

# Royal British Nurses' Association.

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THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

## ACKNOWLEDGMENT FROM HIS MAJESTY THE KING, OF THE LOYAL AND DUTIFUL ADDRESS OF SYMPATHY FROM THE CORPORATION, CONVEYED BY HER ROYAL HIGHNESS THE PRESIDENT.

Home Office, Whitehall.  
17th March, 1936.

MADAM,—I have had the honour to lay before The King the Loyal and Dutiful Address of the General Council of the Royal British Nurses' Association on the occasion of the lamented death of His late Majesty King George the Fifth and have received The King's Commands to convey to Your Royal Highness His Majesty's grateful Thanks for the assurance of sympathy and devotion to which it gives expression.

I have the honour to be,  
Madam,  
Your Royal Highness's obedient Servant,  
JOHN SIMON.

Her Royal Highness  
The Princess Arthur of Connaught.

## LECTURE.

### PNEUMONIA, WITH SPECIAL REFERENCE TO THE HEART.

By DR. BROWNING ALEXANDER, M.D.

In commencing his lecture on "Pneumonia, with special reference to the Heart," Dr. Browning Alexander said that it was one of the most interesting subjects upon which one could lecture from a nursing point of view; indeed, in a case of pneumonia, the nurse was more important than the doctor, and if he (Dr. Alexander) were compelled to choose whether the patient would have a good nurse and a bad doctor or a bad nurse and a good doctor he would choose the former position. In pneumonia and typhoid the importance of a good nurse could not be exaggerated. Only a thorough knowledge of the pathology of the disease could lead to intelligent treatment of the symptoms arising, and the lecturer reminded the audience that there can be no routine treatment of pneumonia; according to one's observations of the abnormalities of each case so it must be treated.

Dr. Browning Alexander gave a short account of the structure of the respiratory organs with special reference to the air chambers with their lining of air cells where the small arteries, charged with carbon-dioxide, give off their waste products and collect fresh supplies of oxygen. Imagine a germ gaining entrance to the air chambers, say the pneumococcus, associated with, perhaps, streptococcus. What may result? First the germ gives rise to

inflammation causing engorgement, the patient's temperature rises, there is perhaps a rigor and yet the doctor finds little, on a chest examination, because mere engorgement produces no physical signs and so it is difficult to diagnose pneumonia in its first stages. In its second stage the fluid and cellular contents of the blood vessels escape (the red blood vessels and plasma first), the stage of red hepatization begins, and the lung of the patient resembles the liver. In the third stage there is an escape of white blood cells and the lung assumes the appearance of grey hepatization. The fourth state is that of resolution. All this takes place in a straightforward case, the so-called "old fashioned pneumonia"; the ideal case of pneumonia will last a certain time, but things do not always happen so. Understand quite clearly how you get the symptoms of pneumonia—the carbon dioxide should be given up and the oxygen should be taken in, but this process is being hindered; in pneumonia there is therefore a certain amount of cyanosis due to insufficient oxygenation of the blood.

The main symptoms in pneumonia are high temperature, congestion, pain, and a short, painful, purposeless cough which does not lead to expectoration. The pulse and respiration rates are not only increased but the usual ratio of one to the other is altered. The normal ratio is 18 respirations to a pulse beat of 72 in an adult. In pneumonia the respiration may be 36 and the pulse 110, 120 or, it may be, 130; thus from 1 to 4 the ratio is changed to 1 to 3, or even 1 to 2.

The treatment of pneumonia may be divided into two sections—non-specific and specific. The first lies simply in treatment of symptoms as they arise and the nurse is to a great extent the person who finds fresh symptoms and reports them to the doctor. It is very important that when new methods of treatment come into vogue the older treatment of symptoms should not be lost sight of. Felton's serum and the various vaccines will not make up for good nursing. The laboratory and research workers could help. They could never take the place of the good nurse in any degree. The lecturer enumerated some incidents to indicate how lack of thought and attention to detail had produced conditions inimical to the recovery of the patient. He discussed the necessity for fresh air, for apart from the fact that this supplies the needed oxygen, it also aids the circulation. The method, sometimes adopted, of nursing a patient in the open air has its advantages, but any chilling retards the circulation. The ideal temperature for the sick room is 60° Fahrenheit. On no account should devoted relatives be allowed to nurse a case of pneumonia. The patient should either have a nurse or go into hospital. Especially as regards the feeding and ventilation relatives are apt to be difficult and they often assume that the patient is being starved; there is no such danger in pneumonia if the rule of a two hourly feed of from 4 to 5 oz. is adhered to. The doctor enumerated the various foods which could be given in the acute and convalescent stages and also the use of alcohol was discussed.

[previous page](#)

[next page](#)