

doubtless be much discomfited when they discover the manner in which the public regard their conduct. But they have only themselves to thank for the deep discredit they have incurred.

Facts have come to our knowledge, however, which still further condemn the action taken by the officials of the Royal British Nurses' Association, and which once more prove both their complete incapacity for the positions they hold, and the injury they are doing to the Association. From various reliable sources, we learn that the Asylum attendants—the persons in whose name the officials of the Royal British Nurses' Association pretended to speak—very strongly, and in our opinion very wisely, repudiate the proceedings of their self-appointed friends. From all sides, we receive information that Asylum attendants have no desire whatever to be connected with the Royal British Nurses' Association, that they are quite content to be what they are—excellent attendants upon the insane—and have not the slightest wish to pose as what they are not—Trained Nurses. We are informed that they resent the impertinent proceedings of certain persons who have pretended that they desire to be registered as Nurses, and who have not the slightest authority to speak in their name. We are told that they are willing and glad to join their own Union—the Asylum Workers' Association—and that they hope in due course that they will be able to produce a register of their own, which will be of advantage to the public, a credit to themselves, and beneficial to the progress of Asylum work. We are informed, on good authority, that the Association in question actually possesses more subscribing members than the Royal British Nurses' Association! and that it has neither the intention nor the need to beg others to do its work for it. Under its present able management, the Asylum Workers' Association is growing by leaps and bounds; and we cordially sympathise with mental attendants in their natural annoyance at the recent proceedings on the part of the officials of the Royal British Nurses' Association, and which, it would now appear, were merely their latest illustration of ineptitude. Once more they have made themselves the laughing-stock of the Nursing profession. Once more they have perpetrated what might have been a public danger, but which will evidently only become a grotesque *fasco*.

## The Nurse and the Sick Child.

### CROUPOUS PNEUMONIA.

BY J. EDMUND BROWN, M.D.

FEW diseases present a course so uniformly regular as croupous pneumonia. The illness usually comes on abruptly, is often ushered in by a chill, or, in young infants, a convulsion, runs an acute course of from seven to ten days and then declines.

The cause of croupous pneumonia has for a long time been an open question, but the bulk of recent testimony declares that the disease is due to certain micro-organisms, and that it is contagious.

Croupous pneumonia commences, ordinarily, at the base of one lung and rapidly extends over one or more entire lobes. The inflammation begins in the capillaries that form a net-work around each air-cell. There is first a congestion of the minute vessels; then a viscid fluid is poured out, which soon fills the air-cells, and plugs the bronchial tubes leading from them. This fluid contains blood corpuscles and fibrin, and by its presence prevents the entrance of air into that portion of the lung.

In about a week, usually, this exudate begins to soften and part is re-absorbed, while the remainder is, in children not too young, expectorated. As soon as this process reaches such a stage, as to permit the opening of the air-cells and the re-admission of air, the symptoms of the patient become ameliorated.

Pleuritis, or an inflammation of the surface of the lung over the affected lobe or lobes, is a frequent accompaniment of croupous pneumonia. It is this condition which, in most cases, determines the painfulness of the disease, as the pleura is much more sensitive to irritation than the lung tissue.

*Symptoms.*—When a young child is attacked with pneumonia it exhibits the condition of one suffering from a severe cold. The face is flushed, the eyes suffused, the lips unusually red, the respiration increased, the pulse greatly accelerated, and the temperature high. The child is restless, shows little disposition to be amused, cries much of the time, abandons playthings, and refuses food. Water, however, is taken freely. Headache is a prominent feature, and, when the pleura or naso-pharynx is involved in the inflammation, there will be a hacking cough without expectoration. The presence of pleurisy is made out by the pain

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