

Tubercular Meningitis.

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IN the department under the heading "The Nurse and the Sick Child" of our American contemporary, the *Nursing World*, the able editor, Dr. J. Edmund Brown, contributes the following instructive article:—"Tubercular meningitis, that form of meningeal inflammation which depends for its cause upon the presence of tubercular bacilli in or upon the coverings of the brain, is one of the most fatal diseases of childhood. It is a peculiarly interesting disease in that its onset is so gradual, and its symptoms at first so misleading. Many a physician has been deceived by the prodromic symptoms of this disease, and rendered the diagnosis indigestion, only to find later on that he overlooked the presence of a serious malady.

Although the prognosis of tubercular meningitis is so unfavourable, and although an early diagnosis cannot usually make the curative treatment more effective, yet there are several reasons why the exact condition of disease should be made out at the earliest possible moment. In the first place it is not right that the child's parents should be led to believe that the child is suffering from only a trifling ailment when a very grave disease has laid hold upon it. Besides, it is, to say the least, exceedingly humiliating to the attending physician, after having pronounced the case indigestion, or teething, or worms—disorders comparatively mild—to be obliged, later on, when convulsions and coma appear, to change his diagnosis to meningitis; and it is by no means an easy matter to make the parents or other guardians of the child believe that if the presence of meningitis had been detected at first the treatment could not have been more effective.

It may now and then fall to the lot of the Nurse, in the practice of her vocation, to meet with such cases in their incipiency, and if one can detect the true condition from symptoms presented, and advise the family in the matter, the services of a physician may be sooner secured, and the esteem for the Nurse and confidence in her ability will be greatly increased in that household.

The prodromic symptoms of this disease may extend over a period of several weeks. The child, which is probably from two to seven years of age, appears at first to lose interest in its playthings and, to the eye of the careful observer, seems to be more morose than usual. He may steal away from his playmates and sleep at unusual times during the day. He is not as bright and active and mirthful as a healthy child should be, and cries from less provocation than formerly. Some children, instead of growing morose and

sullen, become extremely affectionate, and when the expressions of affection are not returned they are quite inconsolable. This manifestation is, however, comparatively rare.

It will be noticed at this time that there is a progressive anæmia and a gradual loss of flesh. The face, however, remains full and seems to contradict the idea of an impairment of the nutritive function.

In the course of a week or two the child may vomit without any apparent cause. It does not seem to be sick as a child would be if troubled with nausea. It vomits suddenly and without any retching, and as suddenly is apparently all right again. It runs about the house and takes its meals much the same as usual. But soon the appetite begins to fail and the child picks and minces its food, consuming little.

The countenance becomes paler, and a peculiar luster may be observed in the eyes.

Although the child sleeps more than usual, it does not sleep soundly at night, but often awakes and cries for a few moments as if troubled with unpleasant dreams.

Parents commonly ascribe such symptoms to the presence of intestinal worms or to teething. It is not denied that worms and dentition may give rise to certain symptoms similar to those of meningitis in its earlier stages; the great difference is that in no case of intestinal irritation from the presence of worms or of reflex nervous irritation from erupting teeth could we meet with a *train of symptoms* such as has been described for tubercular meningitis.

After this, the prodromic, stage has passed the stage of irritation supervenes. The symptoms now become more pronounced. The vomiting becomes more frequent, the emaciation increases and the child, if old enough to talk, complains of headache.

The bowels are now obstinately constipated, as a rule, and the pulse is abnormally slow. The appetite fails entirely, and the little sufferer keeps his bed.

The headache increases in violence, and the child may pound its head with its fists or beat it against the wall. During sleep the head is bent forcibly back upon the neck as if the sick child unconsciously tried to push its head away from the source of irritation. The pain is usually most severe in the front of the head, although the tubercles are far more numerous at the base of the brain than in any other locality.

The patient now becomes hyperæsthetic, starts suddenly at unusual sounds and turns away from the light. It may be well to remark parenthetically that in any case of cerebral irritation the acuteness of all the special senses is heightened, and the Nurse should guard her patient from anything likely to irritate unduly the organs of special sense. The respiration is

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