Editorial Notes.

The Treatment of Gastric and Duodenal Ulcer.

During recent years an important advance has been made in the management of patients with gastric and duodenal ulcers by the establishment of hospital follow-up departments. Physicians and surgeons have realized that the period of hospitalization of these patients is but a phase during the course of the disease and that careful observation and treatment over a number of years is essential for the ultimate success of treatment. In order to assess the value of the various methods of therapy employed in these cases careful clinical records must be kept in the follow-up department and every case graded according to physical fitness. With the employment of these methods certain hospitals have been able to publish very important papers bearing on the results of treatment. The causation of peptic ulceration is still unknown, although various ætiological factors are recognized. In the continued absence of the cause it appears advisable to survey the methods of therapy at present in use and the results obtained.

The practice so prevalent of pitting "medical treatment" against "surgical treatment" is to be deplored. There is no doubt that both lines of treatment have value and both may contribute to a final satisfactory issue in any given case. Surveys of results of treatment by individual surgeons or physicians are of less value than surveys of results obtained in the practice of large hospitals by all methods of treatment. By this latter means we are able to form an opinion of the present position of all cases.

In a recent issue of the "British Medical Journal" H. Letheby Tidy[1] has surveyed the results of treatment of gastric and duodenal ulcer and calls attention to the results published by R. W. Raven[2] from the follow-up department of St. Bartholomew's Hospital and the results obtained at the Peter Bent Brigham Hospital, Boston. A study of these results reveals the unsatisfactory position of treatment in peptic ulceration. A fact which is sometimes overlooked is brought out in Raven's statistics that "medical treatment" is not without risk. This author shows that in patients with gastric ulcer undergoing "medical treatment" 5 per cent. perforated, and in patients with duodenal ulcer 4.5 per cent. perforated. Tidy stresses the unfavourable outlook for patients with gastric or duodenal ulcer and remarks that "the statistics here brought forward from reliable sources show a more serious condition of affairs than would generally be expected." With this statement we are in full agreement. It is time the profession as a whole realized the real condition of the mass of patients with peptic ulcer.

Regarding the various methods of treatment it is impossible to dogmatize concerning their individual merits. The results of gastro-jejunostomy for duodenal ulcer are encouraging. The operative mortality of partial gastrectomy for gastric ulcer is higher in this country than is generally realized. It may be a mistaken policy to turn immediately to surgical intervention, after "medical treatment" has failed to effect healing of the ulcer, assuming that these patients will be permanently benefited. There is no doubt that every patient must be carefully studied—the local lesion, the general physical condition together with the mentality and the environment.

In our search for the solution to the problem of therapy in peptic ulceration we may find some illumination in the article printed in this issue by R. T. de

(1) Tidy, H. Letheby. "The Treatment of Gastric and Duodenal Ulcer," B.M.J., June 6th, 1936.
(2) Raven, R. W. "A Survey of the Results in the Treatment of Gastric and Duodenal Ulceration," St. Bartholomew's Hosp. Reps., 1934. lxviii. 54.

Hellebranth, who has reviewed the present position of the practice in the United States of America. It appears that a conservative outlook is in vogue in that country. He stresses the view that medical treatment should be tried first in these cases, except in the presence of acute perforation and pyloric obstruction due to cicatrization.

The need of the moment is for a more concerted clinical investigation of patients with peptic ulceration. If every hospital undertook to review periodically the results achieved by all methods of treatment in the mass of patients attending its practice, much useful information would accrue.

The Milk Problem.

Although the new Milk (Special Designations) Order, 1936, which came into operation on June 1st, offers some simplification on the former classification, it cannot be held to be satisfactory. The urgent need is such a classification and nomenclature that the man in the street may know without any hesitation that he, and particularly his child, are drinking safe milk. And with all due respect to the Ministry of Health, the new Order does not meet the case.

