

the nurse may not be sufficiently firm and may depart slightly from the routine diet, allowing the patient something which she thinks will not hurt him, such as a little jelly. Again, the doctor may not be sufficiently firm with the patient and may allow him to depart slightly from the treatment. The result of one of these circumstances is that the treatment is upset, and often it has to be begun all over again from the beginning.

Dr. Browning Alexander said that he could not emphasise too much the importance of apparently small details in nursing such cases. In these it is essential to lay down a definite regime and to stick to it, no matter how much the patient may complain. He said that he always insisted that gastric and duodenal ulcer cases should be looked after by a nurse, never should they be left to the relatives. The nurse requires great patience in explaining to the patient why rules should be adhered to, as it is very difficult to make a person, who feels well, continue a rigid diet.

Dr. Browning Alexander said that in no case was the help of an intelligent nurse of more value to the physician than in one of gastric ulcer. The principle of medical treatment of gastric ulcers is rest for the ulcerated part. Food that encourages the formation of hydrochloric acid must be withheld. It should be remembered that a typhoid ulcer in another part of the alimentary tract will heal without leaving any scar or contraction of the intestine. The probable reason for this is that a typhoid patient is too ill to move about and complete rest is assured, but not so with gastric ulcers.

At one time, about 20 years ago, it was the rule to treat gastric ulcers by rectal feeding; but now it has been proved scientifically that neither protein nor fat can be absorbed by the colon, and that therefore the giving of milk or eggs in this way is useless. It is the case, however, that carbohydrates can be so absorbed, hence it is possible to administer dextrose or glucose per rectum. It is, however, impossible to keep a patient alive for long in this way, and no one would advocate the administration of such feeding for the three or four weeks necessary for the healing of a gastric ulcer.

Before undertaking to treat a gastric ulcer it is necessary to eliminate septic foci, such as bad teeth, pyorrhoea, septic tonsils and appendicitis. Constipation should also be corrected. Dr. Browning Alexander stated that usually, in commencing treatment, he gives a mixture of 2½ grs. calomel, 4 grs. rhubarb with 10 grs. bicarbonate of soda, followed by Rochelle salts in the morning. For two days after this the patient is allowed only sips of water containing a little bicarbonate of soda, which dissolves the slimy deposits of mucus that stick to the walls of the stomach and alimentary tract. On the third day small quantities of nourishment should be given three hourly; 2 oz. of peptonised milk with 1 oz. of Vichy water is enough at first, as care must be taken to avoid distension of the stomach. On the fourth day 3 oz. of peptonised milk and 1 oz. of Vichy water is given at each feed, and every six hours a glass of hot water should be taken to wash out the stomach and duodenum. On the fourth day also an enema should be given and this should be repeated daily for some time. On the fifth day the three hourly feeds are increased to 5 oz. of peptonised milk and 1 oz. of Vichy water, alternating with 5 oz. of thin strained oatmeal gruel, given hot, and followed by 2 oz. of warm Vichy water. To make good the loss of iron in the diet a three-grain tablet of saccharated oxide of iron is now given twice daily with the nourishment. On the sixth day the gruel is continued and a raw egg on cracked ice takes the place of one milk meal. The other milk feeds are no longer peptonised, but given with Vichy water. Gradually, after 10 days, the food is increased. Two raw eggs may be given first and later the patient may have them lightly

cooked. Malted milk, junket, finely minced chicken and such like foods gradually bring the patient to ordinary diet. After about three weeks he is usually able to get up for a little. In addition to the diet Dr. Alexander frequently gives powders which counteract the hydrochloric acid secreted by the stomach, these consist of xx grs. aa of calcium carbonate, magnesium carbonate and sodium carbonate.

In reply to questions, Dr. Browning Alexander said that if, after gastro-enterostomy, a patient complained of a return of his previous symptoms of pain and flatulence, especially if this occurred at regular intervals, it was probably due to the persistence of hyperchlorhydria and should be treated with an alkaline diet. Sometimes, he said, the hyperchlorhydria was so great as to cause the formation of a small ulcer at the junction of the jejunum and the stomach after the operation. This again was treated with diet and the powders already mentioned. With reference to a question of giving olive oil to the patient, he said that he did give it to his patients frequently; it counteracts spasm of the stomach and it discourages the formation of hydrochloric acid.

THE RAMBLERS' CLUB.

The Ramblers' Club spent a wonderful afternoon recently in Old Battersea House, through the courtesy of Mr. and Mrs. Stirling. The latter is a sister of the late Mrs. William de Morgan. It is impossible to describe the artistic treasures which this old-time mansion contains. The house itself is exquisite in every sense, and when it stood in a lovely garden sloping down to the river, it must indeed have been a very acceptable golden wedding present, this mansion, which an ancestor of the Bolingbrokes gave to his wife, and for the building of which he chose as architect no less a personage than Sir Christopher Wren. Mr. and Mrs. Stirling plan to endow the house and its collection and to leave it to the nation. The house is full of priceless treasure, pictures by Evelyn de Morgan hang everywhere, and the wonderful pottery of William de Morgan beggars description; one old cabinet filled with lovely specimens of his art was once described by Her Majesty Queen Mary as a perfect casket of jewels. You find no trace of a modern age in the house, except the pictures and china. Everywhere there is beautiful, old Period furniture and trinkets belonging to other days. Especially were we interested in the costumes of olden times; waxen figures sat arrayed in all the finery and splendour of bygone days. Unfortunately, no time was left to examine Mrs. Stirling's fine collection of old medical documents.

CHRISTMAS DAY.

The Secretary will be very glad if Members who intend to dine at the Club on Christmas Day will give her notice beforehand. Dinner will commence at 6.30 p.m. in order to fit in with the arrangements of nurses who are on night duty.

GIFTS TO THE CLUB.

Lady de Vesci, Mrs. Mackenzie, Mrs. Wells, Misses Baker, Drake, Larroque, Treasure, M. A. Williams, flowers; Admiral Ross, magazines; Mrs. Steele Smith, butter; Mrs. McCarthy, flowers and vegetables.

OBITUARY.

It is with regret that we have to report the deaths of Miss Grace Gordon and Miss Hannah Evans, both foundation Members. Miss Gordon acted for a time as the Hon. Secretary of the Corporation.

194, Queen's Gate,
London, S.W.7

ISABEL MACDONALD,
Secretary to the Corporation.

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