

OUR PRIZE COMPETITION.

MENTION SOME OF THE PRINCIPAL DISEASES OF THE DIGESTIVE SYSTEM AND THEIR APPROPRIATE NURSING CARE.

We have pleasure in awarding the prize this week to Miss H. W. Sutherland, Chalmers Hospital, Edinburgh.

PRIZE PAPER.

Diseases of the digestive system may be divided into two classes:—(a) Those arising from actual lesion or disturbance of function of the digestive organs; (b) those which are secondary to disease of some other part of the body.

Class (a) embraces (1) Gastric ulcer. An active ulcer is likely to extend and cause hæmorrhage, hæmatemesis, or perforation. The blood is vomited, and may either be dark red, or, if it has been in the stomach for some time, it becomes dark brown, resembling coffee grounds. This is due to the acid in the gastric juice acting upon it. Perforation may be into the peritoneum, causing peritonitis. The patient suffers from shock and severe abdominal pain. Immediate operation is the only treatment for this condition. The healing of an ulcer may leave a scar and cause contraction in the wall of the stomach. If near the pylorus, pyloric obstruction may result. Food cannot pass freely into the duodenum, but collects in the stomach, causing it to dilate, and is eventually vomited. This vomit is characteristic, as it comes up in large quantities with long intervals between, sometimes several days. It has a very sour smell. The most satisfactory relief for this condition is the operation of gastro-enterostomy.

(2) Gastritis or "indigestion." This is a condition in which the food is not being properly acted upon in the stomach. The causes are irregularity of meals, long fasts followed by over-eating, insufficient mastication, insufficient bodily exercise, or an atonic condition of the stomach muscles, causing sluggish movement of the food in the stomach.

(3) Hyperchlorhydria, or a condition of over-acidity of the contents of the stomach, due to excessive stimulation of the cells secreting hydrochloric acid.

(4) Malignant disease of the stomach and intestines.

Diseases in class (b) are those caused by such conditions as (1) uncompensated heart disease, with general congestion and dropsy. Owing to systemic congestion, the stomach, intestines, and portal system are affected, causing inability to digest and absorb ordinary food.

(2) Diseases of the liver and gall bladder.—The portal circulation is such an important factor in the absorption of digested material that diseases of the liver affect the digestive system very seriously.

(3) Inflammation of the pancreas, causing diminution of the pancreatic juices, which are so important in rendering food soluble for absorption.

(4) Pyorrhœa.—Pus swallowed from the suppurating gums is poison to the stomach.

(5) Septic tonsillitis may have the same effect.

(6) Locomotor ataxy and cerebral conditions cause gastric conditions and vomiting.

The nursing care is directed to removing the cause if possible. For gastric ulcer absolute rest is necessary. Diet must be light and nourishing, consisting principally of eggs, milk, and milk foods. In acute cases with hæmatemesis the "Lenhartz" diet is useful. For the first two days after hæmorrhage, sips of water (3 i half hourly) only are allowed, rectal injections of normal saline solution (3 i—O i) \bar{z} x- \bar{z} xv, being given every four hours. Ice bags are hung over the epigastrium and the patient kept absolutely flat. The first day of the diet gives one egg and \bar{z} vij of milk. The egg is beaten with the milk. This is iced, and one-tenth given at two-hourly intervals during the day—or half of that quantity hourly—and two feeds during the night. The patient must be fed, and the spoon and glass for feeding kept standing on ice between feeds. The patient's mouth must be attended to and kept clean. The diet increases by 1 egg and \bar{z} iv milk in the twenty-four hours up to 8 eggs and O ij milk. In three days' time sugar is added, and later milk, rice, rusks, and pounded fish and chicken. A modification of the diet stops at 4 eggs, the milk going on to O ij, and plasmon being added to make up the necessary calory value.

(2) For gastritis, suitable and small meals ought to be taken regularly. Meals taken as dry as possible are helpful in most cases, the fluid being taken between meals. Fish, white meat—chicken and rabbit—boiled mutton, eggs, stale bread, crisp toast, milk puddings, butter, cocoa, and weak tea all may be allowed. Potatoes may be given in some cases, but not in others. Fried and stewed dishes must be avoided, also vegetables, stimulating soups and extracts, strong tea or coffee, or any rich food. The bowels must be kept regular, aperients being given if necessary.

(3) Hyperchlorhydria is dieted in the same way. In either condition stomach lavage may be ordered, and would be performed once daily. An alkaline mixture to be taken before meals

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