

send her down to the diet kitchen to learn how to do this herself. She must always be very careful to eat only the foods contained in her diet. In this way all the symptoms of illness which she now has will disappear, and she will feel quite well again. Stress the regularity of her meals—breakfast at 8 a.m., dinner at 12 noon, and supper at 6 p.m.

3. *Insulin*.—For the first few days explain just what this is and the reason for giving it, emphasising the fact that it is carefully measured to burn up the food which has also been carefully measured, that it is given exactly ten minutes before each meal, but before going home the noon dose will be eliminated and she will receive it only before breakfast and supper. When the initial fear of the injection has passed, encourage Mary to give the insulin herself. Explain why you alternate the area chosen, using first an arm, then a leg, then the other arm and then the other leg. Explain aseptis and the reason for gently massaging the area afterward. As soon as Mary is allowed to be an up-patient she may be taught to sterilise the equipment. This is done by means of a saucepan into which is placed an ordinary sieve. The syringe is separated, placed in the sieve, and boiled on the stove for five minutes. The needle is placed in the sieve and boiled for two minutes. The syringe and needle may be easily removed by lifting up the strainer, emptying the water from the saucepan, then putting the parts together, holding the syringe and the needle by the top. In this way no forceps are necessary.

4. *Urinalyses*.—Explain why you are collecting a specimen of urine every two hours. When Mary is allowed up, she may be shown the Benedicts test for sugar. When she goes home she will test a twenty-four hour specimen, and if that shows sugar she must test specimens every two hours to find out which contain sugar and to report the information to her doctor.

5. *Exercise*.—Find out the activities she is interested in; she will be able to carry on with them when she leaves the hospital, only being careful to stop as soon as she feels tired. If she continues when fatigued, the insulin and diet will not balance. Inquire about the school she attends: if it is far distant it may not be advisable to come home at noon and a school lunch will have to be planned.

6. *Insulin reaction*.—Due to the fact that she is a growing active girl there may be times when the insulin given may prove too much. This will be characterised by irritability, dizziness, drowsiness. If she feels any of these symptoms she may take an orange or two lumps of sugar. She may carry two lumps of sugar at all times in her pocket and take them during school hours if necessary.

7. *Coma*.—There may be times when, due to illness or improper balancing of diet and insulin, there will be too much food for the insulin to utilise: then symptoms will recur, such as she had when coming into hospital. The first symptoms will be consistent sugar in her specimens; if this is checked with her doctor, further symptoms will be controlled. Be careful in teaching this child the symptoms of insulin reaction and coma to emphasise only the early symptoms. It is not necessary to frighten her unnecessarily by informing her of un-

consciousness. The mother may be taught that but not the child.

8. *Health hygiene*.—During the daily bath teach her health hygiene, so important with this illness: to keep her body clean and well-dried, hair well-groomed, teeth cleansed after each meal; to keep her toe-nails cut straight across; to attend to any small cuts, pimples or boils; to obtain ten hours' sleep every night in a well-ventilated room; to report to her mother if she is not feeling well, so her mother may in turn consult the doctor.

9. *Elimination*.—There should be at least one bowel movement a day. If a laxative is sometimes necessary it must be mineral oil or liquid paraffin, because these contain no sugar.

The points I have stressed must be taught slowly, over a period of time. The child's questions will be your guide. She must not be overwhelmed with information, but absorb each point fully. You must have great patience with her and encourage her from day to day. Many mistakes will be made and these you must discuss together. Always be fair in your dealing with her. If she is able to absorb this teaching and assume responsibility for herself, her future well-being is assured.

The week prior to Mary's discharge from hospital her mother will come to the hospital daily to receive complete instruction for her future care. Mary will attend many of the conferences with her mother, and if by that time she fully understands about her disease and its treatment, it will greatly ease the strain and tension for her mother.

Reprinted from the Canadian Nurse.

THE URGENT NEED OF SISTER TUTORS.

From many hospitals we hear there is great difficulty in obtaining Sister Tutors. This is not surprising, as the expert knowledge required to fill adequately these posts, and the somewhat ambiguous position of these officers in the hospital routine, needs not only very expert theoretical knowledge but also a love of teaching and great adaptability of character—not easily combined in one personality—and with the threatened influx of uneducated women to the rank of Assistant Nurses, it is absolutely necessary, for the safety of the sick, that they should receive sound elementary instruction.

The London County Council, whose Hospitals and Medical Committee have supported de-grading of Nursing standards, has approved a recommendation that six scholarships be given annually to Ward Sisters in the Council's Hospital service to enable them to take a year's course to qualify as Sister Tutors.

Each scholarship will include the payment of tuition fees, a grant of £25 a year towards incidental expenses, and board, lodging and laundry at a hospital. Half of the annual cost will be met by the Government.

The British College of Nurses, Ltd., is prepared to finance scholarships, and an absolutely quiet room at 19, Queen's Gate, S.W.7 is available for study by arrangement. Very convenient at exam. time.

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