

OUR PRIZE COMPETITION.

UNDER WHAT CONDITIONS ARE NUTRITIVE ENEMAS GIVEN? (a) HOW ARE THEY GIVEN? (b) HOW OFTEN? (c) GIVE A FORMULA FOR THE SAME.

We have pleasure in awarding the prize this week to Miss J. G. Gilchrist, Gilmore Place, Edinburgh.

PRIZE PAPER.

Nutrient enemas are given to feed the patient and maintain strength when (1) the patient is not taking sufficient nourishment by mouth, in cases of extreme weakness, in unconsciousness; (2) to give a complete rest to the stomach, as in some cases of gastric ulcer, and after operation on the digestive tract.

(a) Nutrient enemas may be given in two forms, the ordinary small quantities (about 5 oz.) of pre-digested food being given usually about every four hours; and the larger quantity (about 20 oz.), given by slow injection or irrigation, a comparatively longer period being allowed to elapse between the feeds, three being usually given in the twenty-four hours. The injection of prepared food into the rectum is given by means of a rubber catheter (No. 6 or 8), according as to whether the patient is a child or adult, and to which is attached by a glass pipette a length of rubber tubing, 8 in. to 10 in., a small glass funnel or barrel syringe being fixed to the upper end, and a clip for tube. The position of the patient should be the most comfortable, so that he will remain still after the enema has been given. Lying on the left side with the knees drawn up is the best position, as it causes less discomfort from pressure on the bowel, and the food is more easily retained. The pelvis may be raised on a protected pillow, or the foot of the bed raised to assist retention and absorption. The tube having been smeared with vaseline or olive oil, and the apparatus, free from air, and filled with the fluid, is introduced into the rectum, the fluid flowing slowly and steadily, being careful to keep the funnel refilled until the prescribed amount has been given, when the tubing is nipped and withdrawn. When the patient is very weak, and retention difficult to maintain, it is sometimes helpful to press the hips firmly together, supported by a raised pillow.

When the patient is likely to be artificially fed for some time, solid food in the form of a cone may be given alternately with the liquid enema: this being smeared with vaseline, is inserted into the rectum, and passed up into the intestine by the nurse's finger.

In the graduation enema the fluid is intended to enter the bowel very slowly, being absorbed drop by drop. The apparatus may be raised above the bed, the tube clip regulating the flow. The patient's bed should be raised on 1 ft. blocks, the time for injection being at least half-an-hour for a pint of fluid food. This method is rather difficult of satisfactory administration, and is not frequently used.

Previous to the giving of nutrient enemata, the bowel should be in a healthy and receptive condition: an enema of soap and water is usually given every second morning, so that the intestine is not clogged with food residue. Thirst is often distressing if the patient is being fed by enema. To relieve this, 8 or 10 oz. of tepid water may be injected into the bowel, or if the patient is allowed anything by mouth, a small quantity of fluid, milk and lime water, or lemon water, may be given to sip.

(b) A nutrient enema is usually given once in every four hours; in some patients the period may be longer, to avoid causing irritation to the bowel. If the patient is taking any nourishment by mouth, four times in the twenty-four hours may be sufficient. When irrigation is the method, three times in the twenty-four is usually maintained, as it is difficult for absorption to be effectual continuously.

(c) A usual nutrient enema consists of 2 oz. essence of meat, 2 oz. milk, 1 dr. liquor pancreaticus, or 4 to 6 oz. beef essence, with switched egg and milk. Brandy and coffee, in proportion of 4 oz. of coffee and 2 oz. brandy. For irrigation enema, 2 oz. peptonised milk, with small quantity of opium, which, though promoting retention, tends to hinder absorption. All food injected into the rectum requires to be peptonised or pre-digested to aid effective absorption. The temperature of the food should be 100° Fahr. The peptonised food should be kept on ice should a quantity for more than one feed be prepared at a time, as by doing this the process is arrested, and again becomes active when introduced into the intestine, being more efficacious to the patient than if boiled, when the peptonising substance is destroyed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Grace Nash, Miss Dora Vine, Miss Nellie Price, Miss F. Sheppard, Miss Gladys A. Johnson, Miss L. Barraclough, Miss M. Evans, Miss A. Jones.

QUESTION FOR NEXT WEEK.

If a mother is unable to nurse her infant, what are the best alternatives?

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