

raised. With the fever there is a hot and dry skin, with thirst and a parched mouth and tongue and some prostration.

All through the course of the disease attempts are being made by the patient to clear his air cells of the obstructing masses; consequently we find their contents coughed up in the form of sputum, which is usually rusty in colour from admixture with a little blood. At first the sputum is scanty, thick, and sticky, so that the vessel containing it can be turned upside down without the contents escaping, but if the patient's resistance is good, it soon becomes more liquid and increased in quantity as the air cells become clearer; similarly, at first the cough is shallow and ineffectual, but as recovery sets in becomes full and deep.

But—and here the disease differs from simple bronchitis—we have not only the inside of the air cells to consider; there are the blood vessels also which run in their walls, and it is obvious that if the cells are filled and distended with solid matter the vessels must be compressed to some extent. Hence more force is required to drive the blood through them, so the heart has so much extra work thrown on it, and has to beat faster to get this work in: we have, therefore, a rise in the rapidity of the pulse.

Now this is—especially in lobar pneumonia—the most important sign of all. In practice, if the patient's strength can be maintained, his leucocytes can after a time get rid of the organisms and debris in the air cells by themselves, and the act of coughing empties these cavities in due course, but if the heart flags this cannot be done, and the disease takes an unfavourable turn. Wherefore, whether the nurse is told to or not, she should always observe and record the rate of the pulse at least every two hours. This can always be done without disturbing the patient, and personally, if I had to make the choice, I would rather see a pulse chart than a temperature record in a patient suffering from inflammation of the lung.

Just as in bronchitis, we get an indication as to whether the blood is getting sufficient oxygen by the presence or absence of cyanosis, though in practice, before the stage of blueness is reached, we often get—in children especially—a state of restlessness which should sound to the observant nurse a note of warning.

*(To be concluded.)*

#### IODINE STERILISATION.

Dr. Umber, U.S.A., advocates the method of disinfecting the field of operation, dry, by merely swabbing with tincture of iodine. After an extensive trial he considers it the simplest and most effectual of the measures yet introduced for this purpose.

### In Memoriam.

A meeting will be held in London at an early date to consider what form the Memorial to Miss Isla Stewart shall take. We all want to honour her great name, and we want to do it at once. Several suggestions have already been made, and whatever is approved by her wide circle of loving friends, we know it will be appropriate. Truly great—in that generosity of feeling and a noble loyalty inspired all her relations with her kind—her Memorial must be of a spacious and liberal nature, something of far-reaching professional influence, which cannot be hewn from wood or stone.

Although a social reformer in the highest sense, Isla Stewart was no mere modern philanthropist. She was of sterling stuff, inheriting from her sturdy Scottish ancestry great independence of character, a wonderful power of self-control and dignified self-respect, and the pith of her teaching was ever "stand on your own feet and face circumstance, and thus contribute your quota to the quality of your race."

By her will Miss Isla Stewart has set aside—after the life interest of her sister—a sum of £1,400 to form a biennial bursary (an educational grant) for the nurses of St. Bartholomew's Hospital. This bequest may indicate to those anxious to perpetuate her name by some means of which she would have approved, the lines on which her Memorial may assume individual distinction.

Lord Ampthill, Mr. R. C. Munro Ferguson, M.P., and other Parliamentary supporters of the Registration Cause have written expressing their sincere regret at the loss sustained by the nursing profession. Lord Ampthill desired his sympathy to be conveyed to those associated with her in her public work, and Mr. Munro Ferguson said that she always inspired him with the greatest confidence.

The Nurses' Leagues of St. John's House, the Royal South Hants Hospital, and Steevens' Hospital, Dublin, have, by resolutions, conveyed to the League of St. Bartholomew's Hospital Nurses their sorrow and sympathy in the loss the members have sustained by the death of their Founder.

Letters are now coming from friends over seas.—From Cleveland, Ohio, Mrs. Hampton-Robb writes in terms of the warmest sympathy for British Nurses in their great loss. "It hardly seems as though you could let her go at this moment, she is needed so much. To those of us in America who knew her she had become a dear friend, and we shall miss her sorely."

[previous page](#)

[next page](#)