

Notes on Practical Nursing.

ENEMAS.

THERE is nothing much more ordinary or practical than enemas, there is nothing that enters more frequently into the daily routine of a Nurse's work, there are few things about which we have more little private fancies and fads; therefore I choose them for the subject of my first notes.

Their use is as old as medical treatment itself, and record of them is found in all old books on medicine, usually under the name of "clysters." Celsus speaks of them and gives instructions as to how and when they should be used "neither too hot nor too cold," and he advises their employment in many of those cases in which we are accustomed to see them used to-day; he even mentions nutritive enemas and their value.

A long list I have before me of the enemas apparently in common use during the last century, astonishes one chiefly by the length of the prescriptions, and the heterogenous mixtures the doctors thought proper to inject; for instance, whilst Celsus recommends a plain water injection as a laxative, the following is given by an eighteenth century M.D. as "a common clyster." Take leaves of mallows, violets, pellitory of the wall, beets and mercury, ana ℥i. camomile flowers, P.ij., sweet fennel seeds, ℥iss., linseed ℥ij., boil in a sufficient quantity of water, strain for use.

To ℥x. of this mixture add:—

Honey of mercury	...	℥ij.
Common salt	...	℥ij.
Oil of camomile	...	℥j.

Our plain soap and water enema appears very insignificant beside this formidable array of drugs.

Amongst a long string of ingredients suggested for various kinds of complaints, strong sheep's head broth—with or without suet—forms the basis of several rather gruesome sounding mixtures to be used as emollient or healing clysters. "Diascordium, made without honey," seems to have been the great standby for "astringent enemas." They are all to be given "milk warm."

Tobacco smoke blown into the intestines either by an instrument contrived for the purpose, or a common tobacco pipe was also used both as an ordinary laxative for great constipation or in "some species of rupture attended with absolute costiveness." I do not know whether any modern Nurses have seen this treatment prescribed, I certainly have not. But there are so many interesting and curious things about enemas and their use, that I shall

be tempted to become more historical than strictly practical, unless I am careful.

Enemas are, as we all know, fluid injections into the lower bowel through the anus. Of course any fluid may be so injected, but for practical convenience enemas may be divided into four groups, *i.e.*, nutritive, astringent, laxative and medicinal. We will take nutritive enemas first, which are given when for any reason it is thought desirable either to suppress nourishment by the mouth altogether, or to supplement it by nourishment *per rectum*.

In all cases when the nutritive enema is not ordered as a stimulant in an emergency, it is better to wash out the lower bowel before giving it. I am convinced that often when an enema is not retained, it is because this simple precaution has not been taken, and there has been some, often small, accumulation of fæces in the rectum. If the bowels have not been freely opened for some time, it is well to give an ordinary soap and water enema, if not, warm water or weak warm boracic lotion is sufficient. When nutrient enema are continued for any length of time, the bowel should invariably be washed out once in the twenty-four hours with warm boracic lotion or warm water; patients will retain nutrient enemas more readily if the undigested *débris* of the stale enemas, which are also most offensive in odour, are not allowed to remain in the rectum. Such cleansing enemas should never be given until at least two hours after a nutrient enema.

As to the best means of introducing the enema, we can use either a Higginson, a ball syringe, a glass syringe, tube and catheter, or a funnel, tube and catheter.

Unless an unusually large amount has been ordered to be given, or unless no other instrument is available, I should not advise the use of a Higginson's syringe for giving a nutrient enema; it is always difficult, even with the greatest care, to take up small quantities of fluid with it, without allowing any air to enter, whilst the nozzle is large and only just enters the bowel. A ball syringe is useful where only one hand can be used, or when it is necessary to give a patient a stimulating enema on the operating table whilst lying on his back, as it can be easily introduced without exposing him; but it is difficult to exhaust all the air in a ball syringe before filling it, and it is a very difficult appliance to clean properly, as it is not possible to drive a strong stream of water or lotion through it, as you can through a Higginson's syringe—they have always struck me as being a little "stuffy."

A glass syringe is open to none of these objections; it is easy to make sure that it is perfectly clean, you can take up the accurate

[previous page](#)

[next page](#)