

Notes on Practical Nursing.

THE EARTH-EATING HABIT.

DR. MACDONALD, the resident surgeon of the Geraldton Hospital, asserts that the complaint known as the earth-eating habit is assuming serious proportions in North Queensland, at Geraldton and other northern towns. It has raged at Cooktown and Townsville, and is extending nearly as far south as Brisbane. Dangerous results, he says, must ensue if immediate steps are not taken to suppress it, especially among children attending the public schools.

The news that earth-eating is becoming prevalent in Queensland, is very serious. It may not be easy for those who have never come into contact with this condition, to realize its gravity, but any who are acquainted with it know how almost impossible it is to break the habit once established, and how frequently a fatal result ensues.

The craving connected with earth-eating may, perhaps, be best compared with that of the alcohol habit, but the earth-eater seems even more in bondage to his disease than the drunkard. In Africa, it is often observed in released slave children, and the theory which is advanced in explanation of this fact is that in the horrors of the journey from the interior to the coast in a slave gang, the children acquire the habit of eating earth in order to assuage the pangs of hunger. It is therefore impossible to feel anything but the greatest compassion for the sufferers from this disease, often quite small children. They are the innocent victims of the iniquitous slave traffic.

The difficulty of keeping such children away from all sources of temptation is extreme. Any earth, more especially newly-turned earth, has irresistible fascinations for them, and in a spacious country like Africa, is, as a rule, easily accessible, but not only earth attracts them. I well remember the first indication that a certain child in the Zanzibar Hospital had acquired the habit was that considerable pieces of the wall of a room, which was roughly distempered, were found to have been removed. They had been picked off, bit by bit, by the child, and eaten. The material eaten in that case must have been disorganized rough coral, which is largely used for building purposes in Zanzibar. Some months later this same girl became ill from eating handfuls of material which was being used for building purposes near the hospital. Steps were taken to keep her away from it, but she managed to get back to it once more. She was brought into the hospital, and after several days' illness, in which she suffered acutely, she died quite suddenly

one night. It is not improbable that some of the building material she had eaten had a corrosive action, and that perforation took place, but as there was no post-mortem, it is impossible to say definitely.

This instance will, however, demonstrate the dangers of the disease, and the necessity for vigilance in watching and protecting those who have acquired the earth-eating habit. M. B.

WEAK DIGESTION IN CHILDREN.

So many children suffer from a weak digestion that I feel induced to write you a short account of how we cured the little girl of whom I am in charge.

She had always, from the time she cut her back teeth been more or less unwell because she could not digest her food. Various medicines were tried by the doctors, and her milk was always diluted with lime water or acorn-coffee, but the evil continued; she usually had three or more motions in the day, the first normal the others loose, undigested, and generally accompanied by pain, while flatulence was always present, and her appetite was very bad and capricious.

Then the doctor said drop all drugs, give her an enema of boiled (warm) water every morning after breakfast, and put her on a cold compress at night; and I may say that she was cured in three weeks, after having been ill for over three years.

For three weeks we gave the enema every day, then for a bit it was given every other day, then only if the natural motions were bad or if there was pain, and the compress was also gradually left off. The child liked the treatment after the first week, and it is certainly simple.

The compress was wrung out of water from the tap (not iced) and applied over the whole abdomen, the cloth being wrung out in a dry towel to ensure its not remaining too wet. Then a piece of oilskin was put over it, and a piece of flannel, and all kept in place by a roller bandage; after a while I found that a flannel bandage was better, softer, and more comfortable, and then I dispensed with the flannel over the the oilskin, and I never found the compress slip unless the abdomen had been very much distended over night, which at first was often the case.

In the morning the compress was taken off and its site dried with a flannel. If the room was cold a warm flannel was left over the abdomen for a short time to prevent chill.

This is such a simple remedy, and the doctor assured me it could do no harm. I think it ought to be of use to district nurses, as it costs nothing, and the only danger would be from applying it too wet, or from a chill when the compress comes off, as, of course, by the morning it is warm, or even hot if the child is ill. M. F.

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