

sighing and irregular, and the pulse slow. Strabismus may be present. Occasionally some of these grave symptoms may disappear for a few days, and the child seem much better, but the improvement is transient and delusive.

As the meningeal inflammation progresses, the membranes pour out an excessive amount of the watery secretion, producing the condition of compression. The ventricles of the brain are filled beyond their capacity, and the resulting compression gives rise to numerous symptoms. The pupils are dilated, the hearing blunted, deglutition is difficult, and the Cheyne-Stokes respiration is often observed. Usually the vomiting now ceases, but the pain continues, and now and then the peculiar hydrocephalic cry is heard.

In about a week this stage gives place to one of general collapse. The skin is cold, the pulse thready and rapid. The reflexes are abolished, the evacuations involuntary. The patient becomes unconscious; convulsions and profound coma follow, and death closes the scene.

In a disease presenting such a train of discouraging symptoms and a prognosis so hopeless, what can be done in the way of treatment? There is absolutely no remedy after the disease becomes well seated—that is, after the tubercular deposits have set in motion a process of inflammation. I have never seen but one case of tubercular meningitis that did not end in death within six weeks of the initial manifestations, and in that one the child, though apparently recovering, never seemed to be all right, and now, eight years after, is imbecile. In that case and in several others I shaved the head and anointed it freely with an ointment of iodoform and lanoline, after the method then in vogue.

It is, however, a well-established fact that miliary tubercles may be located in the meninges of the brain and remain for a long time without causing acute inflammation.

For effective treatment we must begin far back, before the tubercles gain access to the meninges. Children in whom there is a tubercular tendency—an inherited weakness that renders them ready subjects for the reception of these germs—should be sedulously guarded from exposure to tuberculosis.

As otitis media may, by extension of the inflammatory process, initiate an acute meningitis; such should be treated with promptness. Diet should be mild and suitable to the age; the bowels should be kept open, the feet warm and head cool. Cod liver oil and the syrup of the iodide of iron are indicated.

The child should be protected from all influences which are calculated to exercise the brain to an undue degree, study being especially interdicted. Such children are often uncommonly bright and precocious, and they should be held back instead of being pushed forward.

In addition to this, hygienic surroundings, cool bathing, regular and rational exercises in breathing, good food and country air may accomplish much in the way of building up a physique that can successfully repel the advances of the tubercle bacillus."

Queen's Commemoration Fund.

Of the many philanthropic schemes to mark the celebration of the sixtieth year of the Queen's reign, the one which appears to find the most favour, both with press and public, is that movement which the Duke of Westminster and the Hon. Sydney Holland, and other influential men are setting on foot, to extend, increase, and endow in perpetuity "Queen Victoria's Jubilee Institute for Nurses."

The new Lord Mayor has consented to abandon his plan for raising funds to free the London Hospitals from debt, and is heartily co-operating with this much more important movement. To free the London Hospitals would have been a Metropolitan tribute of regard for the Queen and her long reign, so we venture to hope that a special appeal will be made by the Hospital Sunday Fund for this purpose. To provide sick Nurses for the poor throughout Great Britain is a National scheme which should appeal to every individual in the land.

There are over 600 Queen's Nurses at work in the centres established in England, Scotland, Ireland, and Wales. The system is established in the affection and appreciation of the nation, and every contributor will have the satisfaction of feeling that his money will be used absolutely for the greatest good of the greatest number. A meeting of those interested will shortly be called; meanwhile communications should be addressed to the Treasurer, the Hon. Sydney Holland, or the Hon. Secretaries, at 64, Cannon Street, London, E.C.

Appointments.

MISS HELEN E. COURT has been appointed Matron of the Royal Infirmary, Windsor. She received her training at Guy's Hospital, and at the Hospital for Women, Soho Square, London. She was Sister at Charing Cross Hospital, and afterwards Sister at the Leicester General Infirmary for four years, the greater part of that time being in charge of the large Accident Ward of forty-two beds. Miss Court has since held the post of Matron for two and a half years at the London Central Throat and Ear Hospital, Gray's Inn Road. She is a member of the Royal British Nurses' Association, and is a Registered Nurse.

[previous page](#)

[next page](#)