

Service at Home.

All Hospitals in the United Kingdom are, indeed, in a war area and it has been here at home that the Military Sisters have experienced war conditions, including the evacuation of bombed hospitals, as much as, or more, than those overseas, with the exception of the B.E.F. in France and Greece. Every member of these Military Nursing Services is a selected State Registered Nurse, and it is right that this should be so when it is remembered that their lives include periods of exhausting nursing duties under the most difficult conditions, alternating with weeks of inactivity in camps far away in distant lands, or on board ship where their patients may include women, children evacuees and emergency work of all varieties.

Hard Training.

In such conditions it is only women who have been through a hard training and who realise the importance of self-discipline and methodical work who can give their utmost to help the Medical Profession in the care of their sick and wounded patients. The knowledge that these Sisters are at hand when British troops have been in action should be a source of consolation to their relatives. For the British Nursing Profession it must ever be a proud thought that the skill and training of their members earns them the privilege of being the women whose work is of such value to the Army as a whole that they are required to serve wherever possible as a part of His Majesty's Forces directly under the administration of the War Office.

Rank Badges.

State Registered Nurses should consider themselves as much bound to serve in the Army at home or abroad as they would if they were men and it is the young, newly qualified Sisters whose duty it will be to see that they enrol in such numbers that the soldiers on Active Service may receive the expert care which the Nursing Profession alone can give them.

All Members of Queen Alexandra's Imperial Military Nursing Service and Territorial Army Nursing Service hold relative officers' rank, and this is shortly to be followed by authority to wear the rank badges. This war is giving the Nursing Profession an opportunity once again in Civilian and Military Hospitals, of showing their mettle and their true value to the country.

FROM "THE TESTAMENT OF IMMORTALITY."

Faith is the substance of things hoped for, the evidence of things not seen. Ay, truly, faith is the motive-power of humanity. By faith we make mental inferences. By faith we regulate our lives. Had we no faith in the future we should become supine. Had we no faith in Goodness and Love we might well despair. By faith we strive, we hope, and up to our measure we achieve. Through faith, though at times we suffer, we cling to a larger hope; we reach a hand through time to catch the far-off interest of tears. Already we can begin to make preparations for the ultimate unknown destiny of man.

Sir Oliver Lodge.

OUR PRIZE COMPETITION.**DESCRIBE FULLY THE NURSING MANAGEMENT AND DIET IN A CASE OF GASTRIC ULCER WITH HÆMORRHAGE.**

We have pleasure in awarding the Prize this month to Miss Mary M. Macphail, S.R.N., R.M.N., Glasgow Royal Mental Hospital, Glasgow.

PRIZE PAPER.

The main point in the treatment of gastric ulcer with hæmorrhage is complete rest. This cannot be over-estimated or exaggerated. The patient must lie flat in bed, totally undisturbed, covered by enough blankets to keep him from getting cold. He should be moved only when absolutely necessary, and no movement of his limbs should be permitted if the hæmorrhage is severe.

In order to avoid moving him for the purpose of inserting a bed-pan, should he need one, pads of brown wool and tow should be placed on the bed beneath his buttocks, and fresh pads can be re-inserted as these pads are soiled, without disturbing him.

If a divided mattress is obtainable, it should be employed, as then the middle portion can be removed for sanitary purposes and for attending to the patient's back. It is important to keep the weight of the bed-clothes from resting on the anterior abdominal wall; a low wicker bed-cradle may be used for this purpose. An ice-bag may be suspended over the epigastrium, and may be hung from the bed-cradle.

The doctor may order a hypodermic injection of morphia to be given, as this will depress the central nervous system and help by lowering the blood pressure.

The patient should be kept quiet and prevented from worrying. He usually suffers severely from thirst; therefore the mouth should be cleansed frequently, and the lips and tongue moistened with water. The doctor usually orders the administration of fluid by some channel, either in the form of rectal or subcutaneous salines.

The rectal salines should be given very carefully, moving the patient as little as possible. Glucose is usually added to the saline. In more severe cases the saline may be given intravenously, or a blood transfusion may be necessary.

As the days pass and the patient improves, he will be given fluids per mouth. Sometimes the patient is given ice to suck, but this is liable to cause thirst. All vomited matter should be kept for the doctor to see, and a specimen kept of any stool passed.

Diet.

The diet should be bland and non-irritating; that is, if the patient is to be allowed anything per mouth. There are two schools of thought: as to whether or not the patient should have anything per mouth at all during the hæmatemesis.

The diet should be one which does not stimulate the flow of gastric juice, because this acid fluid acts as an irritant to the ulcerated area, and so prevents healing.

The principles applied, therefore, must be those of rest in all its phases, particularly as regards the physiological chemical activity and the mechanical movements of the organ in order to reduce the work and so rest the diseased part.

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