shared by the residents in common, and has the air of a quiet, well-run club. Crossing the wide hall, one sees first the dining room, the flowers on the table mirroring themselves in its dark polished surface. Then the drawing room, large and sunny, and cheerful with its gramophone, piano, soft bright cushions and beautiful pictures. Through the wide windows the garden stretches stiff and formal, like the garden of some old French château, to the large fountain at the bottom. The writing room with its books and air of quiet comfort, also possess this wonderful garden-view, and has as well a flight of steps and a glass door which makes access to it more easy. These three sitting rooms, together with the matron's private room, comprise the ground floor.

Upstairs the twenty-four residents have their bed-sitting rooms. Each has a gas fire, ring and kettle, comfortable easy chairs, and writing desk. One I remember specially. Its long bow windows reached practically to the ground, and two basket chairs were drawn up to them so that the owner and her guest could, as they sat talking, look over the garden with its fountain and quaint stone figures.

I looked into the ironing room and the drying room, and was told that the residents were free to come to the Home or leave it as they wished, so long as their room did not remain too long vacant. One month in the year is allowed as holiday time, when the owner of a room may leave it empty with no retaining fee, such as most clubs and hotels demand.

We greatly regret to hear from Miss Melita Jones, of the Nurses' Club, Auckland, New Zealand, of the serious accident she sustained in August last, from which she is only now recovering. She writes that she was knocked down by a motor car when crossing a road when it was dark, the driver came " like the wind " and did not sound his horn.

At the Annual Meeting of the Trained Nurses' Association of India, held in Bombay in November, all the officers were re-elected with the exception of those proceeding on leave. The present officers are:—President, Mrs. Franklin, Delhi; Vice-President, Miss Sutherland, Madras; Hon. Secretary and Treasurer, Miss Ball, Poona; Editor of *Nursing Journal*, Mrs. Chesney, Ambala; Business Manager, Miss Ford, Sassoon Hospital, Poona.

LEEDS UNIVERSITY—DIPLOMA IN NURSING.

At the recent Examinations held in the Leeds University three of the candidates who sat for the Diploma in Nursing were successful: Miss Bethina A. Horsman, who trained at the Westminster Hospital, London; Miss Annie Escolme and Miss Alexandra Stopford Smyth, who both trained in the Leeds General Infirmary. The two latter candidates gained the Diploma with Distinction.

The General Infirmary at Leeds is very proud of these two ladies, because of the few who have gained distinction standard, the majority in the past have trained in schools other than Leeds.

These three successful candidates were on December 19th, Degree Day, presented to the Vice-Chancellor to receive their Diplomas.

E. S. Innes.

OUR PRIZE COMPETITION.

DESCRIBE A TYPICAL CASE OF PNEUMONIA AND ITS NURSING CARE. HOW MAY IT BE COMPLICATED?

We have pleasure in awarding the prize this month to Miss Phoebe Goddard, S.R.N., R.F.N., Certified Midwife, 11 Meath St., Battersea Park Road, S.W.11.

PRIZE PAPER.

Acute Lobar Pneumonia is the most common form of the disease in which the inflammation affects a limited area, usually a lobe or lobes of the lung, and runs a rapid course.

Incubation period is short, one to seven days. This period represents the time of invasion of the body with the pneumococcus, and the first onset of the symptoms of the disease.

Symptoms:—Onset is sudden, frequently noticed by a rigor. Temperature rising 103 degs. F. or higher, soon a short dry irritating cough is noticed, accompanied with agonising pain in chest, breathing hurried and shallow, expectoration scanty, very tenacious and of a rusty colour, due to presence of altered blood in it. This form of sputum is characteristic of lobar pneumonia.

During acute stage patient shows signs of general poisoning. Sleeplessness is a prominent feature, and delirium often occurs. Skin hot and dry, cheeks flushed, eyes bright, tongue thickly coated, and thirst is very marked. Accessory muscles of respiration are in action, the nostrils move in and out with each breath which often ends in a grunt.

In a typical case of acute lobar pneumonia, temperature remains high for about one week, then falls abruptly to normal or lower within twenty-four hours. This is a characteristic feature of the disease, and is known as " the crisis." After this patient often sleeps well, perspires freely, pulse rate falls, breathing becomes easier, and distress is greatly diminished, cough is loose, and patient feels better.

Nursing and treatment:—Great danger is heart failure, therefore the patient must be kept absolutely at rest in bed, and not allowed to do anything for himself, visitors should not be admitted to the sick room. Give him plenty of fresh air, keep him warm in a temperature 60 to 65 degrees. Give patient plenty of fluids, two hourly by day, four hourly by night. Tea, coffee, water, or soda water, lemonade, citrated milk, broths. Feeds may be given hot or cold as desired.

Times of medicines, stimulants, and hypodermic injections should be arranged so that they do not come together. Give brandy and strychnine, if ordered, four hourly alternately, to keep up stimulant effect.

Sleep is most important, never wake an adult pneumonia patient for any treatment. Have feeds, medicines, injections, absolutely ready so that the moment the patient wakes whatever is due may be given him. Usually a patient suffering from pneumonia rarely sleeps longer than two hours, so a good nurse will get in nourishment and treatment. Patient will be most comfortable in the " Fowler Position," and pillows should be carefully arranged to support him. He may wear a cotton garment open at the back, a light blanket