In spite of all that has been learned within recent years regarding the transmission of disease by milk, the official mind would seem still to be obsessed by the question of tuberculosis. It is apparently forgotten that other diseases than tuberculosis, e.g., undulant fever, can be conveyed from the cow to man, and also that contamination of milk may occur during its transit from being handled by infected individuals. In this way epidemics of scarlet fever, diphtheria and enteric fever can arise. It may be possible by rearing tuberculosis-free herds to obviate the risk of tuberculosis, but it is not possible at the present moment to guarantee a freedom from the Bacillus of Bang, which causes undulant fever, and of course it is quite outwith human power to circumvent contamination by workers suffering from ambulant scarlet fever, diphtheria or enteric fever. Hence the only variety of milk which can be considered absolutely safe is milk which has been satisfactorily pasteurised and distributed in sealed bottles.

The grades of milk in the new Order have been reduced to three ("Tuberculin Tested", "Accredited" and "Pasteurised"), and the terminology is on the whole more direct, but the use of the designation "Accredited" and the order in which the various grades are given can only mislead the consumer. Indeed, it is the "Confusion in the Home" which will result, and not the "Confusion in the Dairy" as visualized by the Editor of the British Medical Journal, that strikes us as the serious aspect of the case.

The only variety which can be considered absolutely safe, being devoid of all living pathogenic germs. is that which has been "Pasteurised," and yet this comes last in the list and on this account will naturally be looked upon by the average consumer as the most inferior brand. The variety which comes first, ("Tuberculin Tested"), may be devoid of tubercle bacilli, but it is a potential carrier of the causal factors of all the other diseases mentioned above, and hence should never be consumed in the raw state.

But the most unfortunate feature of the new scheme is the employment of a term which implies virtues which are certainly not present. We refer to the designation "Accredited". This variety is none other than Grade A of former times. It is hoped that ultimately only tuberculosis-free herds will be employed for the supply of milk, but such a restriction at the present time would cause a milk

famine and so the Government grants permission for the sale of milk from herds not necessarily free from tuberculosis. The farmers who deal in this milk are called "Accredited Producers", because they have obtained official recognition, but to consider their product perfectly wholesome, and worthy of the designation "Accredited", is surely a misuse of the English language. For here is a milk, which is known to these same authorities to have the potentiality of transmitting many diseases, being given a virtual testimonial of reliability and safety. We would have thought that the wholesome fear of the tubercle bacillus entertained by the Ministry of Health would, apart from other considerations, have led them to insist that this milk be pasteurised before consumption.

We quite appreciate that it can be no easy matter to resolve the many differences of opinion and interest involved in the supply and sale of milk, but a time must come when there will be only two classes of milk—safe and unsafe—and designated in such a way that he that runs may read. For the consummation of this ideal one essential is an enlightened public opinion, the fostering of which should be one of the first duties of the medical profession.

Special Proctology Number.

It is intended to devote the August issue of the Journal entirely to Diseases of the Rectum, and the following is a list of the contributions which will be included.

The Surgical Anatomy of the Rectum by C. Naughton Morgan, F.R.C.S.
The Examination of the Rectum by A. Lawrence Abel, F.R.C.S.
Rectal Pain by Ronald W. Raven, F.R.C.S.
The Treatment of Hæmorrhoids by J. P. Lockhart-Mummery, F.R.C.S.
Fistula in Ano by W. Ernest Miles, F.R.C.S.
Innocent Tumours of the Rectum by W. B. Gabriel, F.R.C.S.
Cancer of the Rectum by Sir C. Gordon-Watson, F.R.C.S.
Anæsthesia in Rectal Operations by Frankis Tilney Evans, M.B., B.S.

General Post-Graduate News.

It should be noted that instruction arranged by the Fellowship of Medicine is open only to Members and Associates unless otherwise stated. A copy of each detailed syllabus is sent to every Member and Associate.

To ensure admission or to avoid cancellation of the Courses application must be made by the date given on each syllabus.

ADVANCED COURSES.

Proctology : July 6 to July 11. St. Mark's Hospital. All day. Fee £3 3s. 0d.

Urology : July 13 to July 31. All Saints Hospital. Afternoons and evenings. Fee £2 12s. 6d.

