

the pylorus, and the operation fails in its object because if the pylorus be patent the food continues to pass through it and in some instances ignores the new route.

This teaching is based on the assumption that the beneficial effects of gastro-jejunosomy are due to drainage; in other words, that the operation is a purely mechanical one. I am convinced that the success or failure of gastro-jejunosomy does not depend on whether the food leaves the stomach mainly by the pylorus or mainly by the stoma. Nor is more rapid emptying of the stomach the rule after gastro-jejunosomy. The one constant sequel of a gastro-jejunosomy is a definite alteration in the chemical composition of the gastric contents. Therefore I think we are justified in maintaining that the constant change resulting from the operation is the important factor rather than changes which sometimes occur and sometimes do not. I hold very strongly that the curative results of gastro-jejunosomy are due to its physiological and not to its mechanical effects.

Sir John Bland-Sutton emphasises the principle that direct treatment is preferable to indirect treatment, and he argues that pylorotomy being a direct method of treatment is preferable to indirect treatment by gastro-jejunosomy. Is, however, pylorotomy a more direct method of treatment than gastro-jejunosomy? Pylorotomy, it is true, removes the ulcer, but it does not remove the cause of the ulcer. Gastro-jejunosomy, by modifying profoundly the gastric contents, produces a condition promoting the healing of the ulcer, and is in reality a more direct method of treatment than pylorotomy.

Lastly, there is the point to be considered of the mortality rate of pylorotomy as compared with that of gastro-jejunosomy.

Sir John Bland-Sutton is such an accomplished surgeon that in his hands pylorotomy for ulcer is a comparatively safe operation. Still, in the hands even of the most skilful the mortality is at least 5 per cent., as compared with the 2 per cent. of gastro-jejunosomy. The proportion of cases in which gastro-jejunosomy is followed by jejunal ulcer is under 2 per cent. I would point out, moreover, that a considerable portion of the ulcers usually classified as jejunal occur at the anastomotic opening. Some years ago I suggested that these ulcers should be distinguished by the term "gastro-jejunal." These gastro-jejunal ulcers, which occur along or round the suture line, comprise about one-third of all the ulcers usually classified as jejunal. These ulcers occur not only after gastro-jejunosomy, but may occur along the suture line after pylorotomy. If pylorotomy were performed as a routine procedure for duodenal ulcer, in which the acidity of the gastric contents is usually high, the proportion of cases in which ulceration would occur along the suture line would probably be high. At any rate it is understating the case to say that ulceration along the suture line after pylorotomy is as probable as a gastro-jejunal ulcer after gastro-jejunosomy. We are left then with the risk of true jejunal ulcer, which under modern conditions is not greater than 1 per cent., while of those who have a jejunal ulcer, about half die as the result of it.

On physiological grounds I believe that the remote results of pylorotomy for ulcer will compare unfavourably with those of gastro-jejunosomy. Even if they prove as good, we have to consider that by treating a duodenal ulcer by pylorotomy we are substituting an operation with

an immediate mortality of at least 5 per cent. for one with an immediate mortality of 2 per cent., and this to save one patient in 200 from the remote risk of death from jejunal ulcer.

I am, Sir, yours faithfully,

HERBERT J. PATERSON.

Upper Wimpole-street, W., March 11th, 1916.

## SCHOOLS FOR MOTHERS.

*To the Editor of THE LANCET.*

SIR,—To your note on the Bristol Infant Welfare Association in THE LANCET of March 4th (p. 515) we should like to add a few details of the aims and practice of the two Schools for Mothers under the direction of the Bristol University Settlement.

The ideal of a school for mothers is a difficult one to realise. It is threefold. 1. It must be inspired by a club spirit. 2. It must be definitely educational. 3. It must be efficient on the medical side. The School for Mothers movement is, and must be, a voluntary movement. The Government cannot compel mothers to go to school by law. Yet it is equally patent to those who know the working classes that an educational movement which is merely philanthropic carries in it the seeds of its own complete failure. Outside charitable aid must not be given in the shape of doles. The two University Settlement schools especially are trying to work this out. The older school has its own committee, consisting of the officers and six members of the school, elected annually, with a representative of the Workers' Educational Association elected at its own council. The subscription has been fixed at 1*l.* a week or 4*s.* a year, and all matters of school organisation that are not strictly medical are brought before the committee. Drugs and food are all paid for and substantial contributions are made towards the week's holiday in the summer.

The work at a school for mothers is educative and preventive rather than curative, its aim being the production and maintenance of a better hygiene and a higher standard of health for the infants who are regular attendants at the consultations. A spirit of healthy emulation is promoted amongst the mothers, who become keenly interested in the progress made by their infants. The doctor in charge exercises a general supervision over the health of the infants, encouraging breast-feeding and eliminating errors in diet in the case of the artificially fed. He is often able to detect the early evidences of disease, more especially rickets, and can prevent malnutrition resulting upon insufficient or unsuitable food. It is as impossible as it is undesirable to treat cases of illness at the consultations. If any treatment be provided it is incidental and limited to the minor ailments of infancy and childhood, for which many mothers are in the habit of relying upon the advice of the local chemist. Cases of acute or serious illness are referred to a medical practitioner, hospital, or clinic, according to circumstances. In connexion with the two University Settlement schools a small clinic has been started.

We are, Sir, yours faithfully,

HILDA CASHMORE,

Warden.

LILY A. BAKER, M.B., F.R.C.S. Irel.,

Medical Officer.

University Settlement, Barton Hill, Bristol, March 6th, 1916.

MEDICAL MAGISTRATE.—Dr. Francis John Harvey Bateman has been appointed a justice of the peace for the County of London.