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MALNUTRITION IN CHILDHOOD

'An army marches on its stomach'. This phrase calls to mind the campaigns of bygone days, in which thousands of men, marching into alien territory, were entirely dependent for their progress, their achievements and their very existence on the rations supplied for them. If the food supplied was not adequate for their needs, their progress was slowed, their achievements reduced and many died of famine or disease, against which, in their weakened state, they had little resistance.

In South Africa today, as in many parts of the world, an analogous picture is seen among tens of thousands of infants and young children, whose physical progress is slowed and whose mental achievements are retarded because the food they are given is inadequate for their needs. Many die from frank nutritional disorders such as marasmus, kwashiorkor or rickets, and many from diseases like gastro-enteritis and pneumonia, which should not be fatal, particularly in the one to four years age group, but which are the cause of thousands of non-European deaths in childhood below the age of five years. It is a point of great significance which is not generally recognized that while the infantile mortality rate among non-Europeans is four to six times the rate among European infants, the death rate in the age group one to four among the Coloured population is fifteen times, and among the Bantu thirty times as great as the European death rate at this age. A large part of these deaths are due to the causes mentioned above. The basic reason for this state of affairs lies in lack of essential foodstuffs, particularly protein, in the daily diet of these children. This is due in part to ignorance, but largely to the conditions of poverty into which they are born.

In this issue of the *Journal* we publish an article by Robertson, Hansen and Moodie, who show from the available figures what an enormous loss of infant life there is in this country from gastro-enteritis, and have produced evidence to show that a very large proportion of this is due primarily to malnutrition. There is no doubt that an investigation into infant deaths from pneumonia would produce a similar picture.

Schrimshaw and Béhar[1] have recently pointed out that for every case of kwashiorkor in a population group there are at least a hundred cases of underlying protein malnutrition sometimes referred to as pre-kwashiorkor. These cases can best be recognized by the fact that their weight is below tha expected for their age.

The published vital statistics do not reveal the vast role played by malnutrition in the morbidity and mortality of infants and pre-school children, particularly non-Europeans, in this country. The nutritional factor is frequently not taken into account when the cause of death is certified, or malnutrition is mentioned only as a contributory cause, the terminal disease being given as the primary cause of death. More discerning certification would show a tragic picture of thousands of young children dying annually in the Union because of inadequate feeding.

A dramatic change in child health in Britain has taken place since the war, nutritional disorders and their accompanying diseases having practically disappeared as the result of improvement in social conditions and the provision of sufficient milk for every child at low cost. Although the Union is not a welfare state, much can yet be done within the framework of our local conditions to alleviate the present position.

A tremendous step towards the elimination of malnutrition and its associated diseases would be the widespread distribution of milk or other foods rich in protein to infants and pre-school children at low cost. The local bodies distributing such foods would require assistance in the form of subsidy to achieve this end. As a corollary to this, extension of child welfare services is needed for the instruction of the mothers and supervision of the health of the children. The treatment of gastro-enteritis by doctors in hospitals or elsewhere should be accompanied by advice on nutrition and as early a return to full milk diet as possible. This point is brought out in an article by Bowie in this issue of the *Journal* on the out-patient treatment of infant cases of gastro-enteritis with dehydration. Far too many doctors keep children on inadequate diets while they are ill, thus increasing the malnutrition.

A vast amount of money is being spent on building and running hospitals and out-patient departments, which are all overcrowded with sick children. Improved nutrition in the pre-school years would eliminate a great deal of preventable sickness and death among children, most of whom should never be in need of hospital treatment.

1. Scrimshaw, N. S., and Béhar, M. (1959): Fed. Proc., 18, 82.

HERSTELSALE VIR BEWUSTELOSE PASIËNTE NA OPERASIES

Die probleem van 'n geskikte lokaal wat spesiaal toegerus is as 'n afdeling in hospitale waar bewustelose pasiënte na operasies kan herstel voordat hulle teruggaan na die algemene sale of na hulle kamers, word om verskillende redes al meer dringend en belangrik. Dit sal dus goed wees om aspekte van hierdie probleem hier kortliks te bespreek.

Om mee te begin moet ons dink aan die uitwerking wat die herstel van 'n pasiënt wat onder narkose was, op ander pasiënte in 'n algemene saal het. Dit ly geen twyfel nie dat daar iets vreemds en verontrustends en ontstellends in die hospitaal-situasie geleë is vir die meeste mense. Dit is verstaanbaar dat dit so is en dit is maar net menslik. En die geluide en die ‚doenigheid' wat gewoonlik gepaard gaan met die regkom van bewustelose pasiënte, het soms 'n verskrikkende en angswekkende uitwerking op pasiënte wat lê en wag dat hulle beurt om 'n operasie te kry, aanbreek. Hierdie toestand van sake is sonder enige twyfel baie ongewens. Soos dit ook die geval is met ander vertakkings van die medisyne, is dit noodsaaklik om die welsyn van die ‚hele mens' in gedagte te hou, en om alle maatreëls te tref om die pasiënt

voor en na 'n operasie so gerus moontlik te stel en so gelukkig moontlik te hou.

'n Ander faktor wat die aandag in die jongste tyd op die behoefte aan spesiale herstelafdelings gevestig het, is die algemene tekort aan verpleegsters. Dit is die oorwoë opvatting van narkotiseurs en van verpleegsters wat ondervinding het van hoe sulke afdelings funksioneer, dat die instelling van afdelings vir die herstel van bewustelose pasiënte in hospitale tot 'n groot besparing van arbeidskragte kan lei.

Baie matrones van hospitale het aan die begin gewoonlik besware in hierdie verband omdat hulle reken dat meer personeel benodig sal word. Waar die skemas egter al in werking getree het, is die personeel self gou verwonderd oor hoe hulle so lank daarsonder klaargekom het. Herstelafdelings stel die suster wat in beheer van die algemene afdeling is vry van die verpligting om toe te sien dat daar by elke geval 'n spesiale verpleegster is totdat die geval ten volle van die narkose herstel het, en totdat die gevare van na-operatiewe skok en bloeding verby is.

Herstelafdelings, soos wat ons in gedagte het, behoort by alle hospitale en verpleeginrigtings in gebruik gestel te word en daar behoort voorsorg gemaak te word vir verplegingspersoneel wat spesiaal vir die doel opgelei is. Ook moet die afdelings uitgerus wees met geskikte apparaat vir die bybring van bewustelose pasiënte, soos suigpompe, beddens wat kan oorhel, voorrade van suurstof, ens.

Die Uitvoerende Komitee van die Suid-Afrikaanse Vereniging van Narkotiseurs (M.V.S.A.) het 'n spesiale versoek aan die Federale Raad van die Mediese Vereniging gerig om hul pogings in hierdie verband te ondersteun, en die Federale Raad het dan ook, by geleentheid van sy onlangse sitting in Pretoria (3 - 5 Maart 1960) sy steun hieraan toegesê. Daar is geen twyfel aan nie dat 'n skema soos hierdie die volle steun van die hele mediese professie en die verpleegstersberoep verdien.