DIET IN DISEASE

By Dr. Lavina Herzer

Diet in Gastric Disorders

A few simple suggestions that apply in all cases of digestive disturbances follow:

1. Food should be thoroughly masticated.
2. Meals should be taken at regular intervals, in moderate quantities.
3. No food whatever should be taken between meals.
4. The food should be fairly concentrated.
5. Meals should not be taken when the patient is fatigued.
6. Avoid a large variety at one meal. Use no more than three or four articles at a meal. Get a variety at different meals.
7. Drink fluid one hour before or three hours after meals.
8. Take daily systematic exercise in the open air.
9. Take a daily bath. Keep the bowels open.
10. Use reason in choosing your food, *and then forget about it.*
11. Avoid worry.

Articles to be Avoided in all Cases

1. Rich soups, gravies, and sauces.
2. Strong condiments, pepper and chillies.
3. Fresh soft breads of all kinds.
4. Griddlecakes.
5. Pastry of all kinds.
6. All jams, jellies, sweet puddings, and candies.
7. Sugar in all forms, especially with milk.
8. Raw vegetables, except the finer ones.
9. All coarse, heavy vegetables, as beans, sweet potatoes, boiled turnip, cabbage, etc.
10. Large amounts of fat.
11. Game of all kinds.
12. All smoked or canned meats, shellfish, etc.
13. Stews, hash, etc.
14. Cheese of all kinds, except cottage cheese.
15. Very acid or very sweet fruits, also dried fruit and nuts.
16. Tea, coffee, cider, chocolate, and tobacco.

Low Acidity.—The meals should be separated sufficiently that the stomach may empty itself and have time for rest. The diet should not be too bland, as that would fail to stimulate gastric secretion. It may be best begun with partially predigested foods, as malted foods, pancreatized milk, dextrinized cereals, etc. The following foods are adapted to these cases.

Stale whole wheat bread, toast, zwieback, crackers, etc.
The finer vegetables, as squash, tomato, etc., also vegetable *purees*.
Fats in small amounts, as cream, butter, olives, olive oil, etc.
Eggs simply cooked without fat.
Fruits cooked or raw, especially oranges, lemons and grapefruit.
Buttermilk, yogurt, cottage cheese, skimmed milk.
Desserts, the simplest only.

The presence of protein food in the stomach tends to stimulate gastric secretion. Avoid drinking at meals, as that dilutes the gastric juice. Avoid all fresh breads and rich fatty foods.

High Acidity.—Use proteins in normal amounts. Increase the fats. Use salt sparingly. Avoid all highly seasoned savoury foods. Use a diet similar to the one recommended for ulcer of the stomach.

Ulcer of the Stomach.—Milk is one of the best foods for this condition. In some instances, it may need to be diluted. Fresh sweet buttermilk, ice

cream (with very little sugar), cottage cheese, butter, olive oil, etc., are excellent. The following also are suitable:

The fine cereals well cooked.
Any of the prepared cereals, as granose flakes, puffed wheat, etc.
Gruels.
Browned rice.
Granose and rice biscuit.
Stale white bread.
White zwieback.
Infant foods.
Milk soups (strained).
Puree of peas, spinach, corn, and squash.
Milk-cereal puddings, plain custard, prune whip, date whip, cream eggnog.
Mild fruits and fruit *purees*.

Avoid condiments, savoury dishes, sweets, acid fruits, raw fruits, all coarse foods, worry, excitement, fatigue.

The latter precautions are especially important in this condition. Rest before and after each meal is helpful if the rest cure cannot be taken.

Carcinoma (Cancer) of the Stomach.—The food should be concentrated, non-irritating, and in an easily digestible form. Milk in any form is a very important article of diet. Cereal may be cooked in milk; or toast soaked in milk may be used. Sour milk, or one of the artificial preparations, as yogurt, is recommended by authorities on the subject, as it forms a smaller curd in the intestines. In severe cases, milk may be predigested. The bread used should be stale or toasted. Vegetables are best in the form of *purees*. Fats should be given sparingly. Eggs may be used soft cooked or raw. Only the bland fruits should be taken, as pears, baked sweet apple, prune *puree*, etc. Plain puddings may be used; also ice cream.

Avoid condiments, sweets, fried foods, pastry, all rich fatty foods, all irritating foods, acid fruits and vegetables, large amounts of fat.

In all the late stages, the patient's appetite, may as well be gratified as far as possible. Rectal feeding may give relief when the stomach refuses to digest the food.

Diet in Tuberculosis

In tuberculosis. there is a great drain on the patient's strength, and proper feeding and sanitary surroundings are very important factors in the cure. The old practice of 'stuffing' the tubercular patient is no longer followed. Three nourishing meals a day are usually sufficient. But if the appetite is poor, and little is eaten, a glass of milk or an eggnog may be given at prescribed intervals between meals. These patients, as a rule, bear an increase in fats well. The amount of protein and mineral salts should be increased.

The heaviest meal should be taken while the temperature is nearest normal. Special care should be exercised to make the meals tempting and attractive in these cases, as the appetite is often poor. The patient should strictly avoid swallowing his sputum, for he may reinfect himself in this way. Fatigue should be avoided.

FOODS HIGH IN PROTEIN

Milk
Cottage cheese
Eggs
Peas, beans, lentils, dahl
Almonds
Malted nuts
Entire wheat bread
Cracked wheat
Oatmeal
Macaroni
Spaghetti

FOODS HIGH IN FATS

Cream	Walnuts
Egg yolk	Butter
Ripe olives	Olive oil

Solid vegetable fats

(Reprinted from the *Oriental Watchman.*)

FRAGMENTS AND EXCHANGE.

'I have been thinking over how we could manage "the exchange of light reading books, nursing journals in particular" among Students units. Except for the N.J.I. no other nursing reading matter rest on our public library table (I mean the nurses' club attached to the hospital). The girls have out of their funds the daily newspaper, the weekly illustrated *Times of India, Home Chat* and *Home Notes*, and *The Young Ladies' Journal.* These last three named are in such good condition it seems a pity that they should lie by till they are auctioned every year among other spare things. I was thinking if we could exchange them for other reading matter of interest to the nurse in training, we might help and at the same time benefit without very much extra cost.'

This paragraph is from a recent letter of an administrator in one of India's busy hospitals. It does seem as if a circulating library would be a desirable and a feasible thing. How to go about it. There would need to be a central depot for receiving and sending out Journals. I am sure that many of our members would gladly contribute their Overseas Nursing Magazines, as soon as read.

[I think an arrangement of mutual exchange would solve this need. To open a central distributing and collecting agency is too much to be undertaken by individual workers and could not be carried through without expense.—EDITOR.]

SECRETARY'S PAGE

An Interesting Letter

Readers of the *Journal* will be interested in the following letter.

I am sure the nurses of the Ranipet Hospital, Arcot District and their Superintendent, Miss Noordyk, will be proud to know that one of their own nurses is doing such good work away in a distant land—no small undertaking for an Indian nurse.

BAHREIN, NOV. 26TH, 1933.

DEAR MRS. WATTS,

Enclosed find cheque for my subscription to T.N.A.I. I have enjoyed reading every word of your report on the Conference in Paris and Brussels. It made me wish I could have been there.

I had a very unusual experience this summer. The King Ibn Saud of Arabia sent for our doctor and myself to come to Ryadh, the summer capital, to take care of his wife, who needed an operation. I took with me nurse Grace Davis, an Indian nurse graduate of Madanapalle, trained by Miss Te Winkel. This was the first time an occidental woman had been allowed, much less invited, to the interior. So we are very proud the