Selected Article.

TREATMENT OF NON-MALIGNANT GASTRIC AND DUODENAL ULCERS.*

In so far as treatment is concerned, two things should be prominent in one's mind: first, to relieve immediate symptoms; second, to cure the ulcer. In hematemesis one cannot insist too strongly on rest in bed, and that the patient must not get up for any reason whatever. No food should be taken by the mouth, and in fact no liquid should enter the esophagus. The lips may be bathed in water. If hemorrhage continues, some preparation of ergot should be used, perhaps followed by morphine in gr. ¼ doses. An ice or cold-water bag should be applied to the stomach. In case of collapse, transfusion should be made with decinormal salt solution. During this period the patient should be fed by the bowel Six ounces of peptonized milk should be given every three or four hours. At the end of three days a little liquid may be given by the mouth, *i.e.*, milk, lime water, beef tea, or the peptonoid. At the end of the week the patient should be put on a regular diet, and kept in bed. The bowels should be moved by laxatives, such as Apenta water. Warm applications should be made continuously to the epigastrium. After two weeks the patient may be allowed to get up, but food likely to distend the stomach should be avoided. The stomach should never be washed out or the tube used in gastric ulcer: profuse hemorrhage may occur with all its attendant dangers. There is, I am sure, much harm done sometimes by unskilful washing out of the stomach. Large pieces of mucous membrane may be caught in the eye of the tube and torn out. Bits of mucous membrane are so frequently found in the wash-water as to lead to the supposition that they were torn off by the tube. In fact, at *post-mortem* examination I have seen in a single case numerous erosions of the stomach caused by lavage. Operative measures have been frequently restored to, and especially during the last few years.

But, as will be seen, it is difficult to make a fair comparison between the medical and surgical results that have been reported thus far. When Weir and Foote published their paper, there appeared to be no reason to prefer surgical to medical methods, for the surgical mortality in their seventy-eight collected cases was set at 71.51 per cent. Apparently

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