

Liquid Diet as a Preventive of Complications in Scarlet Fever.

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There is no disease in which there is more need of carefully-regulated diet than in scarlet fever. There are many different inflammations liable to follow an attack of this fever which sometimes result in serious complications endangering the future health and perhaps the life of the patient, and these are as liable to occur when the disease has been of a mild form as when it has been severe. The kidneys are the organs most liable to disease on account of the extra amount of work required of them in cleansing the body of poisons. This overworks these organs to such an extent that they may cease to eliminate the poisons, in which case the patient reaches a serious condition. The fluids of the body being reduced rapidly by the fever, the volume of the blood is quickly lessened and the kidneys become greatly irritated by the concentration of the poisons. Nearly all physicians at the present time recommend a strictly milk diet from the very beginning of the fever until six or eight weeks after the disease first appeared, as one of the best methods for the prevention of kidney and other complications. Most undoubtedly the good results derived from this diet are due to the extra amount of fluid which is furnished to the system.

The great majority of cases coming under the care of a nurse are those of children under fourteen years of age, who, if they have a severe attack are usually more or less delirious and do not know when to call for water. Let it be understood that frequent drinks of pure cool water are as necessary to the scarlet fever patient as is the regular diet. Patients have been known to sink rapidly into profound unconsciousness, simply perishing from thirst produced by the fever. If milk as a diet does not agree with the patient, and the addition of lime-water does not remedy the ill effect, well-cooked gruels may be resorted to, thoroughly strained in order that all irritating particles may be removed. Milk is usually given every two hours, the quantity being from 2 to 4 fluid oz. If the diet can thus be regulated and the system given plenty of fluids to keep up the amount of blood and the secretions, the various glands and membranes liable to inflammatory conditions will be less endangered. One meal of indigestible food has been known to cause arrest of the functions of the kidneys, ending fatally in uremic convulsions, and that, occurring in the sixth week of the disease, and after the temperature had been normal for a number of days, and the peeling about over. The fermenting of indigestible foods produces poisons in such quantities that the already weakened kidneys are unable to throw them off.

The diet all through the period of convalescence should be fluid. Meats and meat broths should be avoided as they throw extra work on the kidneys, and at least six weeks should pass after a severe attack before the patient should be allowed to eat anything not easily digested. After food has been allowed the bowels should be watched for any evidence of indigestion, curds, or undigested foods. Care should also be taken not to over-feed by giving too great a variety at one time or too often.

The following is a short list of foods suitable for the patient convalescing, from which the three meals a day can be selected, giving not more than three articles at one meal: A slice of creamed toast, whole wheat bread well toasted, gluten gruels, a dish of well-cooked grains, such as oatmeal, wheaten grits, shredded wheat biscuit, and grape-nuts served with cream and a very little sugar, whole wheat wafers, and baked apples. As the patient improves a poached egg may be given with the morning meal, and a baked potato added to the noon meal; later on a piece of baked fish, corn starch, and soft custards may be given, also a little fruit jelly, until the patient gradually returns to his regular diet.

As kidney disease is such a common complication it is important that the nurse should recognise the earliest signs of this often fatal condition. Usually these come on with a chill, then a rise of temperature, with puffiness about the eyes, bloating of the feet, and the scanty flow of dark-coloured odorous urine, or perhaps the urine will be entirely suppressed; vomiting and sometimes sudden convulsions occur. The urine may be bloody, and on heating is found to be murky or even thick, due to the albumen it contains. As soon as the first symptom makes its appearance treatment should be begun immediately. Should a physician not be within quick call, give a saline cathartic, getting the bowels to move freely, as it is quite necessary to make them do the work of the kidneys as far as possible. If the patient has begun eating stop all solid food for twenty-four hours, giving milk and lime-water or milk and the strained gruels recommended in the first stages. Give the patient plenty of hot water to drink, also a warm bath or pack to start perspiration. The body must be often bathed and afterwards well oiled to avoid taking cold. The urine should be tested every day for albumen, and the colour and quantity noted, and the patient should be kept quiet in bed until bloating disappears and the urine is of a normal colour and amount and free from albumen. For several weeks, in fact, after this relapse the patient needs careful treatment to prevent a second attack. The strict diet must be adhered to, and care taken to prevent cold or exposure. After a relapse the patient is apt to be very nervous and irritable, and should be protected from any excitement liable to cause annoyance.

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