

other small injections of that kind. Here I may as well state that, as far as my experience goes, all oily substances, such as castor oil, olive oil, and especially glycerine, act better if they are given alone and without water.

Of course, where it is not considered desirable to give an aperient drug by mouth, there are a great many that might be and are administered by rectum, but it would then, of course, only be necessary to give the amount prescribed in the ordinary way—either diluted with water or alone.

Though morphia suppositories and hypodermic injections have to a great extent taken their place—medicines are still given by enema to allay pain or to induce sleep. Opium or chloral are the two drugs most frequently used for this purpose. As, of course, it is desirable that the whole amount ordered should be retained they should be given in as small a bulk as possible; also the room or ward should be kept quiet after they have been administered—in fact, they should be looked upon in the same light as ordinary sleeping draughts.

Salt and water, a tablespoonful of salt to a pint of water, is sometimes prescribed for the purpose of expelling threadworms from the lower bowel; an aperient is generally given first. Quassia or other drugs may be injected for the same purpose. Both the aperient and enema are usually ordered to be given fasting.

Though not actually an enema—perhaps this is the best place in which to refer to the tube which is sometimes passed into the bowel with a view to relieving the distressing and painful flatulence that follows after some operations.

A gum elastic tube softened in hot water and well greased used to be employed—but a soft rubber rectal tube has now almost entirely taken its place. A good-sized soft catheter will do where a proper tube is not obtainable.

If the patient can be placed in the usual position for an enema, this should be done; if it is impossible, the tube can be passed whilst he lies on his back. It should be very carefully inserted some four to six inches, and the protruding end placed in a porringer of carbolic and water—so that the flatus can be readily noted passing as air bubbles into the water, and the inevitable odour be somewhat neutralised.

It is a good plan to move the tube a little from time to time—push it a little higher up, or draw it lower down. When the doctor desires the tube to be left in for some hours, the water is, of course, impossible.

M. MOLLETT.

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