

hydrates is either diminished or destroyed. The treatment by diet must depend upon the severity of the disease. In very severe cases all carbohydrates must be stopped, and their place as force-producers be replaced by proteids and fats. The objection to the proteids is that they may form sugar, but fats cannot. The fats are the most useful form of food, but excessive quantities are nauseating. Oysters, liver, sausages, and force-meats are animal foods which should be avoided, as they contain carbo-hydrates. Sugar-free milk is of service, not only as a source of proteid but as furnishing a large amount of water, which the thirst of diabetics demands. Bread should be specially prepared so as to be free from carbo-hydrates. Gluten is often used, but the variety thus formed is not very palatable. Oily nuts are sometimes ground and mixed with eggs to form diabetic bread, but, as in the case of gluten bread, the patient soon tires of it. So far, the most satisfactory which has appeared in the market is the diabetic bread of the Protene Company. In mild cases, two ounces of bread or its equivalent in other forms of carbohydrate are allowed each day. When this amount of starchy food can be borne, potatoes are more valuable than bread, because the percentage of starch is less, and also because they are capable of absorbing larger quantities of butter and cream, and thus become valuable vehicles for fat. Small meals at frequent intervals are recommended, and no limit should be placed on the quantity of water taken.

In fevers, the metabolic changes demand a large supply of proteid, but, as the digestive organs are weakened, it should be given in a fluid form. Milk should form the foundation of the diet, but broths may be given when no diarrhoea is present, and when the fever is not rheumatic fever. Proteid spacers may be given in the form of gelatine, carbohydrate, and fat. The second is really the most useful, as fats are taken with repugnance, and gelatine has no food value. Sugar is a useful carbohydrate in fever feeding, and milk-sugar is the most easily assimilated. Milk can be fortified with milk-sugar without having the sweetness perceptibly increased, and in change with it various easily-digested starch foods can be given.

By the kind permission of the Treasurer of St. Thomas's Hospital, Westminster Bridge, a meeting will be held in the Governors' Hall of the Hospital on Thursday, October 29th, at 4.30 p.m., when a discussion on "The Report of the Departmental Committee on Nursing appointed by the President of the Local Government Board" will be opened by Miss Gibson, Matron of Birmingham Infirmary, and Dr. T. Dixon Savill, formerly Medical Superintendent of Paddington Infirmary.

Medicine and Nursing in the South African War.

THE ROYAL COMMISSION ON THE WAR IN SOUTH AFRICA.

The Minutes of Evidence taken before the Royal Commission on the War in South Africa are a mine of information which well repay exploring. As we do not anticipate that many nurses will procure and study the Blue Books in which this evidence is printed we propose to deal with it at some length from week to week. We must, at the outset, point out one serious deficiency in the Report which, from the nursing point of view, detracts from its usefulness. Although nursing matters are dealt with at considerable length, and the Report embodies the views of medical men, which from a certain standpoint are of much value, it does not include the evidence of a single nurse, neither that of the Matron-in-Chief of the Military Nursing Service, whose experience throughout the campaign afforded her exceptional opportunities of forming an estimate of the nursing arrangements, nor of any one of the 900 nurses who were employed during the war. Did any one of these, one wonders, offer her evidence to the Commission on the nursing arrangements during the war?

EVIDENCE OF SURGEON-GENERAL SIR WILLIAM WILSON, M.B., K.C.M.G.

The first witness to give evidence bearing on points of special interest from a nursing point of view was Surgeon-General Sir William Wilson, principal medical officer in South Africa. In the course of this evidence he stated—(1) That when he was going out he wanted 10 per cent. of beds for all the troops in South Africa, and was promised that. The Army Corps went out all right, according to regulation, and the field hospitals were particularly good. The first few general hospitals were also good, but the R.A.M.C. orderlies ended practically with the Fifth Division. After that the bearer companies and field hospitals that went into the field only consisted of untrained or partially trained men, and probably one officer and the rest civil surgeons. The later general hospitals were particularly poor in Royal Army Medical Corps. They were not men selected for good service to go out first, and they were rather poor; he referred to the "tail-end" of the officers who went out with the last general hospitals.

About 40,000 men had about 1,000 non-commissioned officers and men attached to them, on the Cape side. That, of course, was not enough. He wanted 9,000 at least; he could have managed with more, but wanted 9,000, so that on the Cape side the framework was very weak and very small.

He had terrible difficulty with the transport. It is acknowledged and well known that in the first advance on the Modder the reduced numbers were

[previous page](#)

[next page](#)