

ordinarily secrete gastric juice except under the stimulus of food. At a varying period after the ingestion of nutriment, the time being dependent upon the amount and quality of food taken and the activity of digestion, the stomach has finished its task; absorption of certain elements has already taken place, other portions have been passed on to the intestines for further action, and the organ is found empty, awaiting cause for further activity. At this period the stomach loses its turgid colour, becomes paler and quite flaccid, and its surface is bathed with more or less of an alkaline solution, forming what is known as the 'alkaline tide.' This alkaline tide occurs at varying periods of time after the ingestion of food, dependent upon many circumstances; it may begin an hour or so after a very small amount of digestible food, or it may be delayed four, five, or even many more, hours after a very heavy or unusually indigestible meal, or with very weak or sluggish digestion. This should constantly be borne in mind in connection with our subject, otherwise mistakes, errors, and harm will surely result. It is only when this 'alkaline tide' is perfectly secured and utilised that the method of giving milk to be recommended later can be successfully carried out.

Remembering that the blood was alkaline, the chyle alkaline, normal milk alkaline, and that the cavity of the stomach was in an alkaline condition, at certain times, it was believed that if the milk could be presented to the gastric absorbents in an alkaline state, and at blood temperature, immediate absorption would take place. To accomplish this it must, of course, be introduced quite apart from all solid food, or any substance or condition which could excite gastric secretion. Even the least amount of acidity, from a preceding meal or anything taken into the stomach, would coagulate some of the milk, and so start the whole process of caseation and digestion, and defeat the desired purpose of direct absorption. The idea, therefore, is to give milk alone, pure or diluted with boiling water, at the body temperature, just after the alkaline tide has set in, or during its continuance, and to avoid food or any substance which could call forth gastric secretion until after its absorption has been fully accomplished. It is manifest that this plan is entirely opposed to the practice of eating a cracker with the milk, or even to the addition of an egg, whiskey, etc. The temperature of the milk is likewise an element of importance. When taken too cold or too hot, the effect of the stomach bringing it to the proper temperature for absorption will often seem to start gastric secretion, and a sensation of pressure and discomfort will follow, quite different from the agreeable feelings accompanying its proper use. The milk should be gently warmed to 100 degrees F., never boiled, and it is often desirable to effect this by the addition of about one-third its volume of boiling water. Cream should never be added, indeed it sometimes happens that too rich milk, as from Jersey cows, disagrees, so that dilution with boiling water renders it more easily absorbed. Many of these points—and more could be mentioned—may seem trivial and unnecessary, but long experience in following the plan ad-

vocated has convinced me that in this, as in so many other matters in dermatology, the closest attention to details is of the utmost importance."

Appointments.

MATRONS.

Liverpool Country Hospital for Children.—Miss M. L. Mulvany has been appointed Matron. She was trained at the Liverpool Children's Infirmary, and the Royal Infirmary, Liverpool, and has held the positions of Sister of a Surgical Ward at the Manchester Children's Hospital, Pendlebury, Sister-in-Charge of Medical Wards at the Evelina Hospital for Sick Children, London, and of temporary Home and Housekeeping Sister at the Liverpool Children's Infirmary.

Isolation Hospital, Biggleswade.—Miss Edith M. Brown has been appointed Matron. She was trained at the Peterborough Infirmary, and has held the positions of Charge Nurse at the Kettering and District General Hospital, Sister at the City Isolation Hospital, Nottingham, and the City Hospital, Bristol, and Acting Matron, Clift House Hospital, Bristol. She at present holds the position of Matron at the Doncaster and Mexborough Joint Hospital for Infectious Diseases.

Smethwick and Oldbury Isolation Hospital, Smethwick.—Miss Edith Edeson has been appointed Matron. She was trained at the General Infirmary, Chester, and has held the position of Matron at the Isolation Hospital, Hagley Green, and at the Isolation Hospital, Kelso.

ASSISTANT MATRON.

Royal United Hospital, Bath.—Miss Elizabeth Graham has been appointed Assistant Matron. She was trained at Guy's Hospital, London, and has held the position of Sister at the Southwark Infirmary, and of Outpatient Sister and temporary Home Sister at the East London Hospital for Children, Shadwell. She has also had experience of private nursing. She is a certified midwife.

London County Asylum, Long Grove, Epsom.—Miss B. Fowler has been appointed Assistant Matron. She was trained at the Royal Infirmary, Edinburgh, and in mental work at Mavis Bank, Polton. She has also held the position of Assistant Matron at the Stirling District Asylum, Larbert, N.B.

SISTERS.

Royal Eye Hospital, Manchester.—Miss Edith A. McLaren has been appointed Sister. She was trained at Rotherham Hospital, and has held the position of Sister at the London Fever Hospital and of Sister Matron at East and West Molesey and Hampton Court Cottage Hospital.

NIGHT SISTER.

Infants Hospital, Vincent Square, S.W.—Miss Hilda Kate Burrows has been appointed Night Sister. She was trained at the Bethnal Green Infirmary, and has held the position of Sister at the Alexandra Hospital for Children with Hip Disease. She is a certified midwife.

Isolation Hospital, Norwich.—Miss Nida Glen has been appointed Night Superintendent. She was

[previous page](#)

[next page](#)