

force, much too busy to devote much time to the teaching of probationers. Of course, excellent practice in ward work may sometimes be obtained in these institutions, but in many, the nurses exist for the hospital, not in any sense, the hospital for the nurses. It can have no reputation to live up to, or lose. In many of these places, any nursing worthy of the name is non-existent. The matron has to spend the greater part of her time doing the work of a clerk and storekeeper, and has no time for the nurses. As a rule, the smaller the fever hospital, the more supervision do the nurses require—and the less do they get.

It would be idle to deny that in the minds of many—matrons especially—whose knowledge of the details of a nurse's training is far wider than my own, there exists a strong prejudice against the fever hospitals, and that this conviction is often well founded. I am sure, however, that the objectionable features of a fever training are to be found mainly in those institutions that do not trouble to train nurses at all in the strict sense of the word.

When the registration of trained nurses is placed on a proper and definite footing—a consummation devoutly to be wished—it will be necessary that the place of the fever hospital in the curriculum shall be more rigidly defined. Meanwhile, I am not without hope that the better understanding that will result from the growing tendency amongst nurses to combine for the good of our common profession will educate the juniors so that it will not be possible for the unsatisfactory type of fever hospital to obtain nurses worth having, unless and until they take the trouble to train them.

The Paris Conference.

Miss L. L. Dock announces the date of the Nursing Conference to be held in Paris, to take place on the 18th, 19th and 20th of June, as this proves a convenient time all round. She also forwards many most kind letters received from Paris for the consideration of the British Councillors at their meeting on Jan. 31st.

Mrs. Bedford Fenwick and Miss Isla Stewart intend to visit Paris after the opening of Parliament, when they hope to meet in consultation several hospital officials, doctors, and ladies who express themselves as greatly interested in the forthcoming Conference.

We are glad to note that German nurses intend to avail themselves of this opportunity of proving the *entente cordiale* in the nursing world by taking a prominent part in the Conference.

On the Giving of Enemata.

One of our national faults—and we have many—is a want of attention to details. The Crimean War, and in our own day the war in South Africa, were effectively carried through, but one has only to look into the details of organisation in either case, to see that they formed a series of ghastly failures.

This impatience of detail and ignoring of methods as contrasted with results, pursues us into every corner of our life, national and domestic. It is the anathema of nursing. The stolid patience of our German and Swiss sisters with daily and hourly routine, and minute detail in dealing with disease, the brighter patience of our American colleagues, are an example which we nurses as a body do not follow. It would be better for us and our profession if we did.

Nowadays we know, although the rank and file of Matrons, Sisters, and Nurses constantly fail to make use of that knowledge, that success depends upon detail. The philosophy of little things is the keynote of our profession. That is why in this article I do not propose to deal with the varieties of enemata themselves, or their uses, but rather with the method of their administration.

Enemata fall naturally into the nine classes: Purgative, Nutritive, Sedative and Emollient, Stimulant, Astringent and Antiseptic, Anthelmintic, Thirst-querchers, Antispasmodic, and Air. They call for entirely different modes of administration, and to my mind when the nurse fails in giving an enema successfully, it is almost invariably her own fault and is very much to her discredit. Occasionally, as in the case of head injuries, and of feeble-minded or insane persons, an enema cannot be successfully given, and its administration should not be attempted.

Every nurse should be carefully taught the best way of managing both the patient, and the syringe. In giving the majority of enemata, the patient should be turned on to the left side, the pillows being removed, with the head far across the bed, lying upon the extreme left edge, the buttocks projecting slightly over the bed-line on the right side, the knees drawn up towards the abdomen. It needs some persuasion to get the patient to adopt the attitude satisfactorily, but in normal cases it should be rigidly insisted upon. The danger of soiling the bed in case of accident is minimised, and the edge of the bed being invariably higher than the centre, the force of gravity becomes a help to the entering fluid. Flexion of the knees relaxes the contraction of the muscles and makes any attempt at resistance less

[previous page](#)

[next page](#)