

**A NEPHRITIC DIET SHEET.**

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THE diet sheet given below has been found useful and convenient in regulating the protein intake of nephritic patients. The physician often has a rather definite idea of how much protein it is advisable for a patient of this class to take—or rather not to exceed—without, however, any definite idea of how to tell him just what foods and what quantities he should eat. The usual way is to advise him to take so many eggs and so much milk; or we have elaborate menus, different for each day, with a varied but precise order of dishes for each meal. With this last scheme few private households are able to cope for any length of time. Moreover, it is important that restrictions shall not be excessive and that these patients receive sufficient protein in so far as their condition permits. With this sheet we believe we can make patients readily understand a method which they can easily carry out, whereby they receive, approximately speaking, the amount of protein we think they should have and no more.

In this sheet the ordinary articles of diet have been divided into three groups: The patient is instructed that whatever foods or dishes (in the current bill of fare where he happens to be) he may wish to eat he must first find on the sheet and take only in the quantities designated as full or half-portions. He is told that if the article is found in Group I a full portion counts 1 in the score for the day; if it is found in Group II it counts 2; he must keep count and "make" the total score prescribed for him. Now the quantity of each article given on the sheet as a full portion contains approximately 4 grams of protein in Group I and 8 grams in Group II. We divide the number of grams of protein we wish the patient to have in a day by 4, and the result is the figure we must write in (in the blank space left for the purpose) to represent what his daily score should be. The protein in the portions in Group II is, of course, twice as much as that contained in those of Group I; therefore a portion or helping of a food listed in Group II scores 2 while those of Group I count but 1. Group III lists foods of so low a protein content as to be negligible. It goes without saying that foods not found on our sheet may be easily added to it. The foodstuffs listed have been selected and grouped merely on the basis of the protein content. We doubt that any of these foods are

specially harmful to the kidneys. If any should be found so they may be removed.

### NEPHRITIC DIET SHEET.

Any combination of the foods listed below may be selected.

Foods not listed below must not be taken.

In Groups I and II there is a restriction in the total amount.

The foods in these groups must be served in full or half portions.

A full portion in Group I counts 1.

A full portion in Group II counts 2.

In Group III the quantity of each is not restricted, although you are urged to use discretion.

Your total score for the day should be.....

Your total amount of fluid should be.....Pints.

Do not add salt or spices to the food after it has been cooked.

#### GROUP I—EACH FULL PORTION COUNTS 1.

	Full portion.	Vegetables, etc.	Full portion.
Bread (white)	1 av. slice	Baked beans	1 tbsp.
Bread (graham)	1 av. slice	Lima beans	1½ tbsp.
Unseeded biscuit	5 crackers	Potato, creamed (P.B.B.)	1 tbsp.
Shredded wheat	1 biscuit	Potato, mashed (P.B.B.)	1½ tbsp.
		Potato, boiled	1½ med.
Cereals.		Green peas	2 tbsp.
Oatmeal	2 tbsp.	Canned corn	2½ tbsp.
Boiled rice	3 tbsp.	Onion, boiled	3 tbsp.
Cornmeal mush	4 tbsp.	Macaroni	4½ tbsp.
Cream of Wheat	6 tbsp.	Squash, boiled	5 tbsp.
Farina	6 tbsp.		

#### GROUP II—EACH FULL PORTION COUNTS 2.

	Full portion.	Meats.	Full portion.
Milk	1 glass	Chicken, roast	3" x 3" x 1"
Egg	1 egg	Lamb chop, broiled	¾ chop
Eggs (scrambled)	1½ tbsp.	Lamb, roast	3" x 2½" x 1"
Custard (P.B.B.)	3 tbsp.	Beef, roast	3" x 2" x 1"
Fish.		Beef steak, broiled	2" x 1" x 1"
Cod, boiled	1" x 1" x 1½"		
Haddock, boiled	1½" x 1" x 1"		
Oysters	7 oysters.		

#### GROUP III—NO RESTRICTION.

Vegetables.	Fruit.	Miscellaneous.
Turnips	Watermelon	Sugar
Carrots	Plums	Syrup
Cabbage	Pears	Candy
String beans	Peaches	Honey
Cucumbers	Strawberries	Maple sugar
Cauliflower	Grapes	Butter
Celery	Raspberries	Cornstarch
Tomato (fresh)	Blueberries	Arrowroot
Tomato (cooked)	Muskmelon	Tapioca
Lettuce	Apple	Post Toasties
Asparagus	Pineapple	Maple syrup
	Prunes	Olive Oil
	Apple sauce	
	Orange	
	Grape fruit	

The sheet will probably be of the greatest usefulness in the so-called out-patient "classes," at which its meaning and use can be explained to groups of patients. One change might be made in the direction of greater simplicity. It will be seen that the size of the portions of fish and meats is a little different for each kind, but all are close to two cubic inches. It would perhaps be better to have a uniform portion for all meat and fish, that is, the lean part of a lamb chop or a piece 2" x 1" x 1". This is an amount easily visualized, and a block of wood could even be cut in the requisite dimensions and shown as an object lesson.

With the varied diet which the patient will naturally choose for himself under this system he will usually get sufficient calories for his needs. That this is so will be discovered if he is told at intervals to bring in a list of the foods he has eaten on two or three days previous. When, however, his protein has been cut down to the neighborhood of 30 grams a day it may well be found that he is not getting calories enough. If so a definite daily amount of butter, cream, olive oil and sugar can be prescribed, with instructions to take them on his other food. For convenience of estimation, on the physician's own sheet the calories may be written in after each portion.

Finally, this scheme, as will be readily apparent, is based essentially on the diet chart published years ago by Arnold, which in the opinion of the writers should have met with a more general use than so far as they know, has been the case.<sup>1</sup> It was Arnold's great merit to point out that uniform amounts of protein can be taken by common measures in quantities of food which are about what one would naturally take as a serving. Arnold's charts, however, as we think anyone who has used them will agree, are of more service to the physician than to the patient. The scheme submitted herewith makes the data available as a guide for the patient and the physician.

We gratefully acknowledge the assistance of Miss Katharine Mitchell, formerly assistant dietitian at the Peter Bent Brigham Hospital.

### ANTIPNEUMOCOCCUS SERUM (KYES'S) IN THE TREATMENT OF PNEUMONIA.<sup>1</sup>

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IN 1911, Kyes<sup>2</sup> announced that he had succeeded in producing an antipneumococcus serum with high antibody content by a new

<sup>1</sup> Arnold, H. D.: Boston Med. and Surg. Jour., 1909, clxi, 457. Medical Communication, Massachusetts Medical Society, 1909, xxi, 631. Tr. Am. Climat. Assn., Philadelphia, 1909, xxv, 128.

<sup>2</sup> Read at the meeting of the Tristate District Medical Society (Wisconsin, Illinois and Iowa), Rockford, Ill., September 5, 1919.

<sup>3</sup> Jour. Am. Med. Assn., June 24, 1911, No. 25, lvi, 1878-1881.