

from that of a big currant to that of a gooseberry. They have a tiny hole like a pinprick, which allows them to fill with fluid, and so be less likely to smash. Sometimes this foreign body causes much irritation, which it is usually possible to relieve by fomentations or a graduated pad of about four thicknesses of lint kept continually cold by dropping iced lotion on to it with a wool sponge. The reaction usually subsides in three or four days, but the temperature should be taken at least thrice daily, and the surgeon carefully informed, that he may decide whether the irritation be sufficient for removal of the glass eyeball. Ordinarily there is a slight rise at first. Great care must be exercised as to asepticism during the dressings, or the stitches will give way and the ball fall out. Children's fingers are sometimes difficult to control.

An abscission, sometimes performed in the case of young children, means the removal of cornea, iris, and lens. The coats are sewn up over the remaining vitreous, it making a good stump for the future glass eye.

Ophthalmic instruments are, as a rule, boiled for only a few moments, and then placed in absolute alcohol, their fineness being so easily blunted. Sponges require to be only about a quarter of the size used for ordinary dressings, and should, of course, be thoroughly sterilized.

Pain is, as a rule, but slight after excision, though abscission and evisceration usually entail it.

THE NEED FOR NURSE DIETITIANS.

I have often been struck by the great difference in feeding a patient in Belgrave Square or Park Lane and a patient in hospital.

Suppose two women have the same disease and have to be fed on milk for a week or two, then on more solid food, until the roast beef stage is reached.

The Belgrave Square patient will have milk every two hours, but she will not have it served twice in the same form in the twenty-four hours.

The other patient, in one of our large hospitals, will have her regulation feed of milk, and the only difference will be that she may have it hot or cold, and always on Sundays it will have been boiled—milk is always boiled on Sundays. Then the Belgrave Square patient will have her fish pounded up and made smooth and of such a consistency that it can be swallowed with little or no effort. I have seen the hospital patient chew and chew a mouthful of fish and finally eject it. I have seen and

eaten fish in hospital which approached as nearly as possible in taste and consistency to a piece of wet flannel. I have also seen over-boiled fish served with under-boiled cabbage and potatoes of greyish colouring; no sauce, no butter. I have also seen fish most excellently fried: in fact, the patients used to say you could not get better at a fried fish shop, and I believe they spoke truly.

When the fish stage is passed, the Belgrave Square patient has such a choice of dishes, and so many different methods of cooking, that if she does not make a speedy recovery it is not the fault of the commissariat.

But in the case of the hospital patient it is quite a different matter. She has four meals a day, and three out of the four consist of bread and butter—the bread cut thick and the butter cut thin. I have met people who like that kind of bread and butter, but they are few and far between. The fourth meal will be either boiled or roast beef or mutton, potatoes and cabbage, followed by a milk pudding. When I was a probationer and had to take the dinners round, I used to apologise for the milk puddings, but I gave it up; it grew so monotonous, and there was always the hope that the patient might eat it without noticing how nasty it was, if I did not draw her attention to it.

I had often remarked that, considering they were sick folk, hospital patients were shockingly fed, and were always told it was better than they would get in their own homes; but that is not true in many cases. Take an ordinary women's ward: many of the patients are servants, and they are usually well fed. They leave to "better" themselves if they are not. Some are shop assistants, and some shop assistants are exceptionally well fed. I had a patient from one shop in London who told me they always had a two-course breakfast, with choice of three or four different things, a three-course dinner, and always jam, cake, or scones for tea, finishing with a two-course supper, hot in winter, cold in summer, and cocoa, tea or milk to drink. Then there are Post Office girls and teachers; if they do not live at home, they usually lodge where the cooking is good, and of course there is the married woman, who perhaps does not get roast beef more than once a week at home, but she does have something for breakfast and something savoury for supper, even if it be only a herring, which by the way is very nutritious.

I remember a poor woman telling me one day that she should take her man home:—"We are both very grateful for all that has been done for him, but you see how it is, nurse, he won't

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