case where the patient was able to distinguish the taste of kalium iodide or ergot, fifteen or thirty minutes after they were given per rectum, and accounts for it by rapid absorption and transmission through the blood to the taste bulbs and saliva.

Principles of Rectal Feeding.

The minutest details are important because the patient's life usually depends on one being able to continue the treatment. If the rectum becomes irritated, it usually means the suspension of the treatment, because only rarely can the feedings be withheld long enough to quiet the local trouble. Occasionally, a patient will object to the feeding for æsthetic reasons, and the physician must use tact and persuasion. Before going into details of rectal feeding, I desire to impress the following facts upon the reader as being very vital to the success of the treatment:—(1) The rectum must be free from mucus or fæces before giving the enema. (2) Any irritability of the rectum is to be relieved as quickly as possible. (3) The quantity and quality of food used should be carefully regulated, to avoid peristalsis and to allow complete absorption of one injection before another is given.

Feeding by way of the Rectum is Indicated in:

1. Temporary obstruction to the entrance of food into the alimentary canal, as by new growths, foreign bodies, inflammatory swellings of the mouth, pharynx, or œsophagus which may result from disease or hot or corrosive poisons like carbolic acid or ammonia.

2. Inability to swallow food during coma, delirium, or post-diphtheritic paralysis. Also during acute insanity when food is refused by the mouth.

3. Gastric disturbances as acute gastritis, ulcer or cancer (when it is desired to rest the stomach), reflex vomiting of pregnancy or sea voyages.

4. Stricture of the lower digestive tract anywhere above the rectum.

5. Feeble digestion and when emaciation is increasing.

Administration of the Injection.

The utmost care is necessary in the manipulations, because irritation and injury to the rectum is inevitable if careless, rough, or unskilled attempts are made. I will mention the ordinary syringe with the short nozzle only to condemn it. For children, a No. 12 or 14 "velvet eyed" flexible catheter may be used, but for adults a full-length rectal tube having the calibre of a stout penholder should be selected. The rectal tube should be rigid enough to free itself and not bend or double if it catches in a fold of mucous membrane, and yet must not be stiff enough to cause pain or damage when introduced. Sweet oil, melted butter, or vaseline may be used as lubricants, but not glycerin, as the latter excites peristalsis.

In adults, the tube is introduced as high as possible, about 10 in. or 12 in., to prevent the ejection of the fluid and to bring it in contact with a large amount of mucous membrane. There is also an anatomical reason for passing the fluid high. The blood returned from the colon, sigmoid, and superior hæmorrhoidal veins enters the portal system, and that from the lower rectum, the inferior hæmorrhoidal veins, enters the vena cava, so that substances absorbed by these latter veins do not go through the liver, while substances absorbed higher up pass through the vena porta to the liver and are there further elaborated. A fountain syringe or an ordinary stomach tube and funnel may be used to fill the rectal tube. The apparatus must be tried before introducing to see that all is in working order. It is well to heat the appliances to about 100° Fahr. to prevent chilling the enema before it is injected; fluids either too hot or too cold are promptly expelled. An enema at 90° to 95° Fahr. is retained best. When everything is ready, the tube is filled with the enema, before introducing, to ensure the exclusion of air, because air is very likely to stimulate peristalsis and evacuation. The injection must be given slowly, occupying ten or fifteen minutes, because rapid injection stimulates peristalsis. When the tube is nearly empty, and before any air has a chance to rush in after the injection, it is firmly grasped and slowly but steadily withdrawn. Then to aid retention, a soft, folded towel should be pressed firmly against the anus for twenty to thirty minutes. This reduces the temporary excitement and tendency to evacuation.

The position of the patient also assists; the left lateral prone, with the hips raised on a pillow, is usually sufficient, although if the patient is nervous or hysterical it is well to use the knee-chest position. In gynæcological or obstetrical cases, where enemas are given, it must be remembered that tight vaginal tamponing interferes with absorption from the rectum. The number of injections per diem depends on the irritability of the rectum, and, at the beginning, should be one in six or eight hours. If after a couple of days the rectum is in good condition and it is necessary to give small enemata frequently, they may be repeated every four hours. However, such frequent clysters usually irritate the rectum and have to be suspended soon.

(To be concluded.)

Glasgow's New Hospitals.

The formal ceremony of opening the new General District Hospitals at Stobhill, Oakbank, and Duke Street, Glasgow, erected by the Glasgow Parish Council at a total cost of £541,607, and providing accommodation for 4,350 patients, took place last week. Mr. George Dott, chairman of the Parish Council, in declaring the buildings open, said they equalled, if they did not surpass, any first-class hospital or infirmary in the country. We are not surprised to hear it. It is a characteristic of the Scotch nation that when they do a thing at all they do it thoroughly and well.

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