

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF THE FOLLOWING DISEASES: (a) RICKETS; (b) GASTRIC ULCER? DESCRIBE THE NURSING APPROPRIATE TO EACH, AND THE TREATMENT YOU HAVE SEEN PRESCRIBED.

We have pleasure in awarding the prize this week to Miss Rowena Gilbert, Dunraven Road, Shepherd's Bush, London, W.

PRIZE PAPER.

I—RICKETS.

The main features of rickets are softening and bending of the bones, with impaired ligaments, and general muscular weakness. This condition leads to deformities of the limbs, chest, and back; the ends of long bones gradually enlarge, and the joints get big and clumsy.

It is a complaint of early childhood, caused chiefly by faulty diet, viz., deficiency of fat, or excess of starchy foods. Impure air, insufficient sunlight, and over-prolonged suckling also tend to produce it. The child becomes languid and irritable, is restless at night, perspiring freely when sleeping. It is backward in walking and cutting teeth, and generally suffers from disordered digestion.

Rickets does not directly cause death, but the deformities, if considerable, remain. "Pigeon-breast," "bandy" legs, "bowed" back, are characteristic results, and there is often a stunting of all the bones. Risk to life is from complications, especially bronchitis, convulsions, and spasmodic croup.

Much can be done by careful nursing and treatment. The child should be warmly clad, and kept in the open air and sunshine as much as possible. The diet must be liberal, and contain plenty of proteins and fats, with strict limitation of sugar and starchy foods. According to age, good breast milk, creamy cow's milk, yolk of egg, raw meat juice, or raw meat pounded, may be taken.

Cod liver oil is the most valuable medicine, given (in proportion of one drachm for a year old infant) two or three times a day. Extract of malt with phosphates is another remedy, while iron and arsenic are prescribed for existing anæmia. Constipation can be corrected by hydrargyrum cum creta, $\frac{1}{2}$ grain, given occasionally, at bedtime. If there is much distension of the abdomen, a binder should be firmly applied.

With plenty of rest, and daily massage of the limbs and back, slight deformities disappear. For those more severe, the child, for a time, is kept in a recumbent position. A

support is sometimes used for the back, and splints should be fixed to the outer sides of the legs. These can be removed at night.

Deformities which still remain may, if extreme, be surgically treated.

II—GASTRIC ULCER.

Gastric ulcer is exceedingly variable in its course and duration. It is rare in childhood; a "simple acute" form occurs frequently in young persons—especially anæmic women; in later life the "chronic ulcer" is characteristic.

Death may follow from exhaustion, hæmorrhage, or perforation, causing consequent peritonitis. If the ulcer heal, it sometimes produces contraction of the pylorus, and dilatation of the stomach.

The prominent symptoms are pain, vomiting, and hæmatemesis.

Paroxysmal pain, aggravated by food, is generally localised in the epigastrium. Sometimes it is felt in the back, or hypochondrium. There is tenderness on pressure, and vomiting, with temporary relief of symptoms. Hæmorrhage takes place in a considerable number of cases.

The important indication is to give the stomach as much rest as possible. The patient should remain in bed, and be fed by a graduated milk diet, or the protein and fat diet of Lenhartz is sometimes prescribed. If severe vomiting, or hæmatemesis occur, all food by the mouth is prohibited for a time, and nutrient enemata given. Ice may be sucked in small quantities.

Acute pain, without hæmorrhage, may be relieved by poultices, fomentations, or a small blister applied to the stomach.

Milk can be given (pure, peptonized, or diluted with one-third of water, barley or lime water), one or two days, every two hours, gradually increasing the quantity until about three pints are taken in twenty-four hours. If milk disagree, whey, meat juice, or broths, may be substituted. Additions are cautiously made with eggs, junket, cornflour, beef tea, &c., until light solid food can be taken. Ordinary diet is slowly resumed, but for some months must be carefully chosen.

The *Lenhartz diet* consists of small quantities of egg and milk, given from the first, the amount gradually increased daily, followed by the addition of minced raw beef.

Opium, combined with an alkaline mixture, is often prescribed to relieve acute pain; or choice made from other sedatives, morphine, codeine, hyoscyamus, &c.

To allay vomiting, a mixture containing

[previous page](#)

[next page](#)