Medical Matters.

RECTAL FEEDING.

A story, which is now going the rounds in the nursing world, tells of a so-called trained nurse who was entrusted with carrying out the regular administration of nutrient enemata for a patient who could not be fed by the mouth. As all nurses know, this is a method which is much more widely adopted, at the present day, than was formerly the case, because increased knowledge of pathology has proved that in many cases of stomach and intestinal disease the first element of success in treatment is to place the diseased parts at rest, or, in other words, to give the patient no food by the mouth. On the other hand, it is known that by appropriate fluid, injected at regular intervals into the rectum, so much absorption can be obtained that the patient can be kept nourished for days or even for weeks. Needless to say, however, it has become essential that the trained nurse should be able not only to administer such enemata properly, but also to recognise how the injections are suiting the patient—that is to say, whether they are being absorbed or not. In the case to which reference is made, the patient was rapidly losing flesh and strength, and finally a new nurse was placed in charge and discovered that the patient had never had any rectal enemata at all. It then transpired that the so-called nurse, previously in charge, had never given such an enema before, and, in fact, that she had never been properly trained, but had refrained from confessing her ignorance, even though she must have been aware that the patient was dying from want of nourishment. A better example, perhaps, could scarcely be advanced to prove not only how the best medical efforts can be neutralised by an ignorant nurse, but, also, how defenceless the public is when a patient whose life or death is at stake is entrusted to the tender mercies of such an attendant. The case, however, draws attention to the necessity for all nurses being acquainted with the important procedures necessary for rectal feeding. In cases of ulceration of the stomach it has been, for years, a recognised custom to make the patient abstain from all food by the mouth. Some physicians carry this out only for a day or two, until hæmorrhage from the ulcer has ceased; but others rest the stomach, by denying all food, until pain and even discomfort have disappeared. It is obvious that in such cases the strength of the patient must be maintained by rectal feeding, and, as a rule, in these cases the injections are given every six hours, and once in every twenty-four hours the rectum is washed out.

In intestinal cases, when either ulceration is present, or when plastic operations have been performed on the bowel, there is a general consensus of opinion that rectal feeding must be continued for a week, and in many cases for much longer; and it therefore becomes of much importance to ascertain the most nutritive form of enemata, when their prolonged administration is necessary.

A valuable paper on this subject has recently been published in the *Scottish Medical and Surgical Journal* by Dr. Francis Boyd and Miss Jean Robertson, based on work done in the Research Laboratory of the Royal College of Physicians, Edinburgh. Briefly, their results were that only a sixth part of the albumen given in enemata was absorbed, whilst about a third of the fats given, and a very large proportion of the sugar—in some cases, the whole—were absorbed into the system. These results are corroborated, to some extent, by the researches of other observers; but it is worthy of notice that the best results, so far as the patients are concerned, have always been obtained with enemata in which milk was used, and that the albumen of eggs, which has been so largely recommended, is not only expensive but very unsatisfactory. To put the matter into a short and practical form, the best form of nutrient enemata should consist of fats and sugars, and the best form of fat is the yolk of an egg. For instance, the authors of the article in question recommend, as a nutrient enema, the yolks of two eggs, thirty grammes of pure dextrose, half a gramme of common salt and pancreatised milk to 300 cubic c.m. It is further advisable to remember that the best way to give such an enema is by means of a soft rubber catheter and a small sized filter funnel, and that the fluid should be very slowly and steadily administered.

Whilst on this subject it is a fact which trained nurses may usefully remember, that in cases of collapse, especially after profuse external bleeding, a safe and rapid restorative is a large injection of hot saline solution, a considerable proportion of which is rapidly sucked up by the depleted veins of the rectum and large intestine, with the result that the pulse fills, steadies, and slows down. Of course, in cases of internal hæmorrhage such a remedy is only ordered with great care, because the filled vessels may cause a fresh onset of the bleeding.

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