

Enemas for Young Children.

By A. E. Hopkins.

IT IS USUALLY WITH a feeling of apprehension that a mother approaches the necessity of giving her young child its first enema.

The practice of injecting water into the lower bowel for the removal of toxic matter is a very ancient one but it is only in more recent years that its value has been appreciated when treating various children's complaints.

Its principal values lie in the fact that it is simple to apply, safe in operation, and extremely effective where its need is indicated.

When approaching its application for the first time a mother usually revolts at the idea, but this temporary fear is soon overcome when its simplicity and effectiveness are fully understood.

Fear from any cause must be conquered otherwise it will be transmitted to the child, often with unpleasant results, such as screaming, and the harm of the fuss engendered by the wrong approach to this harmless operation will have a rebounding effect on the mother, and the beneficial effects of the enema will be nullified by such reactions.

When indicated there is nothing so effective as the enema and only a little care and understanding is required to make the operation entirely successful.

In the first place it must be understood that the modern enema or rectal douche is a far different piece of equipment to that used not so very many years ago. The old bulb type where manual compression was necessary to inject the fluid into the rectum has been superseded by a very simple gravity douche, which relies for its efficiency on the natural power of gravity to direct the liquid flow.

There are several makes available, but the underlying principle of operation is very similar in most types.

The simplest and therefore the best, when dealing with young children, is one which consists of a container for the water, and a long rubber tube with a tap at its distal end. A shaped nozzle for directing the fluid into the bowel completes this very easily manipulated equipment.

When in use the filled container is suspended at a height determined by conditions and the age of the patient, the water being released into the bowel by a simple turn of the tap; the liquid flowing into the bowel by its own weight without any applied pressure. With this straightforward douche the flow is steady, consistently even, free from air bubbles, and can be instantly arrested, if necessary, by operating the tap or by pinching the rubber tube with the thumb and finger.

As the flow is by gravity it is continuous and almost imperceptible in its entry into the bowel.

Having fully understood the operation of the douche the next stage is for the mother to explain, in very simple terms, its purpose to the child.

The child should be allowed to handle the equipment and if the little patient is not a serious bed case, permitted to play with it, opening and shutting the tap, and so on. With older children a demonstration of its action may be useful in dispelling fear.

From simple mechanics the mother can proceed to explain its purpose. This can take the form of explaining to the little patient that sometimes the inside of the body

needs washing just as much as the outside. In fact, it can be said to be an inside bath as against its opposite, an outside one, the latter, of course, being perfectly familiar to the child.

Again, tell the child that eating food leaves waste matter in the body, and it is the normal duty of the bowels to collect this waste and eject it regularly from the lower bowel. Sometimes, from several causes, this waste matter is not completely expelled and staying in the body causes the child to feel ill. In the latter case the enema will help to remove this rubbish and the illness will gradually disappear. This explanation can be given in a very simple form but it often creates interest and this, in turn, dispels fear, which is the real object of the lesson.

Strangely enough, by explaining the matter to the child, confidence in giving the enema is engendered at the same time in the mother.

Furthermore, an inventive mother can illustrate her remarks with a small sketch, thus giving extra confidence and interest to the child.

When the idea that the enema is only an inside bath has been instilled in the child's mind, the mother should school herself to adopt a nonchalant attitude to the whole matter, approaching the affair as though she were about to give an ordinary external bath, then the correct atmosphere is assured at the very commencement.

The room should be comfortably warm and fresh. The water container should be suspended on a hook, conveniently placed in position beforehand. The water should be heated to just below body temperature but not over, and poured into the container. The douche is now ready for use.

Unless the mother is directed otherwise by the doctor, plain water is the best medium to use, although in special cases a little common salt may be prescribed. Medicaments of any kind should never be used internally in a little child's body without medical advice.

Up to the age of, say, four years one to one and a half pints of liquid is sufficient for one treatment. This quantity can be gradually increased according to the age and size of the child.

To facilitate the entry of the nozzle into the anus it should be smeared freely with pure vaseline, turning on the control tap to ensure that the liquid is running freely. This also clears any air from the tube.

Proceed by instructing the child to kneel on the rug, over which a bath towel has been spread to catch any water drip, in the knee chest position, that is with the head and the shoulders on a cushion with the buttocks raised as high as comfortably possible, with the legs sufficiently open to allow easy access to the anus.

Make sure that the child is comfortable, then rest the nozzle against the anus, turn on the tap, thus allowing the water to flow and as it flows, gently insert it until it is obviously in its proper position. This procedure is necessary to make certain that no air enters the bowel.

With a very young child up to three or four years of age, the water container should be suspended at a height of not more than three feet above the nozzle, which will give sufficient pressure for the purpose.

Sometimes, at the first attempt, the child may complain of discomfort or even a twinge of pain. If so, ease the water flow by pinching the rubber tube for a moment

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