On the various kinds of Enema & their uses and mode of administration.

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On the various kinds of Enemata, their uses and mode of administration

The subject about which I propose making the following remarks is one of great interest and practical utility, and is one which in my opinion has not received the amount of attention relative to its importance, an importance in point of fact which cannot be too clearly understood or overestimated. The use of

Enemata if promptly applied have (in my experience alone) saved many lives which would otherwise have undoubtedly been sacrificed, and would, if more universally employed be the means of saving or prolonging the lives of many others. The administration of food and medicinal agents by the mouth is too often persisted in when the stomach is quite unable to retain it and so the patient sinks into a condition of

hopeless weakness. How often, especially in cases of children does the little patient vomiting and spluttering about in all directions food and medicine whilst precious time is being lost; and, after all is over, the cause is too often popularly put down as "nothing would stop on its stomach". Now I don't mean to affirm that by this means hopeless cases will be saved but I

do think that many who would otherwise certainly perish may be relieved and even brought round again by the timely and judicious use of Enemata.

It is my intention therefore in the following paper to give a description of the various kinds of Enemata, the best manner of administering them and the cases in which each would be most suitable. I will, in the first place,

divide them into two classes

1. Medicinal (including) { Laxative, Astringent, Sedative, Anthelmintic, Tonic

2. Nutrient.

Medicinal Enemata

A. Laxative. In administering an enema for the purpose of simply relieving the bowels we do not effect our object so much by the aid of medicinal agents as by

6.

The mechanical effects of the water used on the contents of the bowels and the reflex action caused by its use. In giving a copious enema the two principal effects produced are,

1st: The contents of the bowels become more or less softened and disintegrated, the water making its way between the mucous membrane and the ~~bowels~~ contents, doing in fact

what should normally be
done by the mucus and
other secretions of the bowels.
Secondly. The pressure and
irritation of the fluid on
the bowels excites by reflex
action the peristaltic ac-
tions of the intestines,
not only where it reaches
but probably throughout
the whole intestinal
canal.

At first when giving an
enema I used to think
it was the turpentine

and castor oil or whatever it was composed of that had the desired effect, but now I am of opinion that these operate in a very minor way, in point of fact that it is quantity and not quality that is wanted. On several occasions I have been present whilst an enema was being administered by a medical man. The

Castor oil and turpentine were duly mixed and put into a large basin of warm water. As much of this was injected as was thought necessary, but after that the oils were still left floating on the surface of the remainder of the water in the basin. The desired effect nevertheless resulted, but without the aid of

either of these useful agents.
I used at all I have
found in practice that
the best to mix say four
ounces of castor oil with
one or two ounces of tur-
pentine and beat them
well up with the white
of an egg; this will
render them miscible
with a small, say an e-
qual, quantity of water.
(Or an emulsion may be
made by the addition

of a small quantity of
any alkali). This mixture
should be injected first,
well up into the bowel,
by means of a long tube
so that it may reach
and in returning pass over
and affect as much of the
bowel as possible. Then
wait for 5 or 10 minutes
preventing its ejection if nec-
essary by pressing the finger
of the instrument firmly against
the perineum, after which

inject as much soapy water, which is best used cold, till the patient complains of urgent desire to go to stool. Then rest for a little time till this desire abates and resume the injection till it can be borne no longer. Retain the injection in the bowel for some minutes longer by means of firm pressure on the child or with a towel. This will insure a more complete eva-

vation. The best instrument to use is a strong well-acting enema syringe with a tube 12 or 18 inches long, or a stomach-pump tube. If the faeces be very hard in the rectum and cause difficulty in the introduction of the tube they should be first removed with a scoop.

In habitual constipation in addition to dietetic remedies a simple enema every morning of cold

water in which a little
common salt has been dis-
Blood is often of great
service, doing away with
the hurtful practice of
constantly taking opening
medicine. This will be
further aided by prescrib-
ing a small teaspoonful of
Epsom salts to be dissolved
in a large tumbler full of
cold water and taken every
morning half an hour before

breakfast.

