

well known to our readers that it is only necessary to say that to support its work out of State Funds would be a public scandal.

The moral is the urgent necessity for the definition of a minimum standard of training for a nurse through a Nurses' Registration Act.

OUR PRIZE COMPETITION.

WHAT IS SEPTIC PNEUMONIA? HOW SHOULD IT BE TREATED?

We have pleasure in awarding the prize this week to Miss Mary Birkill, Kensington Infirmary, Marloes Road, W.

PRIZE PAPER.

In septic pneumonia there is putrefaction, following inflammation, of the lung tissue. Sepsis is a serious complication, or a morbid condition remaining after an acute attack.

Causes.—Complication after pneumonia; phthisis; pleurisy; empyema; gangrene; cancer; syphilis; or it may be caused through carelessness when giving a nasal douche, where the tube is introduced too far, or the child held in a wrong position, thereby washing the discharges into the lungs.

In the third stage of pneumonia the weight of the lung is increased, and the granular appearance is less marked. The cells undergo fatty degeneration, which terminates in four ways: (a) removal by absorption and expectoration; (b) caseous degeneration and phthisis; (c) gangrene; (d) abscess formation. The lower lobe or the whole of one lung may be involved; the rest of the lung becomes congested and oedematous. A little oozing of lymph is generally found on the pleura covering the affected part.

Pleurisy may be dry, effusive, serous, suppurating.

Dry.—The smooth surfaces become dull and filled with a sticky material which causes them to adhere together. This causes pain.

Effusive.—Smooth surfaces become separated by pressure of fluid, which increases, causing bulging of the chest wall. This fluid may be either *serous* or *purulent*. There is now a dull note on percussion.

Symptoms and Signs.—More marked than in pneumonia. The patient is seriously ill, the face wears an anxious expression, there is depression, hectic fever, the tongue is furred and dry, there is high temperature, quick pulse, and sighing respiration, pain, cough, headache, herpes, constipation, bulging of chest wall.

Treatment.—Nurse the patient in an airy, bright, well-ventilated room, with a southerly aspect if possible. Temperature of room, 60° to 65° Fahr. Disinfect everything; isolate the patient. The doctor may aspirate, first exploring the chest with a curved needle to find out the nature of the effusion, or he may open the cavity and thoroughly drain it. A tube is sometimes inserted to assist in draining. Place the patient in a position to help drainage. Tonics, pure air, nourishing light diet are very necessary. Great care must be given to the back and all prominent places. Watch the abdomen for retention of urine. Methods of treatment often prescribed are:—

For High Temperature.—Tepid sponging, cold sponging, cold pack.

For Sleeplessness.—Tepid sponging, ice to head.

For Pain.—Application of fomentations, stapes, sinapism, leeches, iodine, turpentine, or poultices.

Phthisis.—If an abscess forms and the patient develops septic pneumonia, nurse as for an ordinary case of pneumonia unless there is haemorrhage. Then icebags will be ordered for the chest; the patient must be kept very quiet. Hypodermic injections of morphia may be ordered, ice to suck, and inhal. of turpentine. No food is usually given by mouth. The patient is kept very warm, but the room must be well ventilated. All rags used and sputum must be burnt, and clothes and utensils disinfected. If the patient perspires, carefully rub down with a warm towel, and give warm dry clothes and hot drinks. Flannel garments should be worn, and a blanket placed next to the patient.

HONOURABLE MENTION.

The paper sent by Miss C. G. Cheatley is admirable, but deals mainly with the question of hypostatic, not septic pneumonia. No others submitted this week come up to the standard deserving of honourable mention.

Septic pneumonia is due to absorption of septic material. No one has mentioned the pneumococcus as one of the common causes of pneumonia, and a direct cause of infection, also a number of other organisms will produce the condition. Predisposing causes are mental shock, nervous depression, damp and exposure, and debilitated bodily conditions. The fresh air treatment is now often used in treating pneumonia.

QUESTION FOR NEXT WEEK.

Name important adverse symptoms to be carefully watched for in scarlet fever, and state the significance of each,

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