OUR PRIZE COMPETITION.

DESCRIBE THE DIGESTIVE DISORDERS OF CHILDREN.

We have pleasure in awarding the Prize this month to Miss Winifred Moss, The Royal Infirmary, Leicester.

PRIZE PAPER.

Owing to the continual changes in food, both in quantity and quality, that are necessary in children as they grow older and as their bodies develop, the digestive system is one which very commonly gets upset. It is a very important system, as through it all food and nourishment are taken into the body, and any upsets and disorders interfere with the general development of the child.

Digestive disorders show themselves in different ways, but in infants there are usually three main symptoms: Abdominal pain or colic, vomiting and diarrhea.

Abdominal pain is due to increased peristalsis, which is caused by the presence of irritating, undigested food in the digestive tract. The abdomen is hard and tense, and the child draws up his legs and screams when the attacks of pain occur. The pain may be relieved by the application of hot fomentations to the abdomen, and by giving carminatives by mouth, which help to expel flatus, the attacks usually pass off when flatus is passed. To prevent reoccurrence of the pain, the diet must be readjusted. In breast-fed babies the condition may be due to overfeeding, and in bottle-fed babies to irregular times of feeding and lack of cleanliness of the bottles, teats or valves. It may also be due to constipation, which should be corrected, but if possible a breast-fed baby should not be weaned for this reason alone, but the other causes investigated and treated first.

Vomiting in children may be acute or chronic, and acute vomiting is most frequently due to inflammation of the mucous membrane lining of the stomach or intestine, by some irritating food material, or by bacterial infection. The stomach rejects the irritating substances, and the condition known as gastro-enteritis or "diarrhœa and vomiting" results. Acute vomiting often marks the onset of the various specific fevers, such as scarlet fevers, and also of such conditions as pneumonia, meningitis, and acute abdominal conditions, such as appendicitis and intussusception.

Chronic vomiting is often due to overfeeding, but more frequently to a wrong diet. Vomiting occurs a short time after a feed, and consists of partly digested milk curds. Sudden changes of diet should be avoided, but the vomiting may stop, if, instead of ordinary cow's milk, citrated or peptonised milk is substituted. Chronic vomiting may also be due to obstruction in the alimentary canal, the most common being Congenital Pyloric Shenosis. This condition affects infants in the first weeks of life, and vomiting is usually the first From the beginning, it is characteristic in coming on without warning, and being projective in character. It may not occur after every feed, but once or twice a day, and consists of curdled milk mixed with mucus. Constipation and rapid loss of weight are accompanying symptoms. The cause is delayed development in the mechanism controlling the pyloms, which

normally contracts and relaxes to allow the regular onward flow of food. The stomach contracts more strongly to overcome this obstruction and so its muscle wall becomes thickened or hypertrophied near the pyloms, and operative treatment is often necessary to relieve the condition.

Diarrhœa in children is a serious condition as it may quickly develop and is, in its severe forms, very often fatal. In mild forms, it is usually due to faulty diet, either to too much fat or too much carbohydrate. The abdomen is distended and the stools are acid, contain curds, and the child generally loses weight. Treatment usually consists of gradually altering the diet, for example substituting citrated milk for ordinary milk or half-cream dried milk for the usual kind. Also, so that the irritating, undigested food can be removed as quickly as possible from the bowel, a dose of castoroil is often ordered, and the child given glucose water or albumen water only for twenty-four hours.

Another much more serious type of diarrhœa is known as Infective Diarrhœa, or because it is more prevalent in hot weather, as "Summer Diarrhœa." It may be conveyed from one child to another by contaminated milk and is due to bacterial infection. There is usually a sudden onset, high temperature, vomiting, and the passing of frequent green, watery, and offensive stools. The baby rapidly loses weight and suffers from extreme dehydration. Such cases are regarded as infectious, and nursed with all aseptic precautions. Milk is excluded from the diet until the diarrhœa has ceased, the child is kept warm, and collapse treated by stimulants, and the excessive fluid loss made up by giving saline subcutaneously, intravenously, or into the peritoneum, if vomiting excludes administration of fluids by mouth. Return to normal diet is very gradual and milk given in small amounts in well diluted mixtures.

After an acute attack of infective diarrhœa or after a succession of mild attacks, the child may fail to gain weight and may gradually drift into a condition of marasmus or wasting. The appetite is poor, temperature subnormal, and attempts to build up the diet often result in another attack of diarrhœa. General hygienic measures such as fresh air and sunshine together with great perseverance with the diet are important. Small feeds are essential and the amount of fat kept low.

Diarrhæa, in older children, may be due to acute infection of the digestive tract, but in other cases may be due to some specific organisms, as in dysentery or tuberculosis. While a special type of chronic diarrhæa is known as Cœliæ Disease, and consists of failure of absorption of fats from the intestine. It begins gradually with large pale offensive stools containing excess of digested fats, and although there is wasting, there is marked abdominal enlargement.

Thus we see that digestive disorders are frequent in children, and can often be easily remedied, but they may also be the first symptoms of serious conditions, which, if neglected, may prove fatal.

QUESTION FOR NEXT MONTH.

Advise What to Eat and Why, to maintain Health with Economy.

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