quantity required, and you can inject it as slowly or as quickly as you desire, but it needs two hands to manipulate it. It is best not to insert the nozzle of the syringe itself, but a gum elastic catheter connected by india-rubber tubing with the glass syringe; the catheter can be inserted further into the bowel than the nozzle of an ordinary enema syringe, and if the syringe has to be refilled, it is not needful to withdraw the catheter but only to pinch the tube tightly whilst removing and refilling the glass syringe.

The last method in which a glass funnel, tube and catheter is used is perhaps the best, the measured fluid runs slowly into the bowel, and can be checked at any moment by compressing the tube; care should of course be taken to elevate the funnel, otherwise the liquid will not run; but though this method answers most excellently as a rule, sometimes it is so tedious that the funnel has to be abandoned for the syringe. A 6, 7 or 8 catheter should be used. But whatever means are employed for introducing the enema, it should always be injected slowly; the patient should always, when possible, be laid on his *left* side (the Nurse's recollections of her anatomy lectures will tell her why), the catheter or nozzle should always be lightly oiled or vaselined, a cloth rolled into a ball should *always* be firmly pressed againt the anus for a few moments after withdrawing the syringe or catheter, until the reflex irritation has subsided, and the patient should be enjoined to lie quietly in the same position for ten minutes or so.

The amount given is usually either two, four or six ounces, at intervals of not less than four hours; though I have seen half a pint of fluid nourishment injected twice a day, very successfully. If the patient is unconscious or delirious it is almost always better to give smaller quantities, as the bowel naturally, involuntarily rejects the fluid as soon as it feels anything that causes discomfort, but where the patient is conscious and can exercise control over his sphincters, larger quantities at longer intervals, can often be injected, by impressing upon him the necessity of making an effort to retain the amount given.

The Nurse generally receives special instructions as to the amount she is to give, and the time that is to elapse between each enema; but where this has not been done, four ounces at intervals of six hours is a safe amount in an ordinary case.

The usual ingredients of a nutritive enema are milk or cream, eggs, strong beef-tea and brandy. Where it is desired to stimulate the patient rapidly, the enema may consist entirely of brandy diluted with beef-tea; but an ordinary four ounce enema might well consist of an ounce of strong beef-tea, an egg, with or without the white, according to instructions, half an ounce of brandy, the whole brought to the right amount by the addition of sufficient milk or cream. Where the white of the egg is used, care should be taken by beating up the egg with a little very hot milk or beef-tea to destroy the glairiness of the white. The enema should be peptonised. It is unnecessary to peptonise the mixture in the ordinary way, it should be given at a temperature of about 96° F., and a dessertspoonful of liquor pancreaticus added just before its injection; the warmth of the bowel will then complete the digestion in the ordinary way.

Of course the physician may order any alteration he thinks fit in the nourishment given. Some doctors think a nutritive enema is more easily retained when thickened with a little starch or gruel; some strongly object to beef-tea being included; whilst others hold that it is useless, and should therefore be omitted; but whatever be given, either in quantity or consistency, it is the Nurse's business to see that it is properly administered so that it shall be retained if possible.

M. Mollett.

(To be continued.)

Appointments.

Miss Calvert has been appointed Matron of the Branch Seaman's Hospital, Royal Victoria and Albert Docks. She was trained at Guy's Hospital, acted as Sister at the Champion Hill Infirmary, Dulwich, and for some years has been Matron of the Newark-on-Trent Hospital. Miss Calvert is the sister of the Lady Superintendent of the Manchester Royal Infirmary.

Miss Caroline H. Glover has been appointed Matron of the Royal Eye Hospital, Manchester. Miss Glover was trained at St. Thomas's Hospital, and was Sister of the Ophthalmic Ward of that Institution. She has also held a responsible position at the Hospital for Sick Children, Great Ormond Street, and has been Matron of the School Sanatorium at Shrewsbury.

Miss Sarah Ann Warburton has been appointed Matron of the City of London Infirmary. Miss Warburton was trained at the London Hospital, and has held the positions of Lady Superintendent of the Orthopædic Hos-

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