Soapy water should I think not not be used constantly as is often advised on account of the deleterious action of the alkali on the mucous membrane of the bowel. Some patients especially females suffer for long periods from constipation. In some of them the cow Hand irritation of the hardened faeces by

irritating by irritating the
mucous membrane causes
an increased discharge of
mucus and sometimes
blood combined with
great straining and bearing
down whilst at stool.
On examination per rectum
the hardened mass
will be detected and by
administering an enema of
warm water and breaking
up the lumps if necessary

great relief will be experienced.

In cases of severe flatulent colic I have found great benefit (when other remedies have failed and the pain is distressing) from a copious injection of luke-warm water injected far up into the bowel by means of a stomach-pump tube. In such a case if very severe the administration of

chloroform would I think much assist the enema.

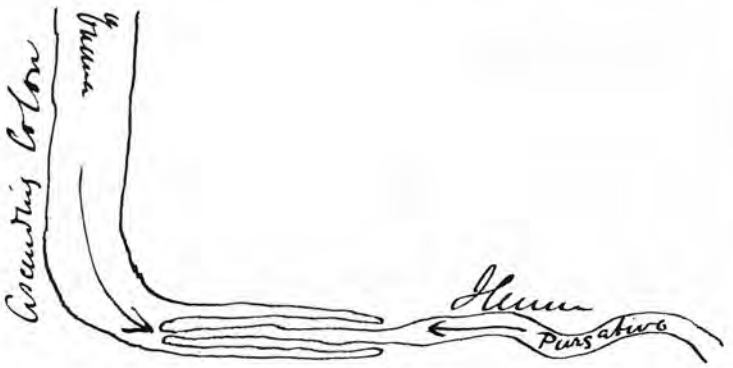
In Apoplexy Dr Farmer recommends an enema of Croton oil in addition to its administration by the mouth.

In intestinal obstruction due to Hernia a successful treatment by means of enemata will depend very much on the cause. At first, when the diagnosis

is doubtful, purgatives may be given by the mouth, but so soon as we think that a mechanical obstruction exists, these should be left off as absolutely injurious. On examining the anatomical causes of intussusception it is always found that one portion of the bowel on the higher or ventral side of the structure becomes ~~the~~

lung mated in another portion nearer the rectum, usually the ileum and caecum into the ~~upper~~ commencing part of the ascending colon. Now it is easy to understand that anything tending to increase the peristaltic action of the bowel above the seat of the stricture will tend by the downward

produced to increase the
invagination whereas
anything coming up from
below the structure will
tend to press it out and make
it resume its normal con-
dition. A glance at
the accompanying sketch
will make this plain.



Here the action of the
enema will be seen to
be twofold

1st To distend the colon around
the invaginated ileum
and so tend to reliase it

2d To push the ileum out
of the colon.

In such a case a long
tube and a very copious
enema are required in
order to distend the bowels

as much as can possibly be borne, thus keeping the bowels well and changing the position of the patient so as to aid the reduction of the Stricture as much as possible, which happy result may be known by the relief of the most urgent symptoms as the straining and vomiting

I have seen infusion of
birds eye tobacco used as
an enema in a case of
obstruction of the bowels,
(cause unknown) but
without success, and I
think its use is attended
with great danger owing
~~to the~~ its powerfully pois-
onous properties.

In cases of irreducible
hernia when great diffi-
culty is experienced in

the reduction much benefit may be produced by an enema. I had a case about a year ago of long standing Scrotal hernia where the patient, having taken off his truss one evening, was seized some hours after with all the symptoms of Strangulation.

