

would seem that the balance of greater experience should be with the nurse working often miles away from medical aid, and few people now would be prepared to agree with the noble lord who, when the Nurses' Registration Bill was before Parliament, told the House of Lords that there were "two kinds of nurses required, one to nurse the people who had important operations by eminent surgeons, and another to nurse the ordinary ailments of the poor." The "ordinary ailments of the poor" are frequently acute, for the workers cannot afford to give in lightly, and it is important that the bread winner of the family should be enabled to return to work as quickly as possible. In the achievement of this end good nursing materially assists.

That efforts are being made to secure the recognition of "nurse-midwives" under the new Act is evident from the amendment to the Bill moved by Mr. J. A. L. Duncan in Committee on May 19th, "at the request of the Queen's Institute of District Nursing in order to make sure that nurse-midwives, employed by district nursing associations, shall come within the meaning of the Act."

Although on an undertaking given by the Minister of Health to look into the question, the Amendment was eventually withdrawn, Registered Nurses will be well advised to ask their representatives in Parliament to watch this point, and to insist that the term nurse-midwife if incorporated in the Act is defined as a woman who is a State Registered Nurse and a State Certified Midwife. Otherwise we shall have subsidised by the State, under cover of the Midwives Acts, women who do not hold the nursing qualification held to be necessary by the General Nursing Council for England and Wales, the authority appointed by the State to define the standard of nursing education. And, throughout the country, these women will be nursing the sick poor, who are entitled to the same standard of efficiency in their nurses as those who are more happily circumstanced. Moreover, skilled Registered Nurses will be deprived of work because their insufficiently trained competitors are subsidised by the State.

A Question of Finance.

The question really resolves itself into one of finance. The nurse-midwife working under County Nursing Associations is a cheaper person than the one holding the double qualification. If the State subsidises Nursing through the whole-time employees of the Midwifery Service about to be established, let the public insist that it subsidises the genuine article, and does not by means of the funds at its disposal through taxation maintain in perpetuity the spurious nurse as a semi-State official.

Two important papers in the *Lancet* by medical members of the Medical Research Council, of Queen Charlotte's Hospital, and of the Wellcome Research Laboratories, report beneficial results obtained in the treatment of thirty-eight puerperal fever cases with prontosil, an aniline compound introduced last year in Germany. The impression has been gained that in many of the more severe cases the drug has exerted a definitely beneficial effect manifested by unexpectedly prompt fall of temperature and remission of symptoms, and this is supported by a substantial case-mortality reduction in the whole series.

OUR PRIZE COMPETITION.

WHAT IS PERICARDITIS? DESCRIBE THE SYMPTOMS AND THE POINTS TO BE OBSERVED (a) IN THE NURSING CARE, (b) IN RELATION TO DIET.

We have pleasure in awarding the prize this month to Miss Winifred Moss, the County Hospital, Bedford.

PRIZE PAPER.

Pericarditis or inflammation of the pericardium may be a primary disease, but is more often secondary to some other condition or disease. The primary or idiopathic inflammation is rare, but it may occur in children without any evidence of rheumatic fever or of local or general disease. Pericarditis may also be caused by injury, the trauma being caused by the passage of a foreign body, a needle, pin, or a bone, through the cesophagus.

The secondary variety is much more common and occurs in connection with rheumatic infection and chorea, in certain infectious diseases such as enteric fever, scarlet fever, influenza and pneumonia. It is often secondary to some septic condition or disease such as puerperal fever, septicæmia or osteomyelitis, or may be associated with some other chronic disease such as chronic nephritis, diabetes or arterio-sclerosis.

The symptoms of pericarditis are pain in the præcordial region; this is a variable symptom and not usually intense, but gives rise to rapid breathing and a short, dry suppressed cough, which increases the pain. Breathing is difficult and the pulse is rapid. There may be considerable effusion which will increase the dyspnoea, cyanosis and restlessness. If suppuration has occurred the patient has the characteristic symptoms, intermittent temperature, rigors, rapid pulse and respiration, the face being ashen-grey with a hectic flush on the cheek bones.

Pericarditis in children may show few symptoms at the outset, the child is easily tired, is very pale, and has breathlessness on exertion, and a rapid pulse which is not reduced by rest or sleep.

The essential aim of the nursing care is absolute rest both mental and physical. The patient is kept in bed, lying down if possible, but if dyspnoea is present he must be nursed sitting up. If sitting up he must be well supported by pillows, so that the minimum of effort is required. All worry and anxiety must be avoided and no organ of the body must be working more than the barest minimum. The patient must be washed and all articles must be handed to him, and he should not be allowed to reach anything from a distance, nor from his locker. If necessary he should be fed, and also lifted on and off the bed pan. As improvement is noticed he may begin to do little things for himself, but it is important that only little effort should be required at first, and increased if the improvement is maintained. For example, he might be allowed to wash his own face on the first day, and if no ill-effects are felt, wash his hands and arms the next day, and so on. His pulse should be noted before any effort is made and should be taken again after the effort. If it does not return to its original rate after five minutes, the heart has been subjected to too great a strain, and a period of complete rest should follow. The action of the bowels should be

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