SPRUE*

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Sprue is chiefly found in Southern China. India and Ceylon, but is considerably more widespread and deadly than is generally supposed. As yet the cause is unknown. We can only say that it is especially liable to attack Europeans who have lived for some years in certain parts of the Tropics. The onset is insidious, indeed it may not show itself until after the patient has left the endemic area some years.

Pathology.—Whatever part of the body is really at fault there is no doubt as to the main lesions. The disease attacks part or all of the alimentary canal from the mouth to the anus, and in addition causes wasting and anæmia.

Course of the Disease.—Beginning indefinitely with indigestion, flatulence, loose motions and a general loss of well-being, the disease progresses slowly to a stage of diarrhœa worse in the mornings, anæmia, much abdominal discomfort after food and marked wasting. As the anæmia develops the skin acquires a lustreless, yellowish hue sometimes very characteristic.

The tongue and mucous membrane of the cheeks and gums may become red and ulcerated. These mouth symptoms can be distressingly painful, and are usually present at some time in the course of the disease, but may be absent throughout. I have known more than one diagnosis missed because of the absence of mouth symptoms. Frequently the patients are extremely irritable and cantankerous.

The stools are characteristic, and the nurse cannot pay too great attention to every detail connected therewith, as they alter from day to day and are a sure index of the progress which is being made. A bad stool is a bulky, offensive, fermenting mass of almost liquid consistency containing undigested particles of food and is of a yellowish or greyish-white colour. It does not contain blood. On treatment one expects the diarrhœa to stop and the stool to change first to a bulky, greasy, putty-like offensive mass and then to a white, bulky, but formed stool. In these a pink colour may develop on standing, due to bacterial decomposition and is of no moment.

In a case doing well the progress, although slow, is steady. The stools and weight improve and the anæmia lessens. The appetite also improves, but more important still is the return of digestive power and the absence of flatulence after food. A good nurse will note and report all these far from trivial details.

There is no pyrexia in uncomplicated sprue. For a time after the diarrhœa is checked constipation may be troublesome, especially if associated with hæmorrhoids.

Prognosis.—The earlier the disease is treated and the younger the patient, the more certain is the hope of an early cure, but with a person of advanced years the condition is much more grave, especially if the patient has been in the grip of the disease for some years. There is a great tendency to relapse.

Treatment.—There are few diseases where the nurses will have to exercise more tact and firmness or pay more attention to detail, and perhaps none wherein patience will be more tried.

At first bed must be insisted upon, the patient not being allowed up on any pretext. Where emaciation is marked and the vitality low the skin requires great care, and general massage is very beneficial. Where possible the room must be kept at a uniform temperature of 65° to 68° and no draughts or chills permitted. The patient should be weighed once a week, this being the one permitted violation of the "bed rule."

The stools should be inspected daily and may be required to be weighed also. To do this, have some receptacle of known weight in which the stool can be weighed. Where no directions are given the nurse will find castor oil the best aperient. Any change or presence of undigested food in the stools must be reported.

The mental attitude may vary from normal to that of lunacy, the patient being often maliciously provoking and mendacious. However exasperated the nurse may become she must remember that this mental attitude is a part of the disease and hence the patient cannot be held entirely responsible, although a few plain words sometimes have a corrective effect.

Most trouble arises over the question of diet, the patient's ideas by no means coinciding with the doctor's instructions. While many methods of dieting are adopted, I propose to outline one only as it will serve to convey some idea of the care required. This is known as

The Milk Treatment.

We start with a total of three pints of milk divided into two-hourly feeds throughout the twenty-four hours, omitting only one feed at midnight and one at 4 a.m. should the patient be asleep. The feeds must not be boiled, but should be heated up almost to boiling point and given hot. Cold feeds are bad. A little salt in the milk makes it more palatable. Sometimes the doctor will order the milk to be peptonised or diluted. The feeds must be taken slowly, a sip at a time. The only way to ensure this is to make the patient take it with a teaspoon or else watch the feed being taken.

Milk becomes very nauseating to some people, but any alteration in that diet must be left to the doctor. The quantity of each feed is gradually increased day by day as ordered until in about six weeks the patient is consuming six or seven pints daily. The diet is then gradually improved by the addition of Benger's food, liver soup, egg flip, arrowroot, bananas or strawberries, rusks, milk tea, pounded, boiled whitefish, and chicken. All this takes about three months, and in severe cases may require six months or more, while a year or so should elapse before red meat is attempted. This appears drastic and I can assure you it is so but the results make it worth while, for the disease is a very deadly one.

I have yet to be convinced that it is anything like a certain cure, and up to the present we have nothing which can supplant the unremitting care and attention of a capable nurse.

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MALARIA CONTROL.

The Malaria Commission of the League of Nations, which has now finished its work, has made the following pronouncement:—

The Commission does not recommend the utilisation of all available methods of malaria prevention in the same locality at the same time, but advises considerable freedom of choice as to the particular methods of malaria control to be adopted. The improvement of the conditions of the inhabitants, which results from the betterment of the land, is one of the determining factors in the lessening of malaria. The work done is only efficacious in so far as it produces intensive cultivation of the ground. It is certain, moreover, that the use of anti-larval measures, whilst more intensive works are being carried out, is of great value, inasmuch as it reduces the anopheline density and serves to bridge the dangerous period which accompanies and follows such undertakings.

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