

treatment, according to Leube, is that digestion begun outside is continued within the rectum, and only rarely are the products absorbed irritating, and may be retained ten or twelve hours. Mayet suggests practically the same formula as the above, but with the addition of the yolk of one egg, and adds, "Mix and let stand two hours before administering." It is occasionally recommended to add HCl to beef solution and also to milk, but the acid is too irritating and all such artificial digestion must be carried on outside the body.

Blood.—Dried beef blood has been used as a rectal food, but is not practicable, for it usually clots within the rectum and prevents the absorption of other substances. Fresh defibrinated blood, 4 oz. every six hours, may be used, but is not recommended.

Milk.—Milk is one of the most satisfactory rectal foods. It must have very little cream, and digestion must not be too far advanced outside the body.

Eggs.—Egg albumen is one of the best, if not the best ingredient for rectal feeding. It is absorbed when unchanged through the rectum, but is better if pre-digested with peptogenic or pancreatic powder. Ewald says egg albumen unpeptonised is absorbed as readily from the rectum as commercial peptone, while peptonised egg albumen is taken up much better. The addition of 15 grains of table salt to each injection aids the absorptive power, although it sometimes irritates and must be used with care. The yolk of the egg is not used, because it contains so much fat mixed with the albuminous matter as to be practically useless. Fats cannot be absorbed except by the villi of the small intestine.

Alcohol.—Alcohol when used for rectal feeding must be from good liquor and then be diluted. When alcoholics are needed, $\frac{1}{2}$ oz. to 1 oz. of brandy is added, but always just before the administration of the enema and after digestion has been completed. Larger amounts of liquor are likely to irritate the bowel. Very often a small injection of $\frac{1}{2}$ oz. of whisky, sherry or brandy in $\frac{1}{2}$ oz. of water will be retained and absorbed, when a larger quantity of fluid with the alcohol incorporated would be expelled. Undiluted whisky added to milk sometimes causes a precipitate by coagulating the casein that is not pancreatised, but no solid matter in even a fine precipitate is any use in the rectum, for it simply acts as an irritant.

Nutrient suppositories.—Food suppositories are sometimes made of predigested and evaporated milk or meat juice, mixed with oil or cacao butter and moulded into suppositories or bougies. They possess no therapeutic value over enemata, but may prove useful where feeding is to be continued for quite a while.

Formula for nutrient enema.—Beat the whites of two eggs with a tablespoonful of cold water, add one or two teaspoonfuls of boiled starch in one-half

teacupful of 20 per cent. glucose solution, a wine-glassful of claret, and a teaspoonful of peptone solution. Mix at a temperature below coagulating point of the albumen (Ewald).

Leube's prescription is given earlier in this article when speaking of pancreatised meat.

The author has had good success with injections consisting of milk, $\frac{1}{2}$ pint, and two whole eggs given as one feeding, and the next injection to consist of pancreatised meat solution.

A large part of the success in this work depends upon familiarity with the method employed. We do not want to be misunderstood as implying that rectal feeding can entirely replace the natural method of digestion, but we do insist that in the proper class of cases, as indicated above, where complete rest to the stomach for a few weeks or less may mean the saving of a life, that rectal alimentation will sustain the patient and in some instances even add to his weight. Hunger and thirst are the most annoying symptoms for a few days, but after that the patients are relatively comfortable, the tongue remains clean and moist, and the longings diminish.

British Gynæcological Society.

At the examination held by this Society, last week, the following candidates were successful in obtaining the Certificate in Gynæcological Nursing:—

Miss E. M. Halliwell, Matron of the Samaritan Hospital for Women, Liverpool; cert. Royal Infirmary, Newcastle-on-Tyne.

Miss Eveline Marcon, St. Bartholomew's Hospital, London.

Miss ETTY Moorhouse, certs. South Devon Hospital, and Jessop Hospital for Women, Sheffield.

Miss Kitty Read, certs. Grimsby Hospital, and Hospital for Women, Brighton.

Miss Sarah Radford, Bagthorpe Infirmary, Nottingham.

Miss Kate Sanderson, Bagthorpe Infirmary, Nottingham.

Miss Lucy Scott, Bagthorpe Infirmary, Nottingham.

The following were the questions in the written paper, the examination for which was held in London, Nottingham, Grimsby, and Whitehaven on September 15th; the *visu voce* examination being held in London on September 22nd.

We are glad to observe that nurses all over the country are becoming aware of the value of the certificates awarded by this Society, and we strongly advise those of our readers who are undertaking Monthly Nursing or Gynæcological Nursing to endeavour to obtain these valuable credentials.

GYNÆCOLOGICAL NURSING EXAMINATION:

1. Describe fully how you would make and apply glycerine plugs.

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