

## OUR PRIZE COMPETITION.

WHAT IS CYSTITIS AND HOW DOES IT ARISE? HOW WOULD YOU RECOGNISE IT? WHAT ARE THE PRINCIPAL NURSING POINTS?

We have pleasure in awarding the prize this week to Miss Catharine Wright, 2; Dryden Road, Bush Hill Park, Enfield.

### PRIZE PAPER.

"Cystitis" is a term used to indicate a condition of inflammation of the bladder, a voluntary muscular organ situated in the pelvic region of the abdomen; it acts as a reservoir to hold the urine passed from the kidneys through the ureters to the bladder, where at intervals it is carried off by the act of micturition. Both sexes suffer from this condition, in an acute or chronic form, but women specially suffer in this way.

It is induced by various causes. It may arise as a secondary disease from paralysis, venereal disease, puerperal septicæmia, abdominal diseases, abdominal and spinal injuries, where the bladder is injured or its muscular action impaired, the urine unable to pass off becoming stagnant, setting up a condition of sepsis. One of the primary causes of this infection is caused by catheter infection when a dirty catheter is introduced into the urethra, the mucus membrane absorbing readily any microbic infection. Especially is this emphasised in long-standing kidney disease, or at the period of parturition.

It is recognisable by a probable rigor, rise of temperature, rapid pulse, local pain and tenderness over the pelvic region, scanty urine, scalding and painful micturition, attended by local irritation and restlessness; the urine may contain blood and mucus, a very dark colour, with an offensive putrid odour. In men of advancing age, stricture caused by enlargement of the prostate gland may develop, causing extreme pain, and a serious condition of "cystitis."

The chief nursing points are for the patient rest, good hygienic conditions, position, diet, local and general treatment. Rest in bed, in a warm, well-ventilated room. (Temperature and pulse charted four-hourly.) The bed arranged with a mackintosh and draw-sheets; the covering light and warm, arranged to open in the centre for the application of local remedies and to prevent undue exposure and chill. The head and shoulders raised, and if catheterisation is ordered or bladder lavage, it may be given with the patient on her side, to obviate any discomfort. Strict antiseptic rules should precede this treatment: hands and all instruments made as aseptic as possible; catheters, tubes, and bougies carefully steril-

ised, and kept exclusively covered both before and after use.

Local applications of heat give relief, general warmth is maintained by covered hot-water bottles to the extremities. All urine should be measured and kept in a glass-covered measure for inspection, a morning specimen reserved for testing. The bowels should be freely open.

Diet light and nourishing, chiefly copious draughts of milk, barley-water, or toast-water, followed later by lightly steamed fish.

Any thirst or dryness of the mouth is counteracted by washing the mouth with a weak solution of soda bicarbonate or lemon juice diluted.

This disease in advancing age may become chronic. Where movement is permissible or possible, the tediousness is relieved by helping the patient to rise and take very gentle exercise. This is a hygienic advantage for all concerned, and to a certain extent lessens the discomforts attending this condition of cystitis.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. F. Rossiter, Miss W. M. Appleton, Miss Kathleen A. Fyson, Miss P. Thomson, Miss W. James, Miss L. R. Clarke.

### QUESTION FOR NEXT WEEK

How would you prepare a child for operation, more especially in regard to diet?

## THE BACTERIOLOGY OF PYORRHŒA.

At the meeting of the Section of Odontology of the Royal Society of Medicine on May 26th Mr. J. G. Turner, F.R.C.S., and Mr. A. H. Drew, D.Sc., as reported in the *British Medical Journal*, gave an account of an experimental inquiry into the bacteriology of pyorrhœa. The results were stated under the following headings:—

1. *Living Pulp*.—The living pulp appeared to become readily infected, and such infection was not necessarily associated with caries in the ordinary acceptance of that term. A preparation from the pulp of a bicuspid was demonstrated, showing a diphtheroid infection; in this case there was associated chronic pyorrhœa, but it was thought improbable that it was concerned in the pulp infection. In another case infection by two distinct types of diphtheroids was demonstrated; in others, mixed infections by diphtheroids, streptococci, and at times staphylococci and spirochætes. Mixed infections were always associated with caries to a greater or less extent, and in at least one instance the vessels of the pulp were found to contain organisms (diphtheroids and cocci).

2. *Dentinal Tubules*.—It was certain that the

[previous page](#)

[next page](#)