

OUR PRIZE COMPETITION.

PRESCRIBE A DIET FOR A CASE OF DIABETES. GIVE A WARNING OF WHAT TO AVOID. OUTLINE DIET FOR CASES OF (a) PNEUMONIA; (b) NEPHRITIS.

We have pleasure in awarding the prize this week to Miss S. F. Rossiter, Sisters' Quarters, Royal Naval Hospital, Chatham.

PRIZE PAPER.

The first essential factor in dieting is a knowledge of what to avoid.

The second consideration is proper regard to the nature, condition, and previous dieting habits of the patient, therefore it will be seen that whereas standard diets may be successfully used for the average patient, modifications must be adopted to suit the individual.

In *diabetes mellitus* the object of diet is the elimination of carbo-hydrates; this, however, must not be done too suddenly, as the condition of *acidosis* may arise. The following diet is, therefore, subject to modification:—

1st and 2nd day.

Cabbage or Spinach, 10 ozs.
Eggs, cooked in various forms, 5 ozs.
Tomato, Lettuce, or Watercress, 2 ozs.
Butter, 4 ozs.
Tea and Coffee, without Sugar
or Milk
Water and Lemonade
Bovril or Beef Essence

ad lib.

Containing Carbo-
hydrates, 12 grms.

3rd and 4th day.

Add Fish, 4 ozs.

5th and 6th day.

Add Bacon, 2 ozs.

Less Eggs, 1 oz.

7th and 8th day.

Omit Fish.

Add Meat, 4 ozs.

9th and 10th day.

Add Ham, 2 ozs.

Repeat Fish, 4 ozs.

Omit Eggs, 1 oz.

Omit Meat, 4 ozs.

11th and 12th day.

Add Sardines, 2 ozs.

Omit Eggs, 1 oz.

13th and 14th day.

Omit all solids.

Tea, Bovril, Coffee, } ad
Lemonade, Water, } lib.

Saccharine or glucose may be used for sweetening. From the above it will be seen that the diet is varied daily, and extends over fourteen days; after the first two days it is practically carbo-hydrate free. To modify this "Casord" bread and small quantity of milk may be added. Whisky is often given during the last two days of diet, particularly if patient has been used to alcohol.

In *pneumonia* the aim of the diet is to minimise exertion in digestion, and thus indirectly upon the heart, and to avoid heat-producing elements, at the same time giving the maximum of nourishment possible. The ideal diet is, therefore, milk, given regularly in small quantities during the febrile stage, but although

ideal as a food, it can become almost nauseating to the patient unless the manner in which it is served be varied. This can be done as follows, giving five ounces two-hourly:—

Milk Tea, freshly made and not allowed to stand.
Milk, with half a well-beaten egg, flavoured with sugar, and some flavouring essence added.

Junket, to which lemon rind or nutmeg has been added.

Milk Jelly, made with Isinglass

Milk, to which a little coffee has been added, although this must not be given as a night feed.

Milk, with small quantity of beef extract and little salt. This is only as an occasional feed, as the concentrated meat extracts tend to increase blood pressure.

Milk, iced, with soda water.

If brandy is ordered as a stimulant it should never be given in feeds, first because its action as a stimulant is lost when given so dilute; secondly, it often prejudices a patient against feeds; and, lastly, one is not always certain that the whole of a feed will be taken, and it is so essential that the prescribed amount of brandy should be taken. *Mist Pot Citrate*, in the proportion of ʒi to Oī of milk makes the milk easier to digest by forming lighter, softer curds; it is also slightly diaphoretic in its action.

It must always be remembered that the daintiest feed will be spoiled if the mouth is not carefully attended to beforehand.

During convalescence the diet may be a liberal one (providing it is of a light nature) to repair the ravages of continued high temperature upon the tissues.

In *nephritis*, during the acute stage, the chief object is to keep up metabolism, whilst avoiding strictly any article of diet that increases blood pressure and causes irritation of renal tract. Demulcent drinks given freely—*e.g.*, barley water, will be found to supply sufficient nourishment. Honey given in small quantities is a palatable form of administering glucose, and is nourishing and easily assimilated. If there are no gastric symptoms cream may be given. During convalescence, or in the chronic type, milk puddings, eggs in various forms, white meats (*e.g.*, chicken, &c.) may be given.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Jean M. Scott, Miss M. Cullen, Miss Winifred M. Appleton, Miss M. A. E. Smith, Miss A. Overshott.

QUESTION FOR NEXT WEEK.

What are the symptoms of the presence of adenoids and diseased tonsils in a child? What ill-results may follow their neglect?

[previous page](#)

[next page](#)