

for their stimulating qualities, and others contain a certain amount of nourishment, though in the great majority of cases the amount of nourishment which they provide is quite disproportionate to the cost of the food.

PHTHISIS.

The third disease to which attention must be directed is phthisis, and here the treatment centres in the use of means which will increase the vitality of the patient, and so enable him to throw off the illness. These means consist in improving the environment and regulating the periods of rest and activity, and controlling the diet in every detail. As to environment, it is of the first importance to secure the maximum amount of sunlight and also of absolutely fresh air to a patient so clothed that he will not be chilled by it. It is necessary, therefore, that the patient should have his extremities maintained warm when he is lying out on the couch, and this can be done by supplying hot bottles for the feet and warm gloves for the hands. It is sometimes necessary, if the couch is a canvas one, to make sure that a sufficient amount of warm blankets are placed upon it before the patient lies down, otherwise the cold will penetrate through the couch itself and chill the patient from below. In such climates as ours it is desirable to have means of sheltering the patient from strong winds and rain, and outside shelters should either be capable of being turned on a pivot, so as to protect the occupant from the weather, or else several shelters should be provided with varying aspects.

Patients who are feverish should be kept absolutely at rest, and this is especially important if the temperature reaches 100.5 degrees, or the pulse is over 90 per minute. Even amongst patients whose temperature has returned to normal it is well that they should rest for some time both before and after the principal meals of the day.

With regard to diet, the chief points that require consideration may be summarised as follows:—

An allowance should be made in the case of a phthisical patient of at least 80 calories per diem per kilogram of patient's weight. This is approximately equivalent to 14 calories per lb., or 200 calories per stone, and this minimum allowance should be increased to as much again, if the digestion permits.

A diet which has an energy value of 3,000 calories should contain at least 120 grammes (4½ oz.) of proteid, and, in cases of phthisis, not more than 250 to 300 grammes (9 to 10½ oz.) of carbohydrates, the rest of the energy being supplied by fat. It should be recollected

that vegetable proteids are less fully utilised by the organism than animal ones.

It is convenient to have tables which give the food values of various articles of diet of the ordinary kind and weight, so that the day's diet may be readily worked up to an approximate value without elaborate calculation.

In planning such diets it must always be remembered that, whilst carbohydrates and fats are able to supply energy to the body, proteids alone contain the material which is essential for the reconstruction of the tissues themselves.

At the close of the lecture lantern views were shown of various sanatoria at home and abroad. These served to illustrate the actual conditions under which the treatment of bronchitis and phthisis are most favourably carried out.

The Isla Stewart Scholar.

Miss M. S. Rundle, the Isla Stewart scholar at Teachers' College, Columbia University, New York, writes:—"The time is going so quickly, and my home coming feels as if it were quite near, for I have booked my passage.

"I leave Quebec in the *Lake Champlain* on June 8th. I expect to be free to leave New York on the last day of May, so I shall have a short time to see a little bit of Canada. . . I cannot realise that soon my American experiences will be a thing of the past. They have been happy ones indeed, and I hope I may be able to do something with them for my own country."

Scottish Matrons' Association.

The quarterly meeting of the Scottish Matrons' Association was held in the Board Room of the Royal Victoria Hospital for Consumption, Edinburgh, on Saturday, March 11th, when there was an attendance of twenty-nine members, Miss Gill, President, being in the chair. All the Honorary Officers were re-elected for another year, and Miss Guy (Matron of the Royal Victoria Hospital) was elected to fill the vacancy of a Vice-President created by the death of Miss Duff. Four new members were also elected, making the number enrolled during the past year eighteen, and the total number of members one hundred and five. After the meeting Miss Guy conducted the members over the Hospital and the Administrative Block. This proved very interesting and instructive, and was greatly enjoyed. The bright sunny wind-swept wards, and open shelters, occupied by patients, were especially interesting. Afterwards Miss Guy entertained the members to tea.

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