

Notes on Practical Nursing.

ENEMAS.

(Concluded from page 49.)

ASTRINGENT enemias, which are given to lessen the action of the bowels or to arrest hæmorrhage, are intended to be retained, and should therefore be given with the same care and with the same precautions as nutrient enemias; the most commonly used is the ordinary starch and opium with which we are all so familiar. It consists of from 2 to 4 ozs. of boiled starch with from 20 to 60 minims of opium added—according to instructions. If the order given were simply for a starch and opium enema (for an adult), I should give 30 minims of opium in 2 ozs. of boiled starch, lukewarm.

A good teaspoonful of starch should be made into a paste with a little cold water, and 2 ozs. of thoroughly boiling water added, whilst it is stirred; care should be taken not to give it too warm, as starch is inclined to retain heat.

I have seen starch given raw, *i.e.*, a dessert-spoonful or more of starch thoroughly stirred into cold water, the opium then added, and the whole given cold. I cannot say that I have seen it ordered lately, but some physicians may still prefer it.

Sometimes a larger enema of starch, half a pint or more, will be ordered either with or without opium. Such an enema may well be given with a Higginson, very slowly, of course, and, as in all cases where it is desirable that a large enema should be retained, the patient's buttocks should be well raised as he lies on his left side, and firm pressure should be continued for some time after the fluid has been injected.

An enema not infrequently ordered in cases of dysentery is one consisting of so many grains of nitrate of silver (usually about 5) to the pint of water. It should be given very carefully and with a due regard for the bedclothes, as the solution blackens and spoils linen sheets. Perhaps I should here mention what I have not done before—because it is such a second habit with almost every Nurse that it seemed unnecessary—that no enema should be given without a mackintosh and drawsheet being first placed under the patient and over the side of the bed towards which he is lying, and in all cases where medicines are being injected, of whose effect on linen the Nurse is doubtful, let her use very old ones. I have been ordered to give three pints of the nitrate of silver solution at one time daily to a patient—and this quantity he retained very well for a considerable time without much difficulty after the first time or two. We gave it with a soft rectal tube fixed on to the nozzle of a Higginson syringe, but all patients are far

from being so tolerant of such large quantities of fluid and with the greatest care it is often impossible to prevent their being returned as soon as they are given. Various other drugs such as sulphate of zinc, or alum, or a few minims of sulphuric acid, and with opium in a small quantity of water, may all be ordered as astringent enemias, whilst injections of ice-cold or very hot water are sometimes given in cases of hæmorrhage from the lower bowel.

But enemias are oftenest employed as purgatives either alone or in conjunction with an aperient given by mouth.

The most ordinary laxative enema is one composed of soap and water, about an ounce of soft or yellow soap mixed to a good lather with a pint or two pints of hot water and given at a temperature of about 98° F. When an aperient is given by mouth is to be followed by an enema, care should be taken to give the aperient plenty of time to take effect before administering the enema. Thus if, as is often the case when preparing a patient for an operation, the aperient is given in the evening—enema to follow in the morning—it will be found better to wait until after the patient has had his morning cup of tea or coffee as the case may be, before giving the enema.

In all cases of operation round or near the rectum—in which an enema is permissible—it should invariably be given not earlier than two hours before the operation, to ensure the lower bowel being properly emptied. Nothing is more disgraceful to a Nurse than to send such cases improperly prepared to the operating table.

In cases of hard dry constipation 4 ozs. to half a pint of warm olive oil, if retained for a short time, acts very well—a larger amount is often returned too quickly to be equally efficacious. Castor oil may also be ordered—with or without warm water or gruel. If it is given alone and followed in half an hour or so by a small soap and water or gruel injection, it often gives excellent results. Before being given castor oil should be slightly warmed by standing the amount to be injected in a china measure in a basin of boiling water. When sufficiently warm it can easily be given with a glass syringe.

I have often wondered why the two drachm so-called glycerine syringes are not made larger—they are practically useless for everything *but* two drachms of glycerine—yet the shape and nozzle are good—and if the syringe were only a little larger it would be useful for castor oil or

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