the colon.

The old-fashioned method of giving an enema by a ball syringe was not only clumsy, but was often ineffective; the introduction of Higginson's syringe was a great improvement; but the best method of all, undoubtedly, is by means of the Hydrostatic tin.

*(To be continued.)*

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