We found that for nurses who undertook to work alone it was not remunerative, but by living together, in the principal outlying districts of London, they have to a certain extent made it successful. There are several living at the Nurses' Hostel who are making it a success. I quite agree with the writer of the paper, Miss Carr. It should be taken up by association. We are confronted with some difficulties in dealing with this question. The difficulty of the patients forgetting that the nurse has two or three more patients to visit, and trying to keep her for two or three hours, when her duties were only for the toilet and first nursing duties, leaving the instructions for the friends. We are also confronted with the difficulty that every patient wishes to have her toilet made at the same hour, an impossibility for one who is attending on more than one patient. We are also confronted with difficulty that the various places where the nurses are wanted may be two or three miles apart, all those difficulties could be met and a solution arrived at if there were a corps of nurses with a superintendent arranging the work for them, arranging the cases and taking care that the nurse who is working in one block of buildings should carry out all the work in that part, and another nurse who is working in another part, should carry out all of the work of that part and put the whole on an organized basis. But that it is the work of the future there is no doubt whatever. The nurses who undertake this work will have to give up somewhat of their independence. Our nurses in England have a great love of independence. After they have come back from their work they like to fly off somewhere or other, to have a good time, and this is right so far. But if this scheme is thoroughly worked out I think it will have to be under some such lines as these, and I think that we should try and grapple with the whole subject upon one business basis. I am sure it will be a great help for those people who have small means, and have certain illnesses which do not require the services of a nurse all day long, for those people the hourly nurse will step in.

Miss Hicks.—I wish, in a very few words, to tell of the work which is being done in Hartford in hourly nursing. The results so far have been very satisfactory. In the month of July 200 visits were made. The nurse is located at a club—a nurses' club—in the city, and is there three hours a day, at fixed hours, for one half an hour each time, and at that time receives calls from the doctors and the charitable organisations of the city. Her salary as yet has been entirely paid by the Guild, but they hope that they will become self-supporting ultimately.

Miss Williams: I would ask how a nurse can make 200 visits in one month, and what the nature of the work is?

Miss Hicks: I cannot answer it very well as I am not the nurse who does the work, but she has done that; she makes from 12 to 13 calls in a day; she rides a bicycle which gets her over the ground in a very short time. She wastes very little time on the way.

Miss McKinnon: I made 185 calls in a month. Many of those calls were given in the evening, giving baths, etc. It can be done, but it is very hard work.

The President then announced the time limit, and the meeting adjourned.

Notes on Practical Nursing.

ENEMATA—II.

A LECTURE TO PROBATIONERS, NATIONAL SANATORIUM, BOURNEMOUTH.

To-night we consider the giving of gravitation enemata, the administration of nourishment by the rectum, and the washing out of the large intestine. In order to thoroughly understand the different processes we will first glance at what may be called the geography of the large intestine.

The large intestine is five feet in length measuring from the cæcum to the anus. It describes an arch, encircling the loops of the small intestine. The contents of the ileum can enter freely at the ileo-cæcal valve which, however, allows nothing to pass in the opposite direction.

We must observe the direction of the rectum, obliquely from the left side to within a few inches of the anus, above which there is some considerable dilatation.

This fact explains the reason for the left lateral position in giving ordinary enemata—i.e. to allow the fluid to take mechanical advantage of the "lie" of the rectum in ascending to the colon. The object, also, of raising the pelvis in giving large injections will be apparent if the nurse realises the position of the transverse colon —well above the level of the umbilicus. When a catheter or other rubber tube is used, it should be passed in a backwards and upwards direction. In cases of intestinal obstruction the nurse is sometimes ordered to inject into the large intestine large quantities of warm water, from oij to oviij. For this purpose she should use a douche tin and indiarubber tube, attached by a glass pipette to a No. 12 soft rubber catheter, which can be introduced for some ten or twelve inches into the rectum. The flow of the liquid is regulated by a stopcock. The patient should have the pelvis raised on a hard cushion; many books advise the knee and elbow position, but this is not practicable, as the operation lasts some considerable time and it is necessary to avoid anything likely to exhaust the patient's strength.

In some cases turning the patient gently now and again on to the right side will help the water to flow upwards towards the ileo-cæcal valve.

The douche tin must be only raised a few inches above the patient's buttocks to avoid any great force being exercised by the flow of the water. As the idea is to soften any accumulation of fæcal matter in the first and second parts of the colon, large injections should be given as slowly as possible (an hour to every oiv.), and the patient must be directed to retain the water as long as he can manage to do so. The water