

Appointments.

MATRON.

Miss Margaret C. Fraser has been appointed Matron of the Stephen Cottage Hospital, Dufftown. She was trained at the Royal Infirmary, Aberdeen, and served in South Africa on the Army Nursing Service Reserve; she has held the positions of Sister in scarlet fever wards and of Night Superintendent in the East Pilton Hospital, Edinburgh.

SISTERS-IN-CHARGE.

Miss Margaret J. Edward has been appointed Sister-in-Charge of a block containing thirty-six beds for scarlet fever patients at the Nottingham City Isolation Hospitals. She was trained at the Royal Infirmary, Sheffield, and has held the positions of Staff Nurse at the Fever Hospital, St. Helen's, temporary Matron at the Haydock Isolation Hospital, and of Sister-in-Charge of the Cambridge Isolation Hospital.

Miss L. Parsons has been appointed Sister-in-Charge of the typhoid fever block at the Hull Sanatorium. She was trained for three years at the Stapleton Infirmary, and for a year at the Royal Infirmary, Bristol. She also had two years' fever training at the Dartford Isolation Hospital, Kent, and has had two years' experience of private nursing. She has also done Sister's duties at the General Infirmary, Leeds, and has acted as Matron's *locum tenens* in several institutions.

SISTER.

Miss Alice A. Warriner has been appointed Sister at the General Hospital, Birmingham. She was trained at the London Temperance Hospital, and has held the positions of Charge Nurse at Croydon Borough Hospital, Sister at the General Hospital, Dover, and Sister at the General Hospital, Wolverhampton.

SUPERINTENDENT.

Miss Overall has been appointed Superintendent of the Cumberland Nursing Association, in the place of Miss Greenwood, who recently resigned to take up mission work at the Zenana Hospital, Bangalore.

NIGHT SUPERINTENDENT.

Miss Lilian Piper has been appointed Night Superintendent at St. Mary, Islington, Infirmary. She was trained at the Royal Infirmary, Leeds, and has held the position of Charge Nurse at the Brook and the Joyce Green Hospitals, under the Metropolitan Asylums Board.

HEAD NIGHT NURSE.

Miss Lavinia Wilson has been appointed Head Night Nurse at the Union Infirmary, Richmond, Surrey. She received midwifery training at the Rotunda Hospital, Dublin, and has been Nurse at the Accident Hospital, Hednesford, the Cottage Hospital, Whitechurch, and the Medway Union Workhouse. She has also acted as District Midwife at Cambridge.

Rectal Alimentation.*

By CHAS. J. DRUECK, M.D.,

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Rectal alimentation is the temporary sustaining of a patient by mechanically introducing food substances through the anus into the rectum and colon. It has long been recognised that all mucous membranes will absorb certain substances and pass them into the lymphatics, but only recently has this knowledge been applied to rectal feeding. Kelsey cites numerous authors who speak of the relative absorbing power of the rectal and gastric mucous membranes, and a considerable proportion of them conclude with some such evasive statement as: "It is not wholly established yet that sufficient nourishment may be absorbed by the mucosa of the rectum and sigmoid to sustain life." Bauer, for instance, states, "Not more than one-fourth of the necessary nutriment even under the best conditions can be absorbed from the rectum." This statement in the light of our present knowledge must be modified, because experience has shown that many patients not only live, but thrive and increase slightly in weight, when the injections are carefully given according to the directions which appear later in this article. Thompson (*Practical Dietetics*) supported a patient for seven weeks, and Flint (*New York Med. Rec.*) refers to a patient who was nourished for fifteen months by rectal feeding alone, and who had been maintained chiefly by this method for five years.

Feeding by way of the rectum has been objected to mainly on theoretical grounds of physiology, although I might add that in my experience the method of administration is often faulty. The rectum proper, the last 6 in. of the bowel, has very limited absorbing power, but Landois has shown that the colon proper has a very marked assimilative power although the digestive ferments are weak. Thus properly-prepared foods are readily absorbed and considerable nourishment derived. Recognising the fact that patients are nourished by foods administered per rectum, and still maintaining that the secretions of the rectum have little digestive power, very peculiar theories have been advanced as to how assimilation is accomplished. Flint (*Trans. New York Acad. of Med.*) says, when food comes in contact with the rectum while the stomach is empty, the gastric and intestinal juices descend to the rectum. Dr. Battey, by experiments on cadavers, concludes that the injected food ascends the whole digestive canal instead of remaining in the colon or rectum. He thus accounts for the phenomenon of patients being able to taste substances such as quinine or castor oil when given per rectum. C. W. Brown, of Washington (*Food*, Vol. IV., No. 8), cites a

* From the *Alkaloidal Clinic*.

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