On my arrival two hours after this had occurred

found on examination
that the right inguinal
canal and scrotum were
filled with a tumour,
partly solid and partly
fæcous. I made every
effort for about half an
hour to reduce this by
manipulation but with-
out avail (I had no
Chloroform at hand) and
then it occurred to me
to try an enema. This

Accordingly did and the result was a partial movement of the bowels and shortly after this the hernia went back into the abdomen of its own accord, accompanied by great relief of the symptoms. The truss was applied, a good recovery made and there has been no further trouble since. A similar

happy result is to be
looked for when the
obstruction is due to
diaphragmatic hernia
or hernia into the fo-
amen of Winslow. Also
in cases of incarcerated
hernia.

Chloroform will be found
a useful and often in-
dispensable aid in bad
Cases.

D. W. Adams, Surgeon

to the Great Northern Hospital, London, relates ~~to~~ in the "British Medical Journal" of Dec. 26th/74, of a case of strangulated hernia successfully treated by large injections of olive oil after complete strangulation for more than three days. He recommends the injection of two quarts of olive oil, three ounces of castor oil and

and three ounces of tur-
pentine all mixed toget-
her and this may require
to be repeated; a long flex-
elastic tube, nine or ten
inches in length is to be
used, and the oil injected
slowly. He also mentions
three other cases of intest-
inal obstruction accomp-
anied with stercoraceous
vomiting and stricture

abdominal pain, but
without ochrual hernia,
successfully treated by
adopting the same prac-
tice of persevering with
the ingestion of large
quantities of olive oil
mixed with Castor oil
and turpentine.

In one of these cases the
symptoms had existed
for eleven days before he

was called in, and the
success was complete.
In all cases the injections
were not retained at
first; nevertheless they
were repeated at intervals
and at last were retained,
and to this perseverance no
doubt the success of these
cases has been due.
I should think that if the
oils he mentions could not
be readily obtained any

oil would so much as rape oil and alone without the castor oil and turpentine and also that it would be better to use it at the temperature of the body and not cold. Immediately before and during labour, enemata are often of the greatest service, when purgative medicine would take too long to act, or when the

rectum is full of scybalae.

B. Astringent. Enemata of an astringent nature will be found of signal service in all cases of excessive secretion from the bowels, and their action is not merely local but by reflex action extends over both large and small intestines, so that disease affecting the latter ℈ may

be pleasid through the
injection does not get near
them. They should be
given in small quantities
at a time, not more than
an ounce of fluid bulk
and retained as long as
possible.

In cases of Summer diar-
rhoea in children which
is often accompanied by
uncontrollable sickness and
which depends usually on

an atonic state of the mucous membrane (food and other things passing through the bowels in an almost unaltered state) much benefit will often be derived from an injection of half a drachm of tannic or gallic acid dissolved in half an ounce of water warm and injected by means of an indiarubber ball with a nozzle attached

toil. This must be kept
in the bowels by means and
pressure as before men-
tioned for at least ten
minutes and repeated every
two or three hours accord-
ing to the severity of the
symptoms.

When I was in charge of
the Government Emigration
Ship "Parsee" on a voyage
to New Zealand, there
were on board 135 children

and on reaching the tropics
nearly all of them were
affected with diarrhoea
and ten died. The young
and apparently weaker
children suffered most and
I attributed it to bad
ventilation, improper coarse
food and distilled water,
which (also in my opinion
is not suitable for young
children owing to the
want of mineral salts
salts in it. We had also

an endemic of measles on
board immediately after
sailing which no doubt
helped to aggravate it.
I found medicines adminis-
tered by the mouth to be
of no service whatever, the
only exception being a little
Bael wine given me by the
Captain, which he said
was much used in India
in similar affections and
which did good in some cases.

I found most benefit from the use of astringent injections consisting generally of tannic acid (½ drachm) and repeated every two or three hours according to the severity of the attack. In several cases of great danger a good result was obtained, tho' in others it had little or no effect. In chronic and subacute dysentery Dr. Waring thinks

recommends the use of nitrate of Silver in the form of an enema. He says; "First throw up into the transverse colon by means of a flexible Stomach pump tube, introduced to the extent of Six or seven inches, very cautiously and gently, enemata of warm water or milk and water to the extent of 3, 4 or 6 pints

of distilled water holding in solution gr XV of nitrate of silver."

