Royal British Nurses' Association.

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GREETINGS FROM HER ROYAL HIGHNESS THE PRESIDENT FOR A VERY HAPPY CHRISTMAS.

41, Belgrave Square,
December 1st, 1936.

DEAR MISS MACDONALD,—Please convey to all our Members my sincere good wishes for a very happy Christmas. I hope that the New Year will bring to our Association prosperity and progress and to the Members individually both happiness and success in all their work.

I am,
Yours sincerely,
ALEXANDRA,
President.

LECTURE.

THE TREATMENT OF GASTRIC AND DUODENAL ULCERS.

By J. BROWNING ALEXANDER, M.D., M.R.C.P.

In commencing this lecture, Dr. Browning Alexander first made it clear that he was not going to speak only of the nursing treatment of gastric and duodenal ulcers. He was going to give a talk on the subject which some might say was more suited to an audience of medical men, but he believed that it was necessary for the nurse to know exactly what is the actual condition of the patient's stomach in cases of ulcer.

A controversy has gone on for a very long time with regard to the relative merits of surgical and medical treatment of gastric and duodenal ulcers. One patient may not wish to have an operation, and so medical treatment is tried; another patient may urge operation, so that he may "get it all over and done with." The truth is that the question of the type of treatment must be decided by the nature and situation of the ulcer. Some cases will respond very well to strict medical treatment, while others will never improve at all by such methods and can only be cured by surgical intervention. The type of ulcer that responds well to medical treatment is that which is situated on the lesser curvature of the stomach. When a barium meal has been taken and the patient is X-rayed that ulcer will show up as a small pyramid on the upper curve of the stomach. The barium penetrates the crater of the ulcer and sticks there, showing clearly on the X-ray. Such an ulcer should disappear with medical treatment in three or four weeks. If, on the other hand, the ulcer has advanced so far that there is a large area of angry-looking tissue around it and contraction of the lesser curvature has set in with a corresponding spasm affecting the fundus of the stomach in such a manner that the X-ray shows the "hour-glass" aspect, with the stomach divided in the middle by the contraction, there can be no hope of cure by medical means alone. Food taken into such an organ is retained for some time partially digested in the first part of the stomach which bulges; it passes with difficulty through the contracted area and lies for some time longer fermenting in the second bulge, and the patient suffers much pain. Should an ulcer form in the area of the stomach about the pylorus it causes great pain.

In such a case medical treatment with rest is recommended for a time, then the patient is X-rayed a second time when the acute stage is past to find out whether the healing ulcer has contracted the pylorus to such an extent that food cannot pass. More often than not this does take place, and the X-ray shows a greatly dilated stomach. The symptoms will then resemble those of duodenal ulcer. Only surgical methods then avail, and the operation of gastro-jejunostomy or gastro-enterostomy is performed, whereby a short circuit is made from the fundus of the stomach by joining it to the jejunum. The operation of partial gastrectomy is necessary for the hour-glass stomach, and this is an even bigger operation than gastro-enterostomy.

Dr. Browning Alexander then went on to discuss other cases which are amenable to medical treatment. He asked the question "Why is it that patients, who have been put on medical treatment, do not respond to it and surgical intervention may be necessary?" In many cases, he said, the failure is due to lack of attention to the minor details of the treatment prescribed. Again, medical treatment may come into disrepute because many people believe that they have a gastric ulcer, when they have something entirely different. Pain or discomfort after meals is often ascribed to a supposed gastric ulcer, and a common mistake is to ascribe to it the vague abdominal pain of appendicitis. In young persons of about twenty it is often noted that the patient complains of pain in the gastric region, and is apt to ascribe it to gastric ulcer. He is dieted strictly and no improvement becomes apparent, then after a time the real cause is found, and when an appendicectomy is done the symptoms disappear entirely. Inflammation of the gall bladder is another disease which simulates gastric ulcer, and a still more surprising one is early pulmonary tuberculosis. In the latter disease the patient often complains of dyspepsia and may even affirm that he has "brought up a little blood" to prove his contention. The blood is probably a small hæmoptysis which is common in early phthisis. Unfortunately, if the true state of affairs is not recognised and the patient is treated by sparse and rigid dieting, the pulmonary condition becomes rapidly worse. Only X-ray can confirm the diagnosis of gastric ulcer. Another reason for the failure of the treatment is lack of patience on the part of the doctor, the nurse or the patient. In the acute stage the patient is in great pain and will promise to carry out faithfully his treatment, but at the end of five days or so he is free from pain, and after ten days he becomes very restive, resenting bitterly the meagre and unappetising diet which bores him with its regularity and monotony. At this stage the patient may rebel and, feeling quite well, get out of bed with serious results. On the other hand,

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