

OUR PRIZE COMPETITION.

DESCRIBE THE NURSING CARE OF A MARASMIC BABY. WHAT MAY BRING ABOUT SUCH A DEGREE OF WASTING?

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

PRIZE PAPER.

Marasmus is the term used to describe progressive wasting in infancy. It is usually due to some prolonged digestive disturbance which does not respond to dietetic treatment, but is also associated with syphilis. In the latter case it may date from birth before any definite symptoms appear, and may occur in breast-fed babies, and quite apart from faulty feeding. The commonest cause, however, is an unsuitable diet, but may also be the result of systematic underfeeding.

The majority of the cases are the result of improper feeding and unhygienic surroundings, and it is the babies who are fed from the first on the various forms of starchy food who are most commonly affected. A typical case is the baby who seems to thrive fairly well for the first week or two with an occasional vomiting attack. Then there is an attack of diarrhoea and vomiting from which it never seems to recover and regain the lost weight. No food seems to suit it, although changes are frequent, and it never seems to recover its normal digestive powers. On the other hand, some babies seem to get on fairly well, until after an attack of perhaps whooping cough, or measles, or bronchitis, from which they apparently recover, but afterwards gradual progressive wasting begins.

In some cases also there is a history of progressive wasting in breast-fed babies of a few months old. In these cases often the child is premature or weakly at birth, and the mother's milk is deficient in either quantity or quality, and they have been exposed to crowded, insanitary conditions, with lack of sunshine, fresh air and cleanliness.

The early symptoms are mainly gastro-intestinal, with varying symptoms most prominent. Sometimes there is occasional vomiting which gradually becomes chronic. Looseness of the bowels is a usual symptom, or in later stages constipation may occur. In other cases there may be nothing apparently abnormal but the gradual loss of weight.

The stools at the beginning, instead of being yellow and semi solid, are liquid, contain curds mucus, and may be even green in colour. The abdomen gets distended with gas from the fermentation which is taking place, and the baby cries, is restless, and loses weight rapidly, and quickly gets exhausted, due to the rapid loss of fluid. The temperature is low and the face has a shrivelled old appearance and the anterior fontanelle is sunken. The course of the disease, however, is often intermittent with stages of improvement and regression.

One of the important items in the treatment of a marasmus baby is cleanliness. The greatest care must be taken in the selection of the milk used for feeds and in its storage, and adequate sterilisation. The stools should be carefully watched for curds, an indication that digestion is not proceeding normally, and the amount of the feed should be lessened. No baby who is being

breast fed should be weaned during a spell of hot weather, and plenty of fresh air and sunshine are important factors in progress.

If there is a definite attack of diarrhoea and vomiting, a laxative may be ordered to clear away irritating material, calomel gr. $\frac{1}{4}$ —gr. $\frac{1}{2}$ every two hours, until one or two grains have been given, is better tolerated than castor oil.

If the attack is at all severe, the baby quickly suffers from dehydration, and this should be made up as quickly as possible. Water by mouth is absorbed better than any other way, if vomiting has ceased. At least two ounces should be given hourly if possible. If vomiting is present normal saline solution may be given either rectally or into the back or thigh subcutaneously. A pint every twelve hours, subcutaneously, and half-a-pint rectally at four-hourly intervals.

Feeding should be started as soon as possible, starting with glucose and water, a 5 per cent. solution, and if this is tolerated without vomiting, working up to albumen water and chicken broth, and very gradually to diluted milk. All the time the deficiency of body fluids must be made up, or else there will be no secretion of the digestive juices, and so milk and milk feeds cannot be digested. Also the absence of the hydrochloric acid in the stomach favours fermentation and bacterial action.

Stimulants may be ordered and given in the form of brandy either by mouth, ℥x-℥xv every four hours, or ℥xxx-℥i in the rectal saline, or in the form of sherry whey. If rectal salines are continued for any length of time, the bowel should be washed out daily with normal saline by means of the gravitation apparatus. This not only helps in the removal of irritating material, but stimulates the mucous membrane lining. Any fluid that is not returned is absorbed, and so helps in relieving the dehydration.

The room and the cot should be kept at an even temperature, and all unnecessary exposure and movement should be avoided. If collapse is severe the extremities may be bandaged with warm wool and the child nursed on a water pillow.

If the diarrhoea is checked and fluid is satisfactorily absorbed, the child's colour will improve and, though weak, it begins to move its limbs and take notice.

Great care must be taken always in planning the diet and the stools carefully watched for signs of looseness or curds, and the diet readjusted accordingly, and if necessary milk curtailed. The baby should be kept warm, risks of chills avoided, and it should be weighed regularly. Malt extract ℥i t.d.s. added to the feeds will often help to regain lost weight.

QUESTION FOR NEXT MONTH.

Describe the mental and physical changes which may occur in encephalitis lethargica. Discuss the care and management of a post-encephalitic defective.

THIS IS TRUE LIBERTY.

This is true Liberty, when free born men,
Having to advise the public, may speak free :
Which he who can and will deserves high praise :
Who neither can nor will may hold his peace.
What can be juster in a state than this ?

MILTON (after Euripides).

[previous page](#)

[next page](#)