

intervals; and, at least once a day, to administer a warm water injection in considerable quantity. This will be absorbed by the large intestine, to a large extent, if it can be retained, and will therefore supply the blood and the tissues with the fluid which they require; while, at the same time, what is returned will bring away the refuse matter which has not been absorbed from the rectum. Sometimes patients, under rectal feeding, will complain of extreme weakness and faintness—a common description being that they feel as if they would “sink through the bed.” As a rule, this feeling is due to heart weakness, and it is an expression which is therefore of great practical significance. It frequently means that the heart is not receiving a sufficient supply of blood, and that in fact there is not sufficient fluid in the vessels. It is often experienced by women who have had very severe hæmorrhages and whose blood therefore has been considerably reduced in quantity, as well as in the amount of water which it contains. It is wonderful what relief can be given to many of these cases by the simple plan—based on physiological knowledge of the fact to which attention has been called—that the large intestine absorbs fluid. If a large quantity of warm water, containing a table-spoonful of common salt to the pint, be slowly and quietly injected into the rectum, it will flow back into the colon, and will be, therefrom, rapidly absorbed into the blood vessels: the patient's pulse and general appearance showing the most remarkable improvement in a few minutes. And the craving for fluids of which patients complain bitterly, after deprivation of all food by the mouth, can to some extent be alleviated by this method of administration of fluids by the colon.

Many physicians, however, treat these cases of ulcer of the stomach by the administration of liquid food by the mouth, such as milk, beef tea, and other forms of concentrated nourishment; and in some patients it is impossible to maintain the strength by rectal feeding. In such cases, the quantity of food to be given, its temperature and its times of administration, are usually most carefully prescribed by the doctor.

The patient is almost invariably kept absolutely at rest and not allowed to make any movement, especially if there has been much hæmorrhage. For the same reason, the administration of stimulants is usually for-

bidden, because the effect of these is to excite the heart's action and therefore to increase the force with which the blood passes through the vessels of the stomach walls, with a consequently increased difficulty in the clotting of the blood at the surface of the ulcer, and an increased tendency to further hæmorrhage.

It is of course most necessary, as soon as the patient is allowed ordinary food, to watch for any recurrence of the ulceration; and as it is most common for such a relapse to show itself by a sudden attack of vomiting of blood, it is important to remember the signs which usually precede such an attack. In bleeding from an ulcer in the stomach, as in the loss of blood from any other source, the symptoms are most characteristic. The pulse gradually increases in quickness and becomes more and more thready, flickering, and weak, as the loss continues. After a short time, the skin begins to perspire, and becomes cold and clammy, while the feet and hands also become chilled. In Nursing a patient suffering from gastric ulcer, it is therefore very important to take and chart the pulse most carefully, several times every day, and then any sudden quickening in its rate will immediately excite suspicion of internal hæmorrhage. As a general rule, also, hæmorrhage is accompanied by a reduction of the bodily heat; so if the thermometer shows that the temperature of the skin has suddenly fallen below normal, while the pulse-rate, at the same time, is rapidly rising; even though the patient complains of no pain and does not appear to be sick, it is a wise precaution to give no further food by the mouth, and to immediately send a report, to the doctor, of such significant facts. Prevention in these cases, as in all others, is many times better than cure, and by immediate measures many cases of hæmorrhage can be checked which otherwise might progress to a dangerous degree. And it is not one of the least advantages of modern Nursing that the Trained Nurse, acquainted with what may happen in a given case, is able therefore to report at once to the doctor symptoms which are alarming to the skilled observer, although they would attract, perhaps, no attention at all from an untrained attendant.

(To be continued.)

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