

common articles of diet are cheese, pastry, potatoes, bacon, and seeds or nuts of any kind, and they should be avoided by all dyspeptics. Tea and coffee are bad for the "weakly" type, because they diminish the secretion of gastric juice.

It must not be forgotten that in all cases of dyspepsia it is necessary to make sure that some organic disease is not at the bottom of the trouble. In middle-aged men we have to think of cancer of the stomach, and of ulcer, not in the stomach, but just beyond, in the duodenum, and in young women (or indeed in women of all ages) we should remember that gastric ulcer is more common than is usually supposed. Of the former conditions I do not intend to speak here; the diagnosis is often very difficult, and the correct treatment belongs rather to the realm of expert gastric surgery. The pathology and symptoms of gastric ulcer have been discussed in a previous paper, but it remains to add a few words on one of the consequences of ulceration, which is apt to be confounded with simple dyspepsia—namely dilatation of the stomach.

In men who have lived well, this may occur from weakness of the muscular part of the stomach, apart from any ulceration, but in underfed women it is almost always due to obstruction at the intestinal end of the organ from contraction of a previously ulcerated patch, the natural consequence of which is that the stomach never empties itself properly, and so becomes stretched to many times its normal capacity.

The chief symptom of this condition is flatulence, owing to the distension of the stomach with gases produced by fermentation and decomposition of the retained food. In addition to the discomfort arising from this, the patient suffers from pain and often from vomiting of the contents of the stomach; the pain of the distended stomach is not felt in the abdomen as a rule, though there may be a sense of heaviness there, but is referred to the region of the heart, and it is often difficult to persuade the patient that she is not suffering from disease of that organ. Together with the pain there will often be palpitation from pressure of the distended stomach on the diaphragm, which also produces a sense of faintness, and, incidentally, from the ease with which a dose of alcohol relieves the symptoms not infrequently forms the starting point of an alcoholic habit.

The size of the stomach can be determined by distending it with gas given in an effervescent mixture and then percussing out the

area of the hollow note given by the inflated organ.

For the relief of the condition two methods are available: we can either prevent the occurrence of distension by frequent emptying of the stomach by the passage of a soft tube down the gullet—and this can be followed by washing out of the organ with a weak alkaline solution—or we can deal directly with the cause of the obstruction itself.

For the latter purpose the abdomen is opened and the stomach exposed. A coil of small intestine, as near to the stomach as possible, is taken, and an opening is made both into the stomach at its lowest part and into the chosen part of the intestine. The stomach and bowel are then united round the incisions with two rows of stitches and a permanent opening results through which the food can pass into the intestine without going through the narrow pylorus. This operation is known as gastro-enterostomy, and a very large number of patients have remained permanently relieved of their trouble through its performance. Though, like every other useful measure, it may have been sometimes abused, it yet remains as one of the most brilliant achievements with which abdominal surgery can be credited.

### Some Notes on the Infant.

So much has been written on the care and special treatment of the infant by such men as Dr. John Thompson, Dr. Holt, and many more eminent authorities that it may seem that the last word has already been said.

Yet there are one or two small matters of interest regarding childhood which every nurse gathers as she goes.

How often the lay people write to the somewhat distracted nurse for information about their babes, how often they are dissatisfied at its brevity—the wit passes them over like the proverbial oily duck!

Perhaps weight is one of the most important signs in the steady progress of an infant, and with the exception of abnormal excess such as dropsy, the chart is one of singular regularity.

The average sized baby weighs about 7 lbs. at birth; during the first two days of life there is a loss of from 8 to 10 oz. from various causes, primarily from having no nourishment, and also owing to passage of urine and meconium. After the third day there ought to be a steady rise of an ounce daily.

If a child rapidly or slowly loses weight it is an important morbid symptom, and can only point to ill-health.

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