

encouraged between-times, care being taken that these drinks do not interfere with the giving of nourishment at the proper intervals.

Typhoid patients often grow very weary of a milk diet, it being of necessity continued for so long a time. Fortunately, there are many ways of disguising its taste; tea, coffee, or cocoa may be used as the diluent with milk in the above proportion, and they make a pleasant change, whilst in cases where there is no diarrhoea meat essences and beef-tea may be given (of course carefully strained).

Some patients cannot digest milk at all, and the nurse must be quick to note and report any complaint of pain in the pit of the stomach, any vomiting, or the passing of undigested curds in the stools. The physician will then probably order the milk to be peptonised or given in the form of koumiss or buttermilk, or he may prefer to rely upon whey or albumen water, or the two combined; veal, chicken, and oyster broth may also be substituted for milk, and Burney Yeo recommends very dilute clear soup, freshly made, and flavoured with fresh vegetables and aromatic herbs.

Albumen water is made by beating up the white of an egg and slowly adding half a pint of cold water; the mixture is then strained and ready for use. It is better made each time when required, and I need hardly say that the eggs must be perfectly fresh. In extreme cases, when the stomach will tolerate little else, the proportion of egg albumen to water may be doubled.

There are certain details to which I wish to draw your attention in connection with the feeding of patients suffering from enteric fever.

In the first place, remember that unless you are very careful the mouth may become very foul. The lips and tongue are especially liable to be sore and cracked, and, together with the teeth, encrusted with sordes. You cannot altogether prevent this, but much may be done in mitigation by swabbing out the mouth and carefully cleaning the teeth before each meal with a wool sponge twisted round forceps, or a little wooden stick, and soaked in glycerine and lemon.

Perhaps no part of a nurse's work requires more care and patience than does the feeding of those suffering from enteric fever; they hate to be roused for anything, and it takes no small amount of tact and coaxing to persuade them to swallow the prescribed amount; but you must never in the least relax your efforts, no matter how tedious the case may be. A feeding-cup must, of course, be used, and in a hospital ward it should be marked with the patient's name and reserved for his sole use, being washed up apart from the rest of the ward crockery, and dried on its own particular cloth.

Miss Stewart suggests that for "patients who are weak and helpless a useful plan is to put a small piece of drainage tubing on to the nozzle of a glass

syringe, fill the latter with milk, place the end of the tubing between the patient's lips, and very slowly empty the syringe, giving the patient plenty of time to swallow." ("Practical Nursing," p. 103.)

Special care is required when the patient is first allowed more solid or rather "thickened" food; this is generally given in the shape of arrowroot, strained through a sieve, a couple of days after the temperature has come down to normal. If all continues well, bread-and-milk, made by thoroughly boiling bread-crumbs and beating it up in milk, marks the next step in convalescence, and if, a week later, there be still no rise of temperature, custard pudding will probably be ordered, followed in a day or two by a little pounded fish, rice pudding, and bread-and-butter without crust.

The end of the next week will see our patient enjoying minced chicken, and a few days after minced mutton and mashed potatoes. In about four or five days' time he should be able to take roast mutton and general convalescent diet. Patients in an early stage of convalescence after typhoid fever are, as a rule, exceedingly hungry, and the nurse must be on her guard against the introduction by friends of contraband articles of diet. I well remember a little boy who almost lost his life because his mother, moved by his piteous tale of the nurse's cruelty in starving him, smuggled a meat pasty into the ward. The child had a most serious relapse, and it was some weeks before he recovered the lost ground.

Grapes are not advisable for these convalescents (especially if they be children). Cases are on record where a grape skin, inadvertently swallowed, has caused a relapse, and grape stones a fatal perforation of the ulcerated intestine.

For some months after the actual illness the patient must be careful about his food, avoiding anything hard or indigestible. He should eat boiled rather than fried fish; mutton and chicken rather than beef; and eschew crusts, nuts, and fried or chip potatoes, in fact any scratchy or sharp-cornered article of diet.

This concludes the series of lectures on the Dieting of Patients. They have been greatly appreciated by our readers.

### Canine Nurses.

As soon as the funds of the Dogs' Protection League permit, a hospital for the dogs of poor people in London will be founded. Referring to the growing demand for canine nurses, the Council of the League state that they will shortly be able to supply nurses for serious cases "in the same way as is done in human nursing homes." A number of probationers will be received at the proposed hospital for a course of canine nursing at a premium of ten guineas.

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