M.R.C.P. (Fundus Oculi Demonstration) : Tuesday, July 7. West End Hospital for Nervous Diseases (I.P. Dept., Gloucester Gate, Regents Park), at 8.30 p.m., by Mr. Lindsay Rea. (*Limited to* 12).

OTHER COURSES.

Children's Diseases : July 4 and July 5. Princess Elizabeth of York Hospital. Fee £1 11s. 6d.

Heart and Lungs : July 11 and July 12. Victoria Park Hospital. Fee £1 11s. 6d.

STANDING ARRANGEMENTS.

Anæsthetics : Practical tuition for a fortnight or a month can be arranged. Limited to two Post-Graduates at a time.

Ante-Natal Clinics : (*For Women Post-Graduates only*). *East Islington Mothers and Babies Welfare Centre.* Tuesdays 10.30 a.m. to 12.30 p.m. Two Post-Graduates only per clinic. Fee 5/- a time. Arrangements *must* be made in advance with the Fellowship of Medicine.

Children's Diseases : *The Hospital for Sick Children.* Three terms of ten to twelve Weeks. Instruction consists of out-patient work every morning in general medicine and surgery, and in the special skin, ophthalmic, and ear, nose and throat departments : Ward Visits in the afternoons, and on Wednesdays a special lecture from 2.0 to 3.0 p.m., followed by clinical pathology from 3.0 to 4.0 p.m. Fees : One week, £1 11s. 6d. ; two weeks, £3 3s. ; one month, £5 5s. ; two months, £7 17s. 6d. ; three months or the full term, £10 10s. Special courses in Practical Pathology, consisting of six demonstrations, fee £3 3s. Tickets and full information may be obtained from the Fellowship of Medicine. (Open to non-Members).

Clinical Assistantships : *Hospital for Consumption, Brompton* : Tenable for 3 months ; eligible for re-appointment. Candidates (men or women) will be attached to an In-Patient Physician and the corresponding Out-Patient Physician, to a Surgeon and/or to a Member of the Staff in charge of any Special Dept. They will be responsible for the performance of their duties to the Members of the Hon. Staff to whom they are attached, and may be required to undertake any special work which is considered desirable. Fee £5 5s. per 3 months or portion thereof. (Open to non-Members).

Radiology : Instruction in the Screening and Interpretation of radiographs can be arranged covering 2 hours daily. Fee £3 3s. a week. Limited to 2 Post-Graduates at a time.

Tuberculosis : Preston Hall, near Maidstone, Kent. By arrangement with the Fellowship of Medicine. Tuesdays : Practical demonstrations in collapse therapy, including indications and pre-operative investigations used in assessing patients' suitability for such treatment, in the morning, followed in the afternoon by operations and a demonstration of interesting surgical cases. Thursdays : Clinical work to suit individual requirements, morning and afternoon. No fee.

At Preston Hall all stages in the treatment of Pulmonary Tuberculosis may be studied, including hospital treatment, surgical collapse therapy, sanatorium regime, occupational therapy and the management of the quiescent case and his family in the settlement from the medical, economic and sociological aspects.

Venereal Disease : (*For Women Post-Graduates only*). *Royal Free Hospital.* Special Course extending over twelve weeks (not less than 130 hours attendance) entitling the Post-Graduate to a certificate which the Ministry of Health requires for any practitioner who desires to be in charge of a recognized V.D. Centre. Fee £21. (Open to non-Members).

Wellcome Museum of Medical Science : 183, Euston Road, N.W.1. Open daily 10.0 a.m. to 5.30 p.m. (Saturdays 10.0 to 12.30 p.m.). The whole range of medicine is set out in this museum, illustrated by drawings, charts and specimens. A copy of the guide-book and an introduction card may be obtained from the Fellowship of Medicine.

Panel of Teachers : Details of the daily clinics may be obtained from the Fellowship of Medicine. Fee 5/- per clinic.

A new and enlarged edition of the Guide Book, giving details of how to reach the various London Hospitals by tube, tram, or 'bus, can now be obtained from the Fellowship. Price 6d. (Members and Associates, 3d.).

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