

cells. They do not mean that there is any such thing as an ulcer, or even a breach of the surface visible to the naked eye."

HYPERCHLORHYDRIA.

Concerning the above symptom the author writes:—"I am not quite sure that I understand all that is implied by this word, or that physicians that make use of the word are agreed among themselves as to its exact significance. . . . I cannot free myself from the uneasy suspicion that this is one of those long and impressive words that are coined from time to time, if not for the actual purpose of concealing what we do not know, at any rate possessing that effect. It does not matter so very much, perhaps, if it only hides our ignorance from our patients. The days of the early Victorian physician have not gone by yet, and faith in what we term suggestion still plays a great part in treatment. But it does matter a very great deal if it conceals our ignorance from ourselves, and of that I am afraid there is some danger."

The author states his conviction that the solution of the above symptoms is to be found in the intensely hyperæmic and hyperæsthetic state of the mucous membrane to be found in these cases, and which is enough, and more than enough, to account for them all, but because this condition disappears almost entirely with the life of the patient, little or no attention has hitherto been paid to it.

The author points out that such hyperæmia may be caused in many different ways: "Exposure to cold is one of the most common. It is notorious how prone this is to bring back all the symptoms of duodenal ulcer even after many years of absolute freedom, not as is usually stated because the ulcer has been lying latent all that time, and suddenly springs to life again, but because exposure to cold is one of the most frequent causes of internal congestion. . . . Jaundice, it is well known, may be caused in this way if the congestion involves that part of the duodenum into which the bile duct opens.

Another common cause, which it behoves nurses to remember, is septic poisoning, such as that which occurs in so many cases of chronic appendicitis and gall stones, leading to persistent ill-health without anything definitely wrong. "The gastric ulcer of young women in whom there is often no ulcer at all, but merely hyperchlorhydria, and gastrotaxis, is notoriously due, in a very large proportion of cases, to the persistent swallowing of septic poison from the mouth." Mr. Mansell Moullin states that he has cured many such by sending them to the dentist.

OUR PRIZE COMPETITION.

GIVE THE RECIPES OF SIX SIMPLE DISHES FOR NIGHT NURSES WHICH COULD BE EASILY MADE IN THE WARD KITCHEN.

We have pleasure in awarding the prize this week to Miss Eleanor J. Law, Matron, Royal Hospital, Chelsea, London, S.W.

PRIZE PAPER.

Nurses do not as a rule, I fear, realize the difficulty every matron experiences in giving an appetizing "menu" for her night nurses' "ward suppers." The kitchen staff are hard at work from 6 a.m. to 9 p.m., and are only frail human beings, and thus the inevitable cold meat has often regretfully to form the midnight meal; but have nurses thought how they may themselves, with very little trouble, turn these midnight meals into a pleasure and a surprise to themselves and to their fellow-nurses; for, as Sir John Lubbock said: "Not only the regular professions, but every useful occupation in life, however humble, is honourable in itself, and may be pursued with dignity and peace."

Will you try, then, six very simple recipes, in the giving of which I am bearing in mind that your time will be limited, your purses probably are limited, and the kitchen equipment will necessarily be limited too? Also, that above everything, no smell of "cooking" must reach your patients.

COLD VEAL AND HAM.

For instance, to-night we have cold veal and ham. These should be minced by hand as finely as possible (if you have no little mincer in your ward kitchen). Take half the weight of your minced meat in breadcrumbs, place it in a saucepan, cover with milk, and add a little pepper and salt (and the squeeze of a lemon if you have one). Cook and beat with a fork until you have a smooth panada. Then add to your meat. Take a patient's soup basin and butter it well, and about 40 minutes before you expect to have your "supper," whisk up one or two eggs thoroughly, and add to your mixture, beating it up well. Then place in buttered basin, and steam. My amateur steamer was the kettle, into which the soup basin sat down, and I covered it with a buttered paper or a delf plate, or sometimes the kettle lid over the buttered paper.

N.B.—You see that your kettle is well filled and boiling, and kept boiling while your shape is being steamed.

When you are ready for supper you turn it out.

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