In the treatment of this disease Dr. Bryson also states the benefit of astringent injections and suppositories; also, that an injection of warm Starch (2 oz:) with laudanum in it will often give great relief. In the treatment of the Colliquative

diarrhoea of Phthisis Dr Fuller says.

"When it is possible let the stomach be spared and drugs be given by enemata."

Professor Saridner of Glasgow and Dr Murchison both mention the good effects of enemata in typhoid fever.

Dr Saridner recommends the diligent use of enemata to unload the bowels from

below, where any thing
like abdominal distension
has occurred, thus fol-
lowing the French practice
of giving laxatives instead
of astringents. The enema
he uses is simply warm
water and a little anised.
Dr Murchison uses an
Watson - astringent enema of Starch
and laudanum.
In conclusion I may add that
in treating severe diarrhoea

arising from whatever
cause it should always
be borne in mind that
delays are dangerous,
and that so soon as we
find medicines adminis-
tered by the mouth
to fail in their action
we should at once have
recourse to their admin-
istration by the bowel.

C. Sedative Enemata.

Enemata of a sedative nature may be used with benefit in all cases of pain in the pelvic organs whether idiopathic or symptomatic. The best agent to employ is either tincture or liquor opii or solution of morphia, of either of which thirty minims will be sufficient

for one injection. This may be repeated two or three times a day or oftener if the urgency of the case requires it.

Cases of ulceration of the womb and more especially those depending on Cancer will receive great ease from injections of this kind; and also inflammatory affections of the womb and pelvic peritoneum

where tightness precludes
the proper administration
of sedatives by the mouth.
In cases of protracted labour dependent on rigidity
of the os uteri and passages
an enema of liquor opii
sedativus has been found
to cause the parts to
relax and thus hasten
delivery.
In cases of cystitis I have
found the pain and

viral ability of the bladder much lessened by repeated Sedative injections, even consisting simply of warm water, and also in cases of retention of urine due to spasmodic stricture, the injections being assisted by the use of hip baths.

D Anthelmintic. Nothing is better for the purpose of destroying the small

thread worms that infest
the rectum Mam lumbricalis.
I have repeated tried all
kinds of "worm powders" but
with scarcely any success. I
find most benefit from
the injection of a pint of
strong infusion of quassia.
Salt, and tincture of the
perchloride of iron are also
recommended but I have
never had occasion to
try them. The only point

to be observed is first to
empty the rectum either
by a purgative or enema,
before using the parasit-
icide.

E. Tonic By tonic enemata
I mean those that act
by strengthening the peristal-
tic actions of the bowels.
Cold water injected by means
of a hygienic syringe is
sometimes of great benefit
in cases of habitual con-
stipation. I think that

The addition of five or ten minims of liquor Strychniae would prove useful not only as a muscular ~~tonic~~ tonic but ~~as~~ also as a tonic to ~~the~~ increase the mucous discharge of the bowels.

2. Nutrient Enemata.

That the powers of life have been maintained and supported by the aid of enemata alone and that for a number of days has been proved in many cases; and in others life has been sustained until remedies have had time to act and ameliorate the symptoms. Nutrient

