

## OUR PRIZE COMPETITION.

STATE METHOD AND PRECAUTIONS IN GIVING (A) CONTINUOUS SALINE ENEMA; (B) NUTRITIVE ENEMA; (C) HIGH ENEMA.

We have pleasure in awarding the prize this week to Miss May Bagshaw, Edmonton Military Hospital, London, N.

### PRIZE PAPER.

(a) There are various methods of giving a continuous saline enema:—

(1) To be retained in case of shock or loss of blood.

(2) As a continuous irrigation, in cases of hæmorrhage per rectum.

(3) As a wash-out in persistent diarrhoea.

(4) For extreme thirst.

If to be retained, continuous saline injections are most conveniently given by means of the Thermos saline proctoclysis apparatus, which is a simple appliance consisting of vacuum bottle, combination stand and holder, a tube leading from the bottle to the rectum. Fitted into the lower length of the tube is a thermometer, which shows the temperature of the saline solution as it is entering the rectum. Where there is difficulty in obtaining proper appliances, a two-quart douche can is half-filled with water at a temperature of 105° F., and a quart measure containing the saline stands in it, a long rubber tube fitted with a stop-cock, a heavy hollow sinker at one end, and at a suitable distance from the sinker a glass tube, curved to hang over the side of the can will be needed. The sinker is dropped into the saline; to the other end of the tube is fixed a catheter for introduction into the rectum.

Place your patient in as comfortable a position as possible. Be sure the bowels have been cleansed by a simple enema one hour previously. The bedclothes are divided in centre, so there is no unnecessary uncovering of the patient.

Now cleanse the anus, lubricate the catheter (not with glycerine, as it excites peristalsis) to allow it to be passed through the rectum into the large intestine without causing pain. Allow a little to run through, to exclude air and to make sure the tube is clear. Insert catheter slowly; and as high as possible, without disturbing the patient, and give about Oj of saline (strength ℥i of common salt to Oj of water) rather quickly, withdraw catheter and allow patient to expel it. Insert catheter again and fix in position by a piece of strapping, brought from one buttock to the other, which will keep catheter in position. Clip your tube and regulate the flow to Oj per hour. If allowed to run too quickly, it will cause pain,

and the patient will not be able to retain the saline.

Each time the patient has a motion of the bowels, withdraw catheter, afterwards cleanse the anus, and again insert catheter. After each evacuation wash out rectum. The temperature of the saline to be 100° F., as by the time it has passed through the tube it is about blood heat (98° F.). If given too hot or too cold, the patient will be unable to retain it.

Should the patient get relaxed stools, discontinue treatment for 48 hours, then continue again. All utensils used to be thoroughly cleansed and sterilized before and after use.

(b) A nutritive enema may consist of saline, beef tea, brandy and glucose, egg and milk, coffee, to be retained.

All food, with the exception of saline, must be fully peptonised, the saline to be sterilized. First of all, give a simple enema to cleanse the bowel. If the patient has a loaded bowel, the food cannot be retained. Now let patient rest for one hour. Have ready sterilized catheter, tubing, glass connection, and funnel. Cleanse anus, lubricate catheter, allow saline or water to run through the tube, expel air, and insert slowly and high up into rectum. Set Oj of saline to run in quickly, then invert your funnel and allow fluid to run back into a vessel by the bed. Commence giving food at the rate of ℥vi in twenty minutes. When nearly to the neck of the funnel, clip the catheter, withdraw slowly and press buttocks together. The patient to be kept quiet, and not disturbed for at least one hour. The bed-pan should not be used for about two hours. The temperature of the food to be normal. To peptonise milk, take 5 gr. zymine, 15 gr. soda bicarb., mix with 4 oz. of cold water, and mix together. Now take Oj of milk, temperature 98° F., put all together, and keep at this temperature for two hours. This allows milk to be fully peptonised, then place on ice or bring to boiling point.

All food introduced per rectum to be fully peptonised, as there is only absorption taking place: digestion is not going on.

(c) In giving a high enema. Previously warm ℥viii to ℥x of olive oil. Prepare apparatus as for nutrient enema, raise your patient's buttocks as high as possible, placing a pillow beneath buttocks or raising foot of bed is a good way. Exclude air from tube and insert catheter. Give this very slowly. Withdraw catheter when all has been given; let patient rest for one hour, then follow with a copious soap and water enema.

By leaving one hour, the oil has time to soften hardened fæces in cases of obstinate constipa-

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