

OUR PRIZE COMPETITION.

WHAT DO YOU KNOW OF SUMMER DIARRHOEA, ITS CAUSES, TREATMENT, AND NURSING CARE?

We have pleasure in awarding the prize this week to Miss Mena M. S. Bielby, Cranford, Middlesex.

PRIZE PAPER.

Summer diarrhoea, or zymotic enteritis, so-called because of its prevalence during the later summer months, is the final expression of cumulative gastric and intestinal disorders due to bacterial infection of food or water, and is Nature's effort to rid the intestines of their putrefactive contents. The disease is preventable; its mortality rate is high, and it is responsible for three-fourths of the deaths of infants during the hot months.

Causes.—The inception is due to a poor state of the general health caused by unsuitable and insufficient feeding. The disease is insect-borne, prevailing in overcrowded, insanitary areas where flies find every facility for breeding, and excretions of the human body, in latrines and spittoons, are easily accessible to them with food, water and vessels for eating and drinking. Lack of sleep and vitiated air in living rooms will accelerate the mischief. Breast-fed infants and those fed on uncontaminated milk usually escape the epidemic. It most frequently attacks lately weaned infants fed with unclean milk. The deadly dummy alone may account for many cases. In hot, dry weather the disease spreads rapidly, owing to the contamination of food by dust containing dried filth.

Symptoms.—The earliest include fretfulness, pain, persistent diarrhoea, the stools becoming slimy and grass green in colour, with a sour smell; coldness of the extremities; small, weak pulse; vomiting; depressed fontanelle; collapse and unconsciousness follow. Wasting is rapid owing to the great loss of fluid in the tissues. The temperature is sub-normal, 97 deg. or lower. Intussusception through irregular peristalsis may occur owing to the deranged condition of the controlling nerves. The advancing disease may involve the peritoneum, resulting in mucus, sloughs and blood being passed. The most severe cases terminate fatally after a few days. Treatment begun in the earlier stages yields a more favourable prognosis.

Treatment.—Medical aid should be summoned immediately, and until its arrival the child should be given nothing but albumen

water made with half a pint of cooled boiled water and the white of one fresh egg, cut up but not beaten. About half an ounce of this should be given hourly. The doctor will prescribe medicine, to be given either by mouth or to be injected by a small rubber catheter. Strychnine may be ordered, hypodermically, in case of shock. Diet and warmth are the two chief points to consider.

Nursing Care.—An infant should be clothed in gamgee tissue; an older child in woollen garments. Adequately protected hot water bottles, each requiring refilling at a different time, should be placed at the foot and on either side to ensure steady warmth. A cot may be placed in a tent formed of a clothes-horse and blankets, the air of the outer room being kept fresh.

As the stool is very irritating the parts round the anus should be gently washed each time either with barley-water, or a bland, antiseptic soap such as the wood-tar soap, then patted dry and anointed with Borofax or boracic ointment. Whey, made with rennet, may be ordered, or raisin-water. Milk may be added to the albumen water directly it can be retained. The safest form of milk to give is Allenbury's Diet, prepared by Allen and Hanbury, or Glaxo, as these are germ-free, contain over 25 per cent. of butter fat, and like human milk form fine flakes instead of solid curd in the stomach. They also contain the valuable vitamin. Nourishment should be given hourly, and in small quantities. As recovery progresses, Virol may be added first to whey, then to rice or barley-water. Allenbury's Diet or Glaxo later taking the place of the latter. Accurate and full reports should be made every day.

The prevention of this disease may be secured by denying the house-fly access to human excretions until the public are educated to perform their part in exterminating the former; by boiling all drinking water; feeding the infant on germ-free milk, abolishing the use of the dummy, and, by cleanliness generally, maintaining a condition of health resistant to infection.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Henrietta Ballard, Miss Mildred M. Comer, Miss Mary Frost, and Miss Kate Martin.

QUESTION FOR NEXT WEEK.

In what cases may profuse sweating occur as a prominent symptom? What are the causes of this sweating, and what is its special nursing?

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