

## Medical Matters.

### THE TREATMENT OF GASTRIC ULCER.



The lecture on the treatment of gastric ulcer by Dr. Robin, of Paris (published in the *Medical Press and Circular*), has the advantage of containing some definite instructions. He places a hot fomentation on the epigastrium, and feeds the patient exclusively per rectum. He gives four enemata a day, each composed of "two eggs, beaten up with two spoonfuls of peptone, 30 grains of salt, a few drops of laudanum, and 3 oz. of glucose (20 per cent.)." The bulk of each enema is about six fluid ounces. Two other enemata of warm water only are given per diem to furnish the body with the necessary supply of liquid. If rectal intolerance should occur, he takes out the salt and the peptone from the enemata and increases the quantity of laudanum. He has never had to continue exclusive rectal feeding for more than twelve days. He thinks that no good can be obtained from subcutaneous feeding with the methods now employed. When he begins to feed by the mouth he allows milk only to be taken. The quantity of milk is gradually increased until four quarts are taken per diem, and he states that this milk diet must be continued for six months, a period which we think unreasonably long, as we have often seen cases which picked up rapidly when meat was given within a day or two after the epigastric tenderness had disappeared. As regards drugs, Dr. Robin thinks that for anæmic patients the best preparation is perchloride of iron administered in the form of pills of 2 grains, taken at mealtimes. If the patient be neurasthenic, he recommends arsenic, and he speaks most highly of the cacodylate of soda given subcutaneously in doses of one grain daily for eight consecutive days, followed by an equal number of days of repose, and continued during forty days. He does not recommend the introduction of large quantities of subnitrate of bismuth into the stomach, nor washing out the stomach with solutions of nitrate of silver or perchloride of iron, because he considers the introduction of a tube dangerous. Also he considers the treatment by alkalis, such as bicarbonate of soda, illusory, because, although the first effect is to neutralise the excess of acid which is present, the ultimate action of the alkali is to

increase the secretion of hydrochloric acid, with which we certainly agree.

While referring to the symptoms, Dr. Robin insists on the necessity of examining the stools for blood, when there is no hæmatemesis. Two years ago, the present writer met a case in which the patient's stomach was of a well-marked hour-glass shape and the ulcer was on the distal side of the contraction. There was constant vomiting, but never any hæmatemesis. As a matter of fact, the vomited matter could only come from the cardiac end of the stomach, and at the post-mortem a considerable quantity of blood was found in the small intestines.

### DIABETIC RÉGIME.

In the *Journal des Praticiens* (June 14th, 1902) Linossier concludes that the régime ought not to be the same in all cases of diabetes. The absolute prohibition of hydrocarbons as food may be more harmful than beneficial. The general restriction of diet, which is often too varied in diabetics, is at least as important in obtaining the diminution of glycosuria as the prohibition of sugar and starches. It is permissible to prescribe a régime much less strict. The benefits of the milk diet, or of the potato diet, are certainly, in a large measure, attributable to this restriction.

### RE-ANIMATING THE HEART.

Some experiments as to the restoration of the heart's action in human beings after all signs of life have disappeared are recorded by Dr. A. A. Koulapke, of St. Petersburg, who, until August of this year, confined his experiments only to animals, but in that month applied his apparatus to the hearts of two children who had died some time previously. In these cases the Doctor failed to get any result. On a subsequent occasion Dr. Koulapke attached his apparatus to the heart of a child who had been dead twenty-four hours, and liquid was made to circulate. Obtaining no result after some time, he was about to discontinue the experiment, when he was called away, and, returning after twenty minutes' absence, found the heart beating with normal regularity. The self-marking diagram showed that the beats at first were very weak, and gradually increased to strong and regular pulsations. It is proved by subsequent experiments that the period necessary to restore animation varies from twenty to seventy minutes.

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