

Selections.

Nutrient Enemas.

Rectal feeding is too little employed by the average general practitioner. This negligence is due to fear of bother, the disagreeable nature of the operation, and a lack of proper understanding regarding the technique. Even without trained nurses, one may teach any intelligent person, by a single lesson, sufficient to enable him or her to administer the food successfully. It is not to be expected that even the humblest country physician would do such work regularly, even if present at the proper intervals; and if doctors once realized the simple nature of the procedure, and the benefits to be derived from it, it would oftener be employed.

The best equipment is a smoothly-working piston syringe attached to a large calibre soft rubber catheter. The catheter is lubricated with glycerine or olive oil, and is left in position after insertion, until enough food has been injected; when one syringeful is injected, the syringe is detached and filled, and again attached to the distal end of the catheter. When enough has been injected, the catheter is removed and the patient instructed to endeavor to retain the injection by avoiding all bearing down. The discomfort generally passes away in a few moments. Catheter and syringe are then boiled and allowed to cool until the hour arrives for the next injection. The rectum should be washed out once each twenty-four hours with warm water and non-irritating soap.

In giving the injection, the patient should lie upon the left side, with the hips elevated a few inches on pillows, or the foot of the bed may be elevated on bricks or books. The fluid should be at a temperature of 100° F., and should be injected slowly. The intervals between injections may be four to eight hours.

Easily soluble medicines not likely to irritate the bowel may be often incorporated with the nutriment, and thus save the patient the annoyance of taking them by the mouth.

No one can rightly deprive a patient of the benefit of rectal feeding through a plea of inadequate equipment, or lack of skilled nurses; for any syringe will do in an emergency, and any one who can give a sick person a drink of water can operate it.

When a patient cannot swallow; when prolonged vomiting causes a threatened collapse; when any other condition excludes the advisability of administering food by the mouth; then rectal feeding is indicated. Every physician should become familiar with the simple technique and be able to give