

The Nursing of Children's Diseases.

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LECTURE II.

DISORDERS OF DIGESTION.

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Dyspepsia.—There are few if any infants, whether fed on the breast or artificially, who do not at some time or other suffer from dyspepsia. The rapid growth in size and weight calls for abundant nourishment, and the strain upon the digestive organs is therefore proportionately severe. On the other hand, any overtaxing of these digestive powers is liable to be followed by indigestion, and the food may ferment in the alimentary canal, causing colic, vomiting, diarrhoea and other symptoms.

A frequent cause of vomiting is over feeding. In this case nature at once relieves the system by simply expelling the excess from the stomach, either as it was taken or slightly curdled. This is in fact merely a physiological process to prevent over distension of the stomach; and it often happens that in spite of such occasional vomiting, the child continues to thrive and its weight increases in the usual way. The obvious means of checking this form of vomiting is to somewhat diminish the amount of food in each bottle; and there is no occasion if the child keeps healthy for medical assistance.

If, however, vomiting, which at first appears to be of this simple kind, is accompanied by wasting and other signs of incipient atrophy, it at once assumes a more serious significance; in fact we have to do with something more than the simple regurgitation of excessive food. Under these circumstances, vomiting may take place after quite small quantities of milk have been taken; and be accompanied by eructations of a sour-smelling gas, for some days, or weeks, the stools may be nearly normal or slightly greenish in colour, but sooner or later they become very offensive and mixed with mucus. With this there is usually much flatulence, and the abdomen may be much distended and evidently tender on pressure, while colicky pains are betokened by the child crying and drawing up its lip. In such cases the sooner the doctor is sent for the better.

In some cases of acute vomiting in children there may be *acute gastric catarrh* and then there is almost invariably headache and fever. These attacks are usually due to some error in diet, though some children seem excessively prone to them. In cases such as these, very careful medication is necessary; as a general rule all food is stopped for some hours; a little ice being usually given. If the vomiting ceases a little veal broth or peptonised milk are the most suitable foods at first.

In other cases, the vomiting occurs with moderate frequency, and the bowels are loose and the child gradually wastes, this condition is often called *marasmus*. The gastric juices are deficient and there is fermentation of food with much flatulent distension of the abdomen. This disease most commonly occurs before the age of six months. These children have generally been fed artificially on some unsuitable food, such as soaked bread or biscuits. The stools are liquid, often green, containing much mucus and are very offensive. The child is restless, constantly whining, and often suffers from thrush. The tissues are flabby. The child may take its food greedily. There is no fever, the temperature being often below normal. The child wastes more and more, may suffer from convulsions and often dies.

In other cases the vomiting may be the first sign of an acute disease called *Infantile Cholera*, this chiefly occurs during the summer months and occurs chiefly in children between the ages of 3 months and 2 years. It is probably due to an acute infection by micro-organisms or their toxins, frequently conveyed in the milk but possibly occasionally due to unripe fruit or inhalation of sewer gas.

In this disease the vomiting becomes very frequent and distressing and the matters brought up consist of undigested food or simply mucus and bile. The motions are at first loose but soon become very frequent, yellow, green or frothy and often contain curds. In many cases, only a dirty watery matter is passed. The child's abdomen gets distended and tender, the tongue is very furred and the temperature raised to 102° F. or higher. Sooner or later collapse sets in, the face shrinks, the eyes are sunken, the fontanelle depressed, the child becomes apathetic and drowsy, and finally comatose, and dies, or the fatal end may be preceded by convulsions. If these latter symptoms occur the child nearly always dies, but

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