

**FOOD FOR THE SICK; A  
MANUAL FOR  
PHYSICIAN AND PATIENT**

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Food for the sick; a manual for physician and patient by Solomon Strouse & Maude A. Perry

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**SOLOMON STROUSE & MAUDE A. PERRY**

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# FOOD FOR THE SICK

A MANUAL FOR PHYSICIAN AND PATIENT

BY

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## PREFACE

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IN the preparation of this volume we have supplemented our own experience by free use of the current literature in text-books and magazines. Since the nature of the book precludes extensive bibliographical references, we take this opportunity of acknowledging our indebtedness. To many of our colleagues on the staff of Michael Reese Hospital we owe debts of gratitude for suggestions and help; Dr. Joseph C. Friedman has given us much valuable assistance; the chapter on Diseases of the Heart was planned by Dr. Sidney Strauss; the one on Diseases of the Skin was outlined by Dr. Phillip F. Shaffner. The publishers have constantly extended courtesies for which we are sincerely thankful.

THE AUTHORS.

CHICAGO, ILL.,

*July, 1917.*

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# FOOD FOR THE SICK

## CHAPTER I.

### INTRODUCTION

The conceptions behind this little book are (1) that the patient may justly demand more explicit instructions in diet than he has hitherto received; (2) the physician needs a practical guide book for imparting such instructions, especially when the patient must rely on himself or his family for the preparation of his diet. It has seemed to us that many diseases in which food plays an important role in treatment do not progress favorably because of the inability of the patient to grasp in terms of the kitchen what the physician says in terms of the laboratory. A cook book does not fill this need any more than does an elaborate treatise on the science of dietetics, which many physicians find difficulty in mastering.

As an example, the meaning of a "low-nitrogenous, salt-free diet" is rarely so clear that a patient with Bright's disease may leave an institution, where he has had an elaborate cure, with definite knowledge of what he is to eat in the future. He must either follow rather blindly the diet sheets of his cure, or ask for instructions which to be successful must go into questions of cause and effect, of food values, of building menus, of special cookery. In giving de-

tailed instructions the physician of to-day assumes a standard of intelligent co-operation with the patient which is far removed from the attitude of mystery too often adopted in discussions of diet and disease. One thing is certain: Good results in treatment can not be attained as long as food as a means of cure is shrouded in mystery, as long as the patient is ignorant of the fundamental principles of his cure; he must learn how to make the science of nutrition and the art of cooking work hand in hand for his good.

Probably both physician and patient will ask: Can this be done with safety? The physician may doubt his own ability to impart implicit instructions, the patient may doubt his own intelligence. But to us the answer to these doubts has been found in the experiences in the past years acquired in the treatment of diabetes mellitus. Where formerly we advised our patients in general terms, gave them diet lists and told them to report occasionally, in more recent days we have instructed our patient in the details of the disease, the relation of articles of diet to various effects; we have given him enough of the fundamental science to at least control his own case; we have guided him through the intricacies of food values; we have shown him how to figure equivalents; we have taken him or his wife through the diet kitchen—and on the whole have educated him to be our assistant rather than merely our blind follower. Now, if this revelation has been possible in the *most difficult* of all dietary diseases, it ought to be possible in *all* diseases in which the diet

feature is important. We believe that this is not only possible, but most desirable, and in our book we hope to offer the bridge over which safe passage may be made from institutional treatment, with all its controls, to home treatment, with all its apparent dangers.

Since this book is to be written for the perusal of physician and patient, it must be constructed from the patient's as well as from the physician's point of view, and written in language which the patient will be able to understand. At the same time, it must adhere to the strictest tenets of true science. But we shall avoid the mistake of confusing science with theory, and theory will be brought in only when absolutely necessary to prove a fact. For our purpose, we might imply by science the "knowing why", and by art the "knowing how" of feeding. To know *how* to diet for obesity is not the same thing as to know *why* the diet is prescribed; but we shall consider that we have not filled our purpose unless we can show both the "why" and the "how."

The plan of the book, then, must be very definite. Each chapter will be devoted to a single subject, and we shall first discuss the disease or the condition in such a way as to make plain the *reasons* for the dietary rules which follow. Complete details of the diet will then be given, with instructions in preparing foods and many menus. The first chapter will be devoted to a description of the normal use of food, and to lessons in practical application of food tables in building any kind of special menus. The succeeding chapters on