

## The Technique of Nutritive Enemata.

It is a good standing rule that all albuminous food should be digested before given as enemata, for, experimentally, albumen is shown to be excreted by the kidneys unabsorbed when injected into the rectum undigested. The practice of giving nutrient enemata with a common Davidson syringe, with a rubber or metal nozzle, cannot be too strongly condemned. Irritation of the bowel, possibly hemorrhage, and imperfect absorption, are the result. A long, pliable rubber tube should be used; a large, velvet-eyed catheter does very well, and this should be passed well up the rectum to the sigmoid flexure. About eight inches of tubing should be passed up in the child, and about ten to twelve inches in the adult. There is a good anatomical and physiological reason for this, as fluids absorbed from the sigmoid flexure and upper part of the rectum are carried to the inferior mesenteric vein through the superior hemorrhoidal and sigmoid veins, and so on to the liver through the portal vein. The veins from the lower third of the rectum pass directly to the inferior vena cava, consequently all proteid matter absorbed from the lower one-third of the rectum loses the further digestion in the liver so vital to its assimilation. If injected into the sigmoid flexure it causes less irritation, and there is less liability to rejection.—

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