

OUR PRIZE COMPETITION.

DESCRIBE THE DIFFERENT DIETS NOW PRESCRIBED IN ENTERIC FEVER, AND THE PRINCIPLES UNDERLYING THEIR ADOPTION.

We have pleasure in awarding the prize this week to Miss Madeline Smith, Eastern Hospital, Homerton, N.E.

PRIZE PAPER.

The present-day theory of dieting enteric patients has only recently been adopted (in England), and is, I believe, the result of a fever dietary discussion at the Medical Congress held in London in 1913.

The principle of the advanced theories in feeding typhoid patients is to maintain, as nearly as possible, the same amount of heat during disease that is kept up in health, and so enable them to compete with the advancing disease, which, of course, is lessening and taxing the strength of the patient. This is partly met by the introduction of increased foods, containing carbohydrates, proteids, and fats, in as light a form as possible.

Secondly, to prevent emaciation, exhaustion, and, with the long-continuous disease, the most dreaded complication—bedsore.

To patients whose digestive organs are much impaired, the old-fashioned diet, consisting of milk (diluted and undiluted), whey, and albumen water, is given, but to the more satisfactory, the ordinary milk, increasing daily in cream and lactose until the sixth day diet is reached, which, in full, equals approximately 3,000 calories (or units of heat), graduated until 4,000 calories are reached, this being nearly the maximum of calories obtained and retained in health. This diet is given, as in all fevers, for:—(1) Waste tissue, (2) muscle, (3) gastric glands, (4) loss through skin and lungs, (5) solvent of waste product.

The dietary scale has been worked out to fit in suitably the number of calories thought necessary to obtain (during disease) the amount of food-producing heat required. Here is the enteric dietary scale:—

First Day.—Milk, 3 pints, in eight three-hourly feeds, which equals 1,050 calories. If the patient is taking ordinary milk well, does not vomit or complain of pain after food, and stools do not contain curds, the diet is increased.

Second Day.—Milk, 3 pints, in eight three-hourly feeds=1,050 calories; cream, 4 oz.=240; lactose, 1½ oz.=200; total, 1,490 calories.

Third and Fourth Days.—Milk, 4 pints=1,400 calories; cream, 4 oz.=240; lactose, 2½ oz.=320; total, 1,960 calories.

Fifth Day.—Milk, 4 pints=1,400 calories; cream, 8 oz.=480; lactose, 2½ oz.=330; total, 2,210 calories.

Sixth Day Diet.—Milk, 2½ pints; cream, 5½ oz.; lactose, 4 oz.; bread, 3 oz.; butter, 1½ oz.; eggs, 2; junket, 6 oz.; rice, 3 oz.=about 3,000 calories.

After Sixth Day Diet.—Milk, 2 pints; cream, 1 pint; lactose, 3½ oz.; coffee, 1 oz.; tea, ½ oz.; bread, 3 oz.; butter, 1 oz.; eggs, 3; custard, 4 oz.; rice, 3 oz.; mashed potatoes, ½ oz.; apple sauce, 1 oz.=about 4,000 calories.

This is given in dainty meals at stated times, and is much enjoyed by the patient. In addition, malted milk, malted soup, and soft fruit (such as bananas, if no diarrhoea is present) are given.

Should complications arise, such as relapses, the diet is at once stopped, and started again when the condition proves satisfactory. This diet, of course, is a great boon, and welcomed both by nurses and patients, since it is a preventative of the awful cravings of hunger which enteric fever leaves.

HONOURABLE MENTION.

The following competitors are awarded honourable mention:—Miss M. M. Knox, Miss Dora Vine, Miss F. Sheppard, Miss L. Tomlinson, Miss C. Parr, Miss Mackintosh, and Miss O'Brien.

Miss M. M. Knox writes:—The typhoid patient seems to do well on either a generous or a restricted diet, but during the acute stage the latter is desirable.

Though many patients have little or no ulceration, there is always danger, and so it is better to "play for safety." In most cases fluid diet is preferable, and though milk has many disadvantages, it is really the best food to give. Milk must be given in definite quantities and at definite intervals, each feed being regarded as a meal, and sufficient time being allowed for its digestion. Milk is best given diluted, with a quarter of its own bulk of hot water, and the patient should not be allowed more than five or ten minutes to dispose of it. Milk should never be left standing at a patient's bedside, nor its use permitted for quenching thirst. Otherwise undigested milk is being added to partially digested milk already in the stomach, and the result is often trouble and diarrhoea.

QUESTION FOR NEXT WEEK.

Mention some common causes of convulsions in children, and state how you would manage a child until the arrival of the medical practitioner.

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