

easily than dry bread. Some of these patients swallow semi-solid food better than liquids. Later in the illness, when the patient can no longer swallow, he should be nourished through the stomach tube, but this method of feeding should be postponed as long as possible. A little coffee once daily is permitted, but as a rule caffeine-containing drinks and alcohol are not prescribed.

Combined Sclerosis.—These patients are given a diet which is rich in protein, such as muscle meats and liver. Combined sclerosis of the cord usually occurs in patients who are anæmic and of low vitality. There is reason to believe that combined sclerosis and pernicious anæmia are related. The chief characteristic in the diet is an abundance of liver. The fats are restricted chiefly because the patient can thus be induced to eat more of the liver and other necessary foods. The green vegetables and fruits provide the necessary vitamins and minerals. It is advisable that the liver be weighed, at least in the beginning, and preferably the other foods also. After this approximate quantities may be taken. Several small feedings rather than three meals daily are advisable. For patients with diarrhoea, less fruit should be given and the vegetables should be prepared in the form of purées. When the patient cannot take much food or when it is extremely distasteful, the liver and kidney may be prepared in purée form, and in case of necessity may be given through a stomach tube. The average person should receive about 2,500 calories distributed approximately as follows: protein 135 gm.; carbohydrate, 340 gm.; fat, not more than 70 gm.

Neuritis.—Neuritis is often due to some constitutional disturbance. The suitable diet, therefore, is the one which should properly be given for the underlying disease. The possibility of gout and diabetes should be borne in mind. It is quite possible that mild degrees of chronic vitamin deficiency can cause this type of disease. For this reason the patient's dietary habits should be studied for evidences of deficiency in vitamin and mineral content. If such deficiencies are found, they should be corrected and the patient given a full, well-balanced diet in which milk and green vegetables form an important part.

Neuralgia.—Neuralgia appears in patients whose vitality is low. Many of these are sufferers from chronic nutritional failure, and for this reason they are often benefited by a full well-balanced diet in which is included an abundance of protein, the leafy portion of vegetables, milk and cream, and sometimes cod-liver-oil.

Diseases of the Brain.—Cerebral hæmorrhage, thrombosis, tumour, abscess, etc., are not influenced by any particular type of diet. The extent of the patient's debility should determine the kind and quantity of food and the frequency of the feedings.

THE AFRICAN CHILD

It was a happy idea to publish the account of the International Conference on African Children held at Geneva last year in the form of a most readable and interesting book, instead of an ordinary report.

The book, which is written by Miss Evelyn Sharp and has an introduction by Lord Lugard, G.C.M.G., D.S.O., etc., is published by Longmans Green and Co., 39, Paternoster Row, London, E.C.4, price 2s. 6d.

Lord Lugard draws attention to the heavy infant mortality, reaching in some regions of Africa the hardly credible figure of 800 to 820 per thousand.

Bishop Greford Jones appeals to all those who seek to serve the Africans to reverence in them their fine qualities, the dignity and modesty of their women, the readiness of their men to make sacrifices for the education of their children, and, above all, their spirituality and capacity for faith, even if this is not always of the intellectual kind—attributes which must strike even those with only a superficial knowledge of Africa and its peoples.

AN APPRECIATION OF MISS MOLLETT.

By MRS. DOUGLAS GRAY, R.R.C., S.R.N.

I first saw her when she walked out of the sister's room into the babies' ward—a tall figure in dark blue uniform, and high Shadwell cap—a long, rather pale face, deep expressive eyes, biggish nose, small mouth, and very perfect small teeth.

She came to Shadwell from St. Bartholomew's, with a great reputation for brains, and a very high ideal of the ethics of nursing.

I think as a pro. of 18, I was too young and ignorant to realise what a chance had been given us to live and work under the guidance of such a peculiarly wonderful woman. She was out and away better educated than the generality of nurses, and had had great experience of life. She was a philosopher-agnostic, because she was too honest to believe blindly and distrusted emotionalism. Gentle and sympathetic she had a passionate pity for the helpless—for children, women, the sick.

She loved animals, birds, flowers, and most helpless things. She was a classical scholar, and a more than usually keen historian. And yet she took great interest in the smallest details of nursing. She was not in the least sentimental. I remember once when we were watching a horse in a coal cart, toiling through deep snow, and I exclaimed: "Oh, that poor horse. I do feel sorry for it." And Miss Mollett said, "Why? It's all right; just doing the job it was intended for. Don't waste pity. It's rather vulgar." And yet another time coming back from an early morning at Covent Garden, we saw a drunken old woman being rather roughly dragged along by two policemen. She stamped with anger, and clenching her fist, muttered: "The brutes, I could kill them! Come away."

Miss Mollett was sister at Shadwell for a year, and then went to the National Hospital for Paralysis as superintendent of nursing. Before she went there the nursing was very poor. The "girls" as they called themselves, were uneducated, of the domestic servant class.

I had the blessed good fortune to be made head nurse of Bentinck Ward—with sixteen paralysed women patients. It was a year of marvellous work. Miss Mollett discussed every case with me, and would "go over" and explain the intensely interesting clinical lectures we had heard in the day. Hewlings-Jackson, Dr. Ferrier, Barlow, Victor Horsley, Gowers—what an orgie of brains!

Sir Victor Horsley at that time was made surgeon to the National Hospital, and did marvellous trephining operations for Jacksonian epilepsy. There being no theatre, no surgical nurses or theatre appliances, Miss Mollett turned an empty dayroom into a theatre, and screened off part of the adjoining empty ward for the patient.

The operations were done under a Lister carbolic spray, with boiled pudding dishes for resection trays, and fish kettles for sterilizers. Out of the first twelve cases, only one did not recover, and he was a clergyman with a cancerous lesion on the brain, which recurred.

Sister won the complete confidence of the visiting doctors and house surgeons. Clever and tactful, she coached not only nurses, but the matron, servants, house surgeons, secretary, and board.

It was a great blow to the National when she was appointed Matron to the Chelsea Infirmary.

There the nurses were "under" the House Doctor. (I'm not sure he was not called the "Master.") He signed their leave passes, and gave them instructions about their work and personal affairs. Naturally, Miss Mollett soon altered all that, and before she left, the nursing at the Chelsea Infirmary was decidedly good.

Her next post was Matron of the Royal South Hants Hospital at Southampton, and once more (like Boswell) I

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