

numbers of children cannot fail to be struck with the frequency with which a raw, moist condition behind the ears occurs generally with some scaly erythema of the scalp and intertriginous eczema of the groins and perinæum in young infants. Neglect, malnutrition, and harsh treatment of the skin by irritating soaps are largely responsible for the production of this truly pitiable combination of erythematous and eczematous lesions; hence, they are more often seen among "nurse-children" or those which have been "boarded out." The favourite maternal applications are zinc ointment and fuller's earth. Owing to the seborrhœic nature of the condition and to the great liability of additional infection with septic organisms displayed by these infants, it will be readily seen that in order to combat the disorder successfully some antiseptic will be necessary. The one which I have found to answer well in the majority of cases is creolin. This is ordered in a 1 per cent. solution, and is required to be still further diluted by the addition of twice the quantity of warm or tepid water before use. The affected parts are bathed with this lotion twice daily, wiped gently dry with a soft towel, and sprinkled with an antiseptic dusting-powder of boric acid, zinc oxide, and starch in the proportions of one, three, and six respectively. The Ung. Zinci Oleatis of the B.P., diluted with an equal part of lanoline, can be employed for the face and neck with advantage. The need for strict cleanliness, and of abstinence from irritating or "fancy" soaps, must, of course, be duly impressed upon the mother or nurse. Bran-water alone is best for washing, at least in the more acute stages. Constipation, gastric acidity, or wasting requires appropriate treatment at the same time.

The term "ringworm," which, to the lay mind, covers a multitude of very diverse cutaneous affections, is often applied by friends and parents to the little nutmeg-grater-like patches that are seen scattered irregularly upon the trunk or extensor surfaces of the limbs in children about eight to twelve years of age. The condition is known as *keratosis pilaris*, while a sub-variety of a slightly inflammatory nature has been termed *lichen pilaris* by Crocker. The lesions consist of a hyper-keratosis of the pilo-sebaceous follicle, from the orifice of which a lanugo-hair may project. The small papular elevation is formed by the accumulation of horny epidermic scales. Mild forms of the complaint are very common, and are often mistaken for "goose-flesh." An unwashed condition of the skin is favourable to its development.

The treatment is simple and generally most successful. Frequent bathing of the entire skin with warm water and *sapo viridis* should be resorted to, while an ointment containing gr. x. of salicylic acid to the ounce of lanoline, to be well rubbed into the patches twice daily, will probably be sufficient to effect their disappearance.

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

By Miss HELEN TODD,
Matron, National Sanatorium, Bournemouth.

X.—DIET IN PHTHISIS.

A very few months' experience in a sanatorium is sufficient to make one realise how very largely diet enters into the present-day treatment of tuberculosis, and especially of that form known as phthisis. This is a very tedious disease. No drug has yet been discovered that will shorten its course, but it has been conclusively proved by Walker and others that, provided the patient's strength can be maintained and the wasting (from which is derived the popular term consumption) prevented, a good constitution will carry the day against the foe once deemed all-powerful. Our aim is therefore to place our patient under such conditions of hygiene and dietary as to keep his frame well nourished and give him every advantage in the fight for health.

Dr. Dittweiler's famous saying that his kitchen was his pharmacy and chemist's shop shows what importance he attaches to diet, and a very large part of a nurse's duties in a sanatorium is connected with food, the serving of meals, seeing that the necessary amount is consumed, and ascertaining and reporting the reasons of failure on the patient's part in this respect.

You must all of you have been struck by the amount which the average patient is able to take comfortably, and you can have scarcely failed to notice how very frequently they themselves are surprised at the manner in which their appetites have increased after a few days' residence in the sanatorium.

Experience teaches us all that life out of doors is a good stimulant to appetite, and also that the actual eating of meals under open-air conditions makes a great deal of difference in the amount that can be consumed. The contrast between this airy habitation and the stuffy cottages or tenements from which our patients come does much to explain the increased capacity for food. Again, in the case of female patients they have rarely been confined to bed, but, being able to "get about," have managed to do the cooking for themselves and their families, whilst in the cottage the nostrils of the male patient have kept him informed of every step in the preparation of the meals, so that in both cases the capricious appetite has taken to itself wings, and an unutterable feeling of disgust and nausea is roused by the very thought of food.

Surely here we may learn a useful lesson, and one which many a private nurse might lay to heart—viz., to see that dining-rooms are well ventilated

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