OUR PRIZE COMPETITION.

WHAT SIGNS AND SYMPTOMS WOULD YOU EXPECT IN A CASE OF GASTRIC ULCER? DESCRIBE THE NURSING IN SUCH CASE.

We have pleasure in awarding the prize this week to Miss Phœbe Goddard, S.R.N., North Western Hospital, Lawn Road, Hampstead, N.W.3.

PRIZE PAPER.

Gastric Ulcers may be both Chronic or Acute. Both show same symptoms, pain after food and vomiting. Both may extend through all layers of Stomach causing Perforation, and both may erode a large blood vessel, giving rise to dangerous and internal hæmorrhage.

Distinction between acute and chronic ulcers are :—

1. *Acute* occurs in persons (often domestic servants) who have suffered a few months of pain in epigastrium after meals, which is followed by a large hæmorrhage (hæmatemesis).

2. *Chronic.*—Seen in middle-aged man who has suffered many years with pain in upper abdomen, coming on immediately after or within an hour of eating. He complains of vomiting which gives relief, and in a well-marked case he is awakened in night with intense pain in abdomen. If a blood vessel is eroded internal hæmorrhage occurs: the temperature is often subnormal, pulse rapid and feeble, cold clammy Skin. The blood may be vomited (Hæmatemesis) or be partially digested and passed in stools—"dark tarry" colour (Meleua).

Treatment.—Rest forms principal part of treatment. If patient is treated medically he is kept flat in bed and given a special course of dieting; often Lenhartz Diet is adopted. This is a graduated course consisting chiefly of raw eggs and milk. Sugar as ordered, and if patient tolerates same raw meat, blanc-mange and rusks are added.

The fluid is kept on ice in covered vessel, and the patient is fed with a spoon, same to be kept on ice. Before feeds his mouth must be cleansed by the nurse, and afterwards.

Attention to back four hourly, taking care in moving patient.

Bowels opened by Enemata.

To help in diagnosis certain tests are employed.

1. *Test Meal.*—Two pieces of toast and tea without milk or sugar are given, and the doctor uses the stomach tube and evacuates contents of stomach one hour after meal is given, and makes conclusions from examination of contents.

2. *The Rontgen Rays.*—Nurse's duty consists in giving *exact* quantity of Bismuth in bread and milk at exact time stated by Radiologist.

Post-Operative Treatment.—When patient is moved from operation table to bed, most of the hot-water bottles are removed, remaining one well covered and placed next to blanket. Temperature, Pulse and Respiration are taken, and Rectal Saline given. Patient must now be carefully watched until consciousness returns. The patient is then placed in the Fowler position (bolster under knees to relax abdominal muscles).

Every detail noted: vomiting, sleep, nourishment, when urine was passed, distension of abdomen. Diet. After first twelve hours, milk is allowed, and if vomiting is not continued, light diet may be given. After stitches are out patient may take ordinary diet with impunity.

Bowels.—En. Sap. given first two days, then Ol. Ric, and Rectal tube passed four hourly first day of operation.

Stitches.—If all is well stitches are taken out on 8th day, and a sterile dressing applied.

Any abnormal vomited matter, or stools, must be saved for the doctor's inspection. If patient had a running feeble pulse, deep sighing respiration, pallor, restlessness, severe abdominal pain, accompanied by vomiting and dysentry, peritonitis would be feared, and immediate operative measures would be adopted by Surgeon.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss M. Ramsay, S.R.N., Miss Louisa Randle, Miss M. James, Miss J. Tomlinson.

Miss Ramsay gives the following table shewing what the Lenhartz dietary means in drachms per hour, calculated for the first six days :—

Day.	Eggs. Drachms per hour.	Milk. Drachms per hour.	Sugar per diem added to eggs. Oz.
1	2	4	—
2	3	6	—
3	4	8	1
4	5	10	1
5	6	12	1½
6	7	14	2

QUESTION FOR NEXT WEEK.

Describe the daily care which should be given to the feet to keep them in good condition, and the principal indications for consulting (1) a chiropodist; (2) a Medical practitioner.

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