

agar, or Indian gum, and contain no protein, fat or carbohydrate. Jellies may also be made with agar, and flavoured in various ways. A very good salad dressing may be made with mineral oil, and there are several flours made of cellulose which may be used in various ways and which have no food value.

The milder cases respond well to this diet, and, when they have been sugar free for some time, increases in the amount of food are made gradually, until a diet is given of a sufficiently high-caloric value to enable the patient's return to normal life. Of course, no diabetic can ever abandon dietetic treatment. The more severe cases are put on the same diet and kept sugar free with insulin, the dose depending on the severity of the case. The insulin is usually given immediately before meals. Any patient, no matter how severe a diabetic he is, may be kept sugar free on an adequate diet if he is given large enough doses of insulin.

It is surprising what a difference the change in diet has made in the nursing of the diabetic. Formerly the average patient was underfed, undernourished, and irritable, and had to be watched constantly to prevent breaking diet. And it was impossible to prevent it altogether, because most diabetics were utterly untrustworthy, as far as diet was concerned, and would steal food on every possible occasion.

Now, however, they are given meals which they enjoy and which satisfy their hunger; they feel well and, in the majority of cases, require very little actual nursing; with the result that the nurse's duty has become largely one of education. She should explain to them the nature of the diet and the necessity of strict adherence to it. She should teach them to work out menus for themselves, so that they understand exactly what they are allowed. The importance of the collection and examination of specimens should also be explained. Most of the patients are very much interested in learning these things, and also in having some definite occupation. In our clinic they are taught different occupations, by the aides in the Occupational Therapy Department, such as knitting, working in leather goods, weaving, wood-carving, &c. Some of them, whose diet permits of a little extra work, help in the ward and in the laboratory.

The giving of insulin, of course, entails extra nursing care. It is given hypodermically—and should be given very superficially, as abscesses are likely to result if it is given at all deeply. The patients getting insulin have to be watched very closely, especially if the dose is increased or a change made from one "lot" of insulin

to another. This is necessary, because the insulin, if given in too large a dose, or too long before food, may cause a lowering of the blood sugar below the normal level. This condition is called hypoglycæmia. The nurse must be on the alert, as the symptoms—weakness, nervousness and sweating—may appear very suddenly and be rapidly followed by unconsciousness, which may end fatally. The early symptoms may be relieved by giving carbohydrate in some form, *e.g.*, orange juice, glucose or cane sugar. One of these should be always available, and, if the symptoms are severe and no doctor is at hand, the nurse should administer it. If the patient is unconscious, adrenalin may be given, or glucose, by gavage or intravenously. In this way the blood sugar is restored, and recovery is usually quite rapid. A patient who has had a reaction recognises the very early symptoms, and is warned to report them immediately. The carbohydrate is administered at once, and in this way reactions may be almost entirely avoided.

Special nursing care is required also in the case of coma. Coma is due to the collection in the blood of acetone bodies, and the treatment usually followed is to give insulin in glucose intravenously, and to push fluids by mouth. The two most important duties of the nurse are to see that the patient is kept warm, as the temperature is usually sub-normal, and that sufficient fluids are given—and "pushing fluids" is not so simple as it sounds. To give a comatose patient five quarts of fluid a day is a real task; but it is a most important part of the treatment, and a part that depends entirely on the nurse; otherwise the nursing care is the same as that of any sick patient.

So, you see, the diabetic nurse has a variety of responsibilities. She must be able to look after the dietetics and teaching, as well as the nursing.

INTERNATIONAL NEWS.

Miss Cora E. Simpson, R.N., has been appointed General Secretary to the Nurses' Association of China, which is affiliated to the International Council of Nurses. In acknowledging the greetings of the National Council of Trained Nurses of Great Britain and Ireland upon admission to the I.C.N., Miss Simpson writes: "Thank you very much. This resolution, with your letter, will be presented at the National Conference of the Nurses' Association of China, to be held in Canton in February. We are looking forward with great pleasure to meeting members of your National Council at Helsingfors in 1925."

[previous page](#)

[next page](#)