Enemata generally consist of some or all of the following ingredients

- Beef tea
- Eggs
- Cream
- Brandy or Wine

Four ounces of strong beef tea, not "hot water with a few oil globules floating on it" (as the late Prof. Hughes Bennett used to designate the ordinary beef tea of the Edinburgh Infirmary) the yolks of three

or four eggs well beaten up,
an ounce of cream and
if advisable four ounces
of Brandy or Port wine
makes an excellent mix-
ture of which from one
to four ounces may be
injected according to the
greater or less irritability
of the bowels. This may
be repeated two or three
times a day. An ordinary
enema syringe is the best

instrument tower. In cases
where the bowel is too
irritable to retain even
a small quantity I have
found it best first of all
to inject from 20 to 30
minims of Battleys Sol-
ution of opium, then
wait for two minutes till
it has had time to soothe
the bowel, and after this
inject the food. I have
always found this more

effectual than mixing the opium with the food, since before the opium has had time to be absorbed all is rejected. If there be great irritability of the bowels press ~~the~~ forming the shield of the instrument against the anus. The cases in which nutrient enemata are suitable are as follows,

1. Gastric Ulcer
2. Gastric Cancer
3. Tumours pressing on the Oesophagus
4. Stricture of Oesophagus.
5. All cases of persistant vomiting due to whatever cause.
6 Severe sea sickness
7. Injuries or operations interfering or preventing deglutition

Midst in charge of the ship "Parsee" before mentioned
Had a case of more severe

a sickness which lasted
for five weeks during
which time the patient
rarely kept anything on
the stomach and became
much emaciated. She
recovered but unfortunately
I did not use an enema
but if I had a similar
case again I would un-
doubtedly do so and I am
sure with success.

I have at present a case

of Sartric ulcer which
have been attending for
two years and which is
altogether a most extra
ordinary case and which
possesses some points of
great interest bearing
upon this subject. The
patient ~~was~~ a female
act. 27 who had been a
~~Lady's maid~~ lady's maid
called me to attend her
on June 21st 1875. She

complained of pain in
the region of the stomach,
combined with sickness
after food. These symptoms
got gradually worse and
exhibited well marked
characteristics of gastric
ulcer. Nothing whatever
except a little tea and
champagne would stay on
her stomach so on June
30th ordered her to have
an injection of two oz: of

Beef tea. This seemed to revive her a little and she said she felt it doing her good. It was repeated night and morning till November, she being quite unable to retain even a drop of water on the stomach during that time. On the 10th of Nov. the stomach improved a little and was able to retain a little weak soup

~~Tea~~ milk and sometimes
a little fish soup. These
were her chief support
until March 31st 1876
when she had an attack
of peritonitis and the
vital ability of the stomach
returned again. The
injections were recommenced
and she has since taken
up to within the last
six weeks scarcely been
able to retain a particle

of food on her stomach, partly owing to sickness and partly to the severe pain it caused in the stomach. She is now able to take a little food but she still has the injections night and morning. She is improving in strength but very slowly, and is liable to attacks of retching often of blood.

Since the commencement of her illness Mumps for

Sixteen complete months
her sole support has been
derived from enemata.
The bowels were tractions
very irritable and she
had very frequently to have
first an injection of 30 drops
of tinct opii before giving
the food and even then
as many as four or five
injections have been given
here before one would be
retained. Her mother was

To Dr Maccall

My daughter took her bed June 21st 1875 commenced with the injections June 30th and for three or four months from that date she had nothing within her lips except the pills and ice and was nearly entirely supported by the injections till November 10th when she took inflammation of the bowels then the injections were left off until March 21st 1876 then we commenced them again and she has had them regularly since and has been her chief support as she has taken very little on her stomach

Inflammation of the bladder began March 16th 1876 — and was the first night the catheter was introduced and April 1st you commenced with the injections to wash the bladder and continued them for some weeks and the catheter was used — until October 30th — when she had — inflammation of the kidneys

yours truly

E Rainie

a most faithful, persevering nurse and carried out all my instructions to the letter. ~~I enclose~~ I append a note I got from her lately.

Dr. W. Foster of Birmingham in his "A Lecture on the treatment of gastric Ulcer says "the patient may be kept for eight or nine days on nutrient enemata alone, when the pain, the vital ability will cease." I think that

after such a case as I have given a very brief outline only of, we should never despair of keeping up the powers of life for many an "eight or nine days".

Braun House
Crook
April 28th 1877