

## Comments and Replies.

*M.R.B.N.A., Liverpool.*—It is in our opinion the duty of all members of the Royal British Nurses' Association to be present at the Special General Meeting of the Association, which has now been called for December 17th, to consider the Bye-Laws proposed by the officials, and to record their votes against these most unjust proposals. Only very urgent duty should prevent members from fulfilling their obligations in this respect. The responsibilities of the nursing profession at the present time are exceedingly serious. We hope they will rise to and fulfil them, without allowing themselves to be influenced by motives of self-interest or expediency.

*Miss B., Leicester.*—Read our reply to M.R.B.N.A., Liverpool.

*M.R.B.N.A., Leicester.*—We are glad to hear that you intend to come up for the Meeting of the Royal British Nurses' Association. No Member who can possibly be there ought to stay away.

*Nurse B., Birmingham.*—You would be eligible for admission to the Sir Julian Goldsmid Home of Rest at Brighton if there is a vacancy. You should write to the Matron, 12, Sussex Square, Brighton, who will give you all the necessary information.

*Trained Nurse, Nottingham.*—You do not say whether you are working in a hospital, or if you are doing private nursing. If you are in a hospital you should of course refer the matter to your ward sister. If you are private nursing, you should, in the absence of explicit directions to the contrary from the medical man in attendance, always place a patient on the left side before administering an enema. The reason for this is that, owing to the formation of the colon, the soap and water injected finds its way into

the descending colon much more easily than in any other position, and the enema is consequently more efficacious. In cases where it is desired that the treatment shall remove fecal matter from the transverse or ascending colon, of course this rule does not hold good; but in these comparatively rare cases, special directions will probably be given by the medical man. This is but one more instance of the practical use to which nurses may put a knowledge of elementary anatomy, and of the importance of their acquiring it. We are aware of the practice which you mention, as being adopted by some nurses, of giving an enema with the vulcanite nozzle, intended to be used for vaginal douches attached to the syringe. The custom is, in our opinion, a reprehensible and unsafe one. So long as the nozzle of the syringe is gripped by the sphincter and there is no necessity to pass this further into the rectum, and the holes in the vulcanite nozzle through which the enema passes are not placed in a position suitable for injecting fluids into the alimentary canal.

*Perplexed, London.*—We should advise you to refer your difficulty to the Matrons' Council, of which Miss Isla Stewart, Matron of St. Bartholomew's Hospital, is Chairman. The Advisory Committee of this body meet specially to give expert advice on such matters.

*Sister G., London.*—Apply to the Medical Director, Indian Army Nursing Service, the India Office, Whitehall. There is usually a long list of candidates for this popular service.

*Miss A. Allen, Birmingham.*—We fear that you would not get sufficient remuneration for your services in Athens. There is no trained nursing institution in the city, and we were informed that two guineas a week would be considered a very high fee to pay for a trained nurse, and just at this crisis when everyone is impoverished by the war. It would be a bad time to make a start. We will make further inquiries for you.

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