

OUR PRIZE COMPETITION.

WHAT NURSING TREATMENT AND MANAGEMENT ARE REQUIRED FOR A CASE OF INFANTILE WASTING?

We have pleasure in awarding the prize this week to Miss M. E. Ross, 14, St. Thomas Street, S.E.1.

PRIZE PAPER.

Infantile wasting, or Marasmus, though often associated with specific diseases, such as syphilis and tuberculosis, may be generally regarded as a definite type of disease due to disordered nutrition, and marked by an alarming loss of weight.

It is seldom ever a primary condition, and this in itself adds to the difficulty of successful management. As may be readily imagined, the tendency to complications in the enfeebled state of the infant is great, and the chief cause of death is very often broncho-pneumonia.

The most characteristic symptom of the disease is a lack of tolerance to food. The intolerance assumes varying forms, but is mostly directed against fats. The loss of weight varies, but continues on the downward grade. The infant presents the picture of a famine child, is restless and irritable, and indeed may cry for hours at a stretch. The temperature and pulse vary, but towards the end the pulse may become very slow, and the breathing of the Cheyne-Stokes type. Occasionally the power to suck and the appetite remain unaltered, but the fall in weight continues nevertheless. The stools are not infrequently of normal appearance, but may either be watery and slimy or bulky and fatty.

The only hope of a cure in a case of true Marasmus is by careful manipulation of the diet on the part of the physician, and intelligent nursing on the part of the nurse. The lack of tolerance is generally more marked in the case of fats, and if it does not extend to sugars and carbo-hydrates, the prognosis is fairly hopeful. At the same time it must be observed that the risk which the infant runs from a sugary or starchy diet is considerable, owing to the readiness with which fermentation can be set up in the intestines. In the case of an artificially-fed infant for whom a suitable wet-nurse can be found, remarkable improvement has been effected by the breast milk.

Though first place must be given to the endeavour, by careful observation and weighing of the child, to find a suitable diet, it must be remembered that the general condition of the infant is low, and requires careful watching. Undue loss of heat from the surface of the body must be prevented and on the first symptoms

of collapse prompt measures taken, i.e., the infant must be placed in a mustard bath (temp. 105°), then given one or two ounces of rectal saline with a few drops of brandy in it, and kept very warm. Strict attention must be paid as to the nature of the stools—whether digested or undigested, etc.—and should there appear to be symptoms of intestinal putrefaction, the colon must be washed out with warm saline.

The cleanliness of the mouth and nasal passages must be extreme, as any sepsis there may lead to disastrous consequences in the child's already enfeebled condition.

A 10 per cent. solution of Argyrol is useful in checking the onset of nasal catarrh, a drop being injected into each nostril. Some physicians recommend the prophylactic use of the H.O.F. ointment (2 per cent.) night and morning. Should there be an ulcerative condition of the mouth, it is advisable to paint it with Argyrol once or twice, then continue with Glycerine till cured.

Fresh air is, of course, essential to the cure of this as of every other disease.

If the nurse be a trained masseuse, so much the better, as these wasting children are much improved by a course of general massage. It gives tone to the wasted muscles, and helps the powers of absorption to a wonderful extent.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Dorothy F. Sheppard, Miss Grace A. Tomson, Miss M. James, Miss E. Fannin.

Miss Dorothy F. Sheppard writes:—The onset of this disease is usually with fever and vomiting, infection by micro-organisms being thought to take place through the nose to the brain, and thence to the lower segment, in the anterior horn of the spinal cord, thus causing flaccid paralysis.

Following this, loss of power in one or more limbs, and sometimes the spine itself, and by the tenth day wasting of the muscles of the affected parts becomes noticeable. As a rule the lower limbs are more affected than the upper ones.

To commence with, the child should be put to bed in warm blankets, with hot bottles if possible, and medical advice called for.

The child should be kept flat with one pillow only for the head, and also be kept free from all excitement.

QUESTION FOR NEXT WEEK.

An anastomosis has to be made between the stomach and jejunum. How would you prepare the patient for four days before the operation?

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