

The Nursing of a Case of Cerebro-Spinal Meningitis.

By MACK ALL.

Now that cerebro-spinal meningitis, has become endemic in Belfast, it may interest the readers of the BRITISH JOURNAL OF NURSING to hear how a case was nursed which recovered.

The case occurred several years ago in Cape Colony when the disease was epidemic there. The patient was a girl in her teens. The first symptoms were a very severe headache, with pain down the back of the neck, great prostration, and a dry hot skin. On the second day of the disease a nurse was engaged. The temperature was then fluctuating between 102 degs. and 105 degs. and the patient was slightly delirious. She grew rapidly worse, temperature reached 106 degs., pulse correