

reappear later on. A foreign surgeon diagnosed empyema, and inserted a large trocar, without result. On his return, a former abscess was diagnosed, he was put under the open air treatment, held his own for some months, failed again, was operated on, and died without recovering from the anaesthetic. At the *post mortem* investigation thickened pleura and fibrosis were found, with two old abscess cavities. It was not a case of tuberculosis. Pneumococci had been uniformly found in the sputum, streptococci on one occasion only; the tubercle bacillus was absent. The fœtor was probably caused by a small patch of necrosed lung, carried off in the hæmoptysis, which may have been produced by its separation. The sputum may well have proceeded from another part.

Passing to the two cardiac complications, pericarditis is frequent, and very fatal, often unrecognised, and only discovered at the autopsy. Infection of the pericardium probably occurs through the blood, as it does also in ulcerative endocarditis. This infection through the blood stream does not proceed directly from the lungs. There is often no murmur all through, making diagnosis difficult, or a cardiac murmur following pneumonia may not indicate ulcerative endocarditis. The endocarditis may, though rarely, precede the pneumonia.

Affections of the alimentary tract are due more or less to the swallowing of infected sputum, and tonsillitis is more often a distinct pneumococcus infection. A good many quinies are probably due to it, and often the pus evacuated in tonsillitis gives an almost pure culture.

The toxic paralysis which causes acute dilatation of the stomach, with cyanosis, dyspnoea, and sometimes enormous distension of the colon is a very grave complication. A soft rubber tubing may be introduced and evacuation procured, but the result is almost uniformly fatal. True colitis is also often found.

Any mucous membrane may be attacked. In some cases the membrane has been found covered with a profuse layer of pseudo-membranous diplococcus. Peritonitis occurs usually from direct infection. There may be a distinct crisis as in pneumonia. It is more common in the female, and may be a genital infection through the Fallopian tubes. In a case of vaginitis a nearly pure culture of the pneumococcus was obtained. Meningitis occurs both from a primary infection, and as a complication of pneumonia. It is commoner among children, and difficulty arises in differentiating between the symptoms of meningitis and

toxæmia. Peripheral neuritis, slight hemiplegia, phlebitis, thrombosis, jaundice, diarrhoea, sub-cutaneous abscess, periostitis, and arthritis are uncommon complications. Otitis media is frequently due to pneumococcus infection, through a rare complication of pneumonia. Conjunctivitis may be found, but can only be differentiated from gonorrhœal ophthalmia by staining; the pneumococci retaining, the gonococci losing their colour under Brand's staining. Abscesses, from which the pneumococcus is isolated, may occur in the brain, liver, and parotid, six months after the actual pneumonia. In some cases the multiplicity of complications will cause a severe bacteriæmia.

What are the remedies? Some cases may be benefited by the injection of serum from immunised, or comparatively immunised, animals. Others respond to an injection of the actual organism; in chronic cases probably the opsonic index may be thus raised. But, so far, owing to the rapidity of the disease, and its quick crisis, it is difficult to judge of the part played by either method.

Our foes being in this case "of our own household," the question of prevention presents serious difficulties. It has been little touched upon, and remains to be elaborated as a system. In the meantime as nurses, let us deal with the great source of infection, the sputum, drastically, as we deal with that of a phthisical patient, always bearing in mind that we deal no longer with a local inflammation, but with a specific general infection.

A.L.B.

THE INFANTS' HOSPITAL AND ITS WORK.

Dr. Ralph Vincent, on Friday, March 6th, lectured at the Infants' Hospital, Vincent Square, S.W., on the hospital and its work, and gave a survey of the observations carried out during the past five years.

Dr. Vincent affirms that when an infant born healthy wastes during the first few months of its life it is because it is deprived of food, and that the condition of malnutrition which is the result of such starvation is responsible for the convulsions of later infancy, for rickets, for epilepsy in the young adult, for much of the insanity which fills our lunatic asylums, for adenoids, for a large proportion of pulmonary tuberculosis, for spinal and other deformities, and for general enfeeblement of mind and body in many adults. The remedy is a suitable food in infancy. The work of the hospital in instructing the public on infant feeding is one of the most important inaugurated of recent years.

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