

is absorbed by the rectum, great care should be taken in selecting the best material. Dr. F. D. Boyd, after careful observation, has found that the following is the most nutritious enema:—Yolks of two eggs (this furnishes natural fat); sugar (best, as pure dextrose), 30 grammes; common salt, $\frac{1}{2}$ gramme; pancreatised milk to 8 or 10 ounces. Given every six hours. Nutrient enemata should always be given by syphon action, never with any form of syringe.

Movement of Bowels.—After abdominal operations it is of great importance to get the bowels to move early. The passage of flatus is significant, as showing the presence of peristalsis, and the nurse should endeavour to be able to report on this point if possible. If no flatus is passed, and the patient is distressed by the accumulation of gas, the nurse may introduce a flatus tube and leave it in position for an hour. In our experience, it is only gas in the extreme lower end of the bowel that escapes by such tubes, and we have not found them of much practical value. A turpentine enema (a tablespoonful to six ounces, mixing the turpentine and soap before adding the water), is better than any tube. An enema of "Henry's Solution" and glycerine (one ounce of each to two ounces of water) may be given. Ordinary soap and water, or hot olive oil, or castor oil enemata, are also used. Medicine should be given by the mouth as soon as possible, so as to get the upper part of the bowel to move. Castor oil gives better results than any other drug. Calomel in large (4 to 6 grain) doses, followed by a seidlitz powder in six hours, we have found better than repeated half grain doses. Saline purgatives are preferred by some surgeons.

Urine.—After an abdominal operation, the nurse must not allow the patient to go longer than four hours without making an attempt to pass water. If the bladder once gets distended, the patient may have difficulty in emptying it, and, as the wound in the abdominal wall prevents straining, it may be necessary to use the catheter—a measure which should be avoided if possible. The nurse should keep a specimen of the urine in all cases, and she should measure and note the quantity passed.

The Annual Gathering of the Leicester Infirmary Nurses' League takes place on Thursday, June 25th, and is of especial interest as the League is keeping the 25th anniversary of the Matronship of the Leicester Infirmary by its President, Miss G. A. Rogers.

Nursing Service of the Territorial Force.

The Army Council has decided to establish an Advisory Council in connection with the formation of a Nursing Service for the General Hospitals of the Territorial Force.

The Advisory Council will frame rules for the admission of Nurses into the Nursing Service, and make such recommendations as may seem necessary for the administration of the Service, and for the appointments of Matrons, Sisters, and Nurses thereto.

Her Majesty the Queen has graciously consented to become President of the Nursing Service, and has approved the appointment of the Duchess of Montrose as Vice-President.

The Advisory Council is constituted as follows:

Chairman:

Surgeon-General Sir Alfred Keogh, K.C.B., K.H.P., Director-General Army Medical Service.

Members:

The Duchess of Montrose (Vice-President).
The Countess of Derby.
The Countess of Jersey.
Lady Grenfell.
Lady Helen Munro-Ferguson.
Miss Haldane.
Miss Cox-Davies, Matron Royal Free Hospital.
Miss Hamilton, Matron St. Thomas's Hospital.
Miss Hughes, Queen's Jubilee Institute.
Miss McCall Anderson, Matron St. George's Hospital.
Miss Ray, Matron King's College Hospital.
Miss Vernet, Middlesex Hospital.
Miss Sidney Browne, R.R.C., late Matron-in-Chief Q.A.I.M.N.S. (Secretary).

On previous occasions Mr. Haldane, the Secretary of State for War, has given evidence of his goodwill towards the nursing profession, and of his faith in the value of the expert services of its members in matters which concern it. As a profession, we have reason to be grateful to Mr. Haldane that he has accorded us liberal representation on the Advisory Council entrusted with the important duty of the formation of the Territorial Nursing Service, and we feel sure that his action will make for the efficiency of the service.

No doubt the County Hospitals will be represented on local councils. At the same time we could wish to see the Advisory Council strengthened by the addition of some Matrons of important provincial institutions.

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