

a corresponding increase in these waste products, and therefore an additional amount of work for the excretory organs. Accordingly, with a view, as it were, towards flushing the waste matter out of the system, we give practically unlimited fluids, and fortunately feverish patients are almost always thirsty.

Everyday experience in the wards has taught you that when for any reason a person cannot digest solid food we rely upon milk chiefly as a form of nourishment. As we have in our former lectures fully discussed its chemical and nutritive elements, there is no occasion to consider here the peculiar properties which render it a "perfect food"; but I may again caution you against administering it in such a manner that it may be liable to form large compact masses of curd in the stomach which defy both gastric and intestinal digestion. Your chief safeguard will lie in closely observing the rule: Never give a fever patient undiluted milk.

QUANTITIES AND TIMES OF FEEDING.

Although no two persons are exactly alike in their powers of taking and digesting nourishment, yet we must lay down a standard from which to work.

As a rough rule you should see that your patient takes at least 3 pints of milk in each twenty-four hours, diluted in the following proportions:—

Milk	$\frac{2}{3}$ v.	} Total, $\frac{2}{3}$ viij.
Diluent	...	$\frac{1}{3}$ iij.	

giving this quantity every two hours day and night unless you receive other instructions from the doctor. If the patient cannot take so large a quantity at one time, you must give him less, but at shorter intervals, being careful that he still has the same amount of milk in the twenty-four hours, or, with the physician's sanction, you may use whey as the diluent, and slightly reduce the quantities, giving $\frac{2}{3}$ v. at a time of milk and whey, equal parts.

In a previous lecture we fully considered the case of those who cannot digest ordinary milk, and it will suffice here to remind you that barley-water and lime-water are the best fluids with which to dilute our milk; soda-water, Vichy water, or plain boiled water may also be used if preferred. Generally speaking, there is no reason why those who strongly object to the taste of milk should not have it flavoured with tea or coffee; the latter is specially useful as a cardiac stimulant in pneumonia. (In this connection let me warn you against allowing a patient suffering from this disease to sit up or move suddenly to take his meals; the condition of the lungs causes a great strain upon the heart, and neglect to observe this precaution may cost the sick man his life.)

Milk should always be boiled or sterilised, and preferably administered cold; there is no need to strain it except in cases where some part of the

digestive tract is involved, as in enteric fever. When stimulants are ordered, they do their work best if given in twice their bulk of water and at an interval midway between meal-times.

Encourage your patient to drink water, barley-water, and lemonade between his regular feeds of milk.

As you know, pneumonia is a disease characterised by high fever, which runs a certain course, lasting about eight days before the crisis occurs. The patient's chance of life may depend very much upon the amount of nourishment which he can be induced to take. We therefore give, in addition to the daily 3 pints of milk, &c., at least $\frac{1}{2}$ pint of good beef-tea (1 lb. beef to $\frac{1}{2}$ pint water) in $\frac{2}{3}$ v. quantities each day. Jellies also, and especially strong beef-jelly, are generally readily taken.

It is most essential to sustain the patient's strength during and immediately after the crisis; nourishment should be given frequently (every hour) and in small quantities ($\frac{2}{3}$ iv.) at a time. As convalescence progresses and solid food begins to appear in the dietary, the nurse must be careful to see that the 3 pints of milk are not discontinued too soon. Cases have occurred where convalescents have not been given anything like the requisite amount of nourishment, the nurse not realising that a few mouthfuls of solid food, which were all that the patient could manage at first, do not constitute a proper meal. After any form of fever the diet should have special attention as regards its digestibility and nourishing properties for some time.

The Registered Nurses' Society.



At a meeting of the Executive Board of the Registered Nurses' Society, held at 20, Upper Wimpole Street on Tuesday last, the following nurses, who had completed the term of probation to the entire satisfaction of the Board, were elected members:—

- Mrs. M. Van Raalte ... cert., Sussex County Hospital, Brighton.
 Miss Elizabeth Brewer ... cert., Guy's Hospital.
 Miss Frances Mary Smith ... cert., West London Hospital.
 Miss Mary Ann Harvey ... cert., Charing Cross Hospital.
 Miss Clara Willis Baker ... cert., London Hospital.
 Miss Bertha Lyndon Nicholls ... cert., Sussex County Hospital, Brighton.
 Miss Elsie Mabel Carter ... cert., St. Bartholomew's Hospital.
 Miss Elizabeth Stevenson Macpherson ... cert., Western Infirmary, Glasgow.
 Miss Mabel Ellen Jolly ... cert., East Suffolk Hospital, Ipswich.
 Miss Amelia Ellams ... cert., Royal Free Hospital.
 SOPHIA CARTWRIGHT,
 Secretary.

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