

connection is free from air bubbles, unclamp the tube and allow the food to run in slowly.

When finished re-clip the tube below the glass connection, and disconnect it. The end of the tube *in situ* is then wrapped in dry wool and fixed to the dressing, by passing a safety pin through the clamp.

A spigot may be used to cork the end of the tube. Some surgeons like to have water 1 oz. run through the tube before and after the food. Others prefer to omit it.

When the tube is not left in.—The wound must be dressed, with every aseptic precaution at each feeding. A sterile rubber catheter No. 8 is introduced for not more than three inches into the centre of the opening. This is previously connected up with the tube and funnel. The food is given as before, and when the meal is completed, the catheter is compressed, and withdrawn, and the wound dressed. A circle of sterile lint with an opening to correspond with the opening in the stomach is spread with boracic ointment, and placed round the opening to prevent excoriation of the edges of the opening by any stomach contents which may ooze out.

Rectal Feeding.

This process has many limitations. The mucous membrane of the rectum and lower bowel has little if any digestive power, and its absorptive power for anything but water is limited. It can be trained to tolerate the presence of fluids, but retention is no proof of absorption. There are five main classes of ingredients in an adequate diet—water, salts, proteins, carbohydrates, and fats. The absorption of water is one of the main functions of the colon.

Salts are absorbed in small quantities. Simple sugars such as glucose can be absorbed, in fair quantity. Fats are not absorbed at all. Protein as such is not absorbed, therefore before it is administered it must be broken down into its constituents by pre-digestion, preferably by the action of pancreatising fluid.

Apparatus required.—Rectal tube or Jacques catheter No. 8 or 10, joined by means of a glass connection to a long piece of rubber tubing with a funnel attached, clip forceps, lubricant, swabs of dry wool, fluid for injection in a measure jug standing in a bowl of warm water; mackintosh covered with a dressing towel.

Position.—Left lateral or dorsal.

Method.—Empty the bladder and wash out the bowel with saline solution. Have the apparatus on a tray on a table at the right-hand side of the patient. Run water through the apparatus to see that it is in good working order. Have the food at a temperature of 98–100° F. Never inject air. Expose the patient as little as possible, and ensure privacy by means of screens.

Lubricate the tube, use both hands for passing it, the right hand passing the tube and the left hand guiding it to the orifice. Run in 4 oz. of the food, doing this slowly. After withdrawing the catheter press a folded towel against the anus, to assist in the retention of the enema. As the whole of the enema is never absorbed, the patient who is being fed in this way should be given a bowel "wash out" daily. If the rectal mucous membrane is irritable 5 drops of laudanum are sometimes added to every third feed.

Dr. H. A. Des Voeux, in his presidential address to the annual conference of the National Smoke Abatement Society, at Liverpool, stated that in 1930 three hundred and eighty tons of dirt fell in the square mile of the City of London.

This figure, however, said Dr. Des Voeux, when compared with the 650 tons which fell in 1911, showed what progress had been made in smoke abatement.

"We are," he said, "not faddists, but serious social reformers."

THOSE TEETH OF YOURS.

A POPULAR GUIDE TO BETTER TEETH.

A book, now in its second edition, by Mr. J. Menzies Campbell, D.D.S., L.D.S., F.R.S.E., etc., published by Messrs. Heinemann, Ltd., 99, Great Russell Street, W.C. (3s. 6d.), entitled "Those Teeth of Yours," is one which should be widely read not only by medical and dental practitioners and registered nurses, but also by the public. The author tells us in his preface that the book has met with a remarkable reception from the lay and professional Press in all parts of the world. They have acclaimed its value in guiding the people in a helpful and practical manner towards a solution of the problems of Dental Decay and Pyorrhœa—two preventable scourges.

In his Prologue, Mr. Menzies Campbell reminds us that "Nature endows everyone with two horse-shoes in the mouth; whether they bring to their owner good or bad luck depends upon the treatment meted out to them." "The experiences of many people have driven them to believe that teeth bring only trouble in their train—pain, while they are making their appearance, pain and disease in other parts of the body after they have appeared, and again pain and trouble when their extraction becomes necessary. If proper rules of preventive dentistry be enforced a person will not curse, but will always have the soundest reasons to bless the thirty-two teeth with which Nature has endowed every human adult."

An enthusiast in his profession, the author holds that dentistry is the keystone of the arch of preventive medicine, and that without the aid of the former, the latter would be of little avail, and says that the world's most eminent thinkers belonging to the medical and dental professions are agreed on this point.

The chapter on the History of Dentistry is most fascinating, taking us back to the Babylonians between 6,000 and 5,000 years B.C.

"In the beginning of the Christian Era there flourished in Rome Cornelius Celsus, a prolific writer and a great scholar, who was the first to describe extraction of the teeth by forceps, the fastening of loose teeth together with gold wire, and the bursting of hollow teeth by pressing peppercorns into them."

"To an Italian, Giuseppeangelo Fonzi, born in 1768 at Spoltore, must," we are told, "be awarded credit for the invention of artificial teeth manufactured from a mineral base. Until his time artificial teeth were usually fashioned from bone or ivory; for this purpose, the dentist of that period employed the teeth of the hippopotamus and the wild boar, while even human teeth, extracted often from the mouths of corpses, found a place in his equipment. Naturally such a state of affairs must have been revolting in the extreme, not only because of the source of the teeth, but also on account of the actual decomposition and discolouration which with the passage of time would inevitably ensue."

"The following would appear to be the chief faults of our present day diets, faults which cause the deplorable state of the teeth all over the civilised world.

(1) Lack of vitamins; (2) lack of necessary salts; (3) too soft texture; (4) too great concentration and refinement, i.e., too little roughage; (5) consumption of too much refined sugar; (6) too much protein food, i.e., meat, fish, fowl, eggs, cheese, etc.; (7) too much cereal food.

"The teeth being part of the body share in any lowered resistance or predisposition to disease." It is well known that after a serious illness, or if one be greatly worried or in great grief, the resultant depressed state renders the body an easy prey to disease, and after such periods, very often the teeth become decayed. The reviewer was told when living in Central Africa by a

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