

The amount of food given must be small in quantity, and the intervals between feeds should be very short, so that there is no intervening time for the accumulation of gastric juice. The protein used should be one that is easily combined with hydrochloric acid, so that the acid content of the stomach is readily fixed by it.

The fat content of the diet should be high, because fat acts as a deterrent to gastric movement, and so helps to allay spasm. The caloric value of the diet should be reasonably high, and orange juice should be given to supply vitamin C, which is usually lacking in an ulcer diet.

There are numerous variations in the diet given, but most of the diets are adapted from that of Lenhartz or Sippy's diet. These are often followed by Hurst's diet.

Lenhartz Diet.

Hourly feeds are given for the first ten days, from 7 a.m. to 9 p.m., and two hourly for the next four days. Eggs and milk form the staple article of dietary. These may be iced. On the first day one egg is beaten whole in 6 oz. to 8 oz. of milk and divided into hourly feeds. Each day, one egg and 4 oz. of milk are added until the patient is taking eight eggs and two pints of milk per day. On the third day sugar is added.

At the end of a week raw minced beef is given, and later farinaceous foods (*e.g.*, rice pudding, minced chicken and fish) until at the end of the month the patient is on ordinary light diet. Olive oil may be added to the diet after a few days. The food, and also the feeding spoon, should be kept on ice.

Sippy's Diet.

The diet commences with hourly feeds of cream and whole milk to which has been added sodium citrate; half an hour after each feed a bismuth and calcium powder is given. The amounts of cream and milk are increased at each feed from $\frac{1}{2}$ oz. to $1\frac{1}{2}$ oz. of each. On the fourth day an egg is added, followed by bland cereals, and the diet is very gradually increased. Tincture of belladonna per mouth may be given to inhibit secretions.

These diets are usually started after a period of starvation, but in Meulangracht's diet this starvation period is done away with. Vegetable soups of tomato or carrot purée, Marmite, eggs (beaten or boiled), custard, junket, may be given.

The feeds are given two-hourly. Orange juice with sugar is given as three of the feeds. By the third week the patient may be given minced fish or chicken and white bread and butter.

A mixture containing soda bi-carbonate, magnesium carbonate, and extract of hyoscamus is given three times a day. By this method the patient recovers more quickly from the shock caused by loss of blood, gastric symptoms disappear, the patient puts on weight, and is up and about after the third week.

PRIZE COMPETITION QUESTION FOR NEXT MONTH.

How would you nurse an adult male patient who is suffering from a severe attack of Mumps? Mention any points which would lead you to suspect the occurrence of complications.

NUTRITION AND SIGHT.

By DR. HELGA FRANDSEN.

As a result of the rapid progress of medical science in the domain of nutrition, our ideas regarding normal nutrition habits have been radically altered. Illnesses formerly considered of an indeterminate nature, or attributed to other causes, are to-day put down to the insufficiency or absence of certain nutritive elements in our diet which are indispensable for our well-being, such as vitamins, for example. For the maintenance of good health it is necessary that a sufficient quantity of these substances be included in our daily diet. The article by Dr. Helga Frandsen, which appeared in the Danish Red Cross Review and which is reproduced below, deals with one of these essential nutritive substances, vitamin A, which is of such importance to our systems. The total or partial lack of this element in our diet exposes us to various ills, one of the most characteristic of which is the lessening of the sight's capacity to adapt itself to reduced lighting, a phenomenon known as night-blindness. In these days when the "black-out" is almost general in the towns and cities of this continent, this defect of sight, although trifling in itself, is not without danger for all those who are obliged to be out after dark. This symptom, moreover, which is proof of a lack of vitamin A in the system, is associated with certain other troubles, more serious but less well-defined, which may be traced to the same cause and which may therefore be worth calling to the attention of our readers.

Night-blindness due to faulty diet has been known since very ancient times. The Egyptians have written descriptions of this complaint, and they recommended liver as a remedy. In modern times, it has been observed particularly in Russia, during Lent, among under-nourished persons. It has also been found to exist in institutions where the diet is less varied than in individual households.

As research work on the subject of vitamins has progressed, it has become apparent that night-blindness is due to the lack of vitamin A in the diet.

The ability of the eye to adapt itself to varying degrees of light is very great. Everyone knows that it is difficult to see well when one goes from bright sunlight into a dark room, but that after a certain time the sight improves, and after half-an-hour in the dark, the eye's sensibility to the light is 10,000 times greater. It is this faculty for adapting itself to the light that is impaired by the lack of vitamin A, and precisely because this faculty is so great, it is possible to record the slightest lessening of it.

Complete night-blindness due to incorrect diet is rare in Denmark. The milder forms of this affection interest us more particularly.

Before the war, when there was good lighting everywhere, it was rare for oculists' patients to complain of not being able to see well in the dark. To-day, in the black-out, things are different. It is easy to understand how important it is for aviators, sailors, drivers, etc., to see well in the darkness. But for we who can stay at home, is the fact that we cannot see well at night of no importance? No, not in the least. It should be realised that night-blindness is not an isolated symptom, but the

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