Medical Matters.

RECTAL ALIMENTATION IN CASES OF GASTRIC OR DUODENAL ULCERS.

Dr. Seymour J. Sharkey, Physician to St. Thomas' Hospital, who delivered the Bradshaw lecture before the Royal College of Physicians this month, took for his subject Rectal Alimentation. The whole lecture, which is published in the *Lancet*, is most interesting. In regard to rectal alimentation in cases of ulcer of the stomach Dr. Sharkey said: The largest and most important class of cases in which the physician has to make use of rectal alimentation is that of simple ulcer of the stomach. The disease is a very common one and a very large proportion of the cases recover when carefully treated. When the case is severe and much vomiting or hæmorrhage occurs rectal alimentation should be had recourse to—indeed, it is perhaps best to commence with it in all cases the patient being meanwhile confined to bed. It is well known that animals live a long time without food if supplied with water. The question therefore naturally arises, might we not treat gastric ulcer by giving perfect rest to the stomach, supplying the necessary water per rectum? My attention was first called to this question by a paper by Dr. W. Pasteur in the *Lancet*. He recommends the treatment of all cases of gastric ulcer requiring rectal feeding by enemata of plain water at the temperature of the body. He gave ten-ounce injections at a temperature of 100 deg. Fahr. every four or six hours. "I am quite satisfied," he says, "that the general condition of the patients is at least as good, if not better, and that recovery takes place as quickly, and I may add that since I first adopted this treatment in November, 1902, I have not once had occasion to order a nutrient enema, and have not once met with an untoward symptom in any of my cases." "In most cases it is possible to supplement the enemata by giving small quantities of peptonised milk by the mouth before the end of a week, but in several instances my patients have had nothing whatever by the mouth for ten days or a fortnight, and in one or two cases for nearly three weeks, without making any complaint or giving any indication that they were any the worse for their prolonged abstinence. To sum up, the method here advocated gives results at least as good as the ordinary nutrient enemata. It is far simpler to carry out, it is decidedly more bearable for the patient, and incidentally it does away with the unpleasant and offensive daily wash out." I tried this method, and have since continued to give only normal saline solution or water per rectum to patients suffering from gastric or duodenal ulcer, at any rate, for the first seven or ten days. Many patients are quite comfortable under this treatment and suffer but little from hunger or thirst, and their pulse remains steady and satisfactory. In some instances I have continued it for 14 or more days, but I think that it is unwise and generally unnecessary to go on so long. But it may be asked, why not give nutrient enemata? Is it not better to give some food than none? What is the advantage of giving only water or normal saline solution? I have given some attention to this question and have asked the Sister of my female ward, who has had a very large experience in such cases, what her opinion is as to the two methods from a nursing point of view. She tells me that the advantages of saline or water injections over ordinary nutrient enemata appear to her to be: (1) there is much less thirst; (2) the patient is not worried by so many injections; (3) as a rule no nasty taste occurs in the mouth and it remains much moister and more comfortable; (4) there is not so much craving for food; and (5) the nursing of the patients is much more cleanly in every respect. Moreover, Umber found that in a case of gastrostomy gastric juice was secreted whenever a nutrient enema was given. This acid juice being poured over an unhealed ulcer would hardly assist the healing process. I believe, therefore, that for these reasons the injection of normal saline solution or water alone is the best method of rectal alimentation in cases of gastric or duodenal ulcers, at any rate for some days. I generally order three-quarters of a pint four times in the twenty-four hours or sometimes a pint. Where hæmorrhage has occurred one should be careful not to give more than three-quarters of a pint at a time, as I believe I have seen bleeding return after larger quantities have been used, probably owing to the consequent distension of vessels.

Next to water grape sugar is, by general consent, Dr. Sharkey states, most freely absorbed. Moreover, it is a very important food-stuff, and therefore a very desirable constituent of enemata. Large quantities produce irritation of the bowels, and it should be given in the proportion of not more than 20 per cent. of the total enema administered. Alcohol also is freely absorbed, about two per cent. being the usual proportion. Of proteids, peptones and casein in powder, are best absorbed.

previous page

next page