

AN INTERESTING PASTIME.

DEAR MADAM,—You have no idea what a blessing your amusing Prize Puzzles have proved to me, when our patients are convalescing. The large majority are thoroughly amused by them, and many hours are passed trying to arrive at correct replies.

Yours truly,

MATRON, SANATORIUM FOR CONSUMPTION.

Notes on Practical Nursing.

THE DIETING OF PATIENTS.

LECTURES TO PROBATIONERS.

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SUITABLE FOOD FOR CONVALESCENTS.

When nursing convalescents in private houses, it is highly probable that the relations of your patient will frequently consult you upon the comparative digestibility of different articles of food, and as to whether certain dishes will be likely to disagree with your patient. I therefore propose this evening to endeavour to provide you with some ground upon which to base a judgment.

Much, of course, depends upon personal idiosyncrasy; one man's meat may very literally be another man's poison, for even in health some people can readily digest what will cause others much discomfort. I have known persons who could not eat strawberries on account of the nettle rash they produced, and others who invariably suffered acutely after partaking of shell fish or mushrooms.

There are, however, certain well-ascertained facts which serve as a guide in our consideration as to the best form of nourishment for a sick man, able to take solid food, and who is not suffering from a definite disorder of any of the digestive organs, but rather from their enfeeblement after more or less severe illness.

We will consider special cases (such as convalescence after enteric fever) later, at present rather confining ourselves to general principles.

In the first place remember that new bread is very indigestible, because its sponginess renders it difficult to masticate, and it does not therefore become finely divided in the mouth, but rather a putty-like mass with which saliva cannot mix, and upon which its ferments cannot act. If only new bread can be obtained it should be dried in the oven or thoroughly well toasted before the fire in order that moisture may escape through evaporation. If the patient has good enough teeth to enjoy a crisp crust, do not deprive him of it. Having been exposed during baking to more heat than the interior of the loaf, it is very much drier, and its starch granules are more rapidly turned to dextrine in the mouth than those in the softer bread.

Custard puddings properly made (not curdled by overheating) are, as a rule, the first solids allowed a patient, then follow milk puddings of a loose consistency and thoroughly well cooked.

These puddings are better made without eggs, as the prolonged heating is liable to curdle the eggs and milk mixture in the pudding, and even if this does not take place the egg albumens become too firmly coagulated during the evolving.

Bread-and-butter puddings are light and digestible, especially when steamed, but remember that neither they nor any other food given to a convalescent should contain any sort of dried fruit. Candied peel and the tough skins of currants and raisins will successfully defy the action of the digestive juices, and therefore all such dishes as mince pies, plum cakes, and currant puddings are forbidden. In the later stages of convalescence, when steamed suet puddings are allowed, it is still your duty to see that they contain no fruit, unless the doctor has sanctioned it. (The same remarks apply to cakes—sponge cakes only must be given.)

When your patient is first allowed cooked eggs you will find it wise, especially in the winter and autumn months, to lightly poach rather than boil them. Of course the great advantage lies in this, that you can be absolutely certain as to the freshness of the egg. If, however, the sick man prefers his egg boiled you can ascertain fairly well by holding it up to a light whether it be fresh or not. It should be transparent in the middle, if thick and only clear at the ends you may be sure that the egg is stale, whilst a bad egg will generally show a dark spot close to the shell.

A newly-laid egg will crack by reason of the expansion of its contents if suddenly subjected to great heat by being put into a pan containing boiling water sufficient in quantity not to have its temperature appreciably lowered by the introduction of the egg. Stale eggs will not crack in this way, because a certain amount of shrinking has taken place in the contents, and the air which has become the substitute does not expand with sufficient force to crack the shell.

Good eggs will sink and bad ones float in a solution of $\frac{1}{2}$ j. salt to Oj. water (Whitelegge).

The best way of cooking an egg in its shell for an invalid is *not* to boil it, but drop it gently into a pan containing sufficient boiling water to cover it, remove the pan from the fire, stand it in a warm place covered with its lid or a plate for not longer than five minutes. Eggs so cooked are never hard. A hard-boiled egg must never be given to a person of weak digestion. Scrambled eggs, on the other hand, are permissible.

We will now imagine our patient to be ordered a fish diet—of this there are many varieties to choose from. In the first place much depends upon the time of year. A fish "out of season," *i.e.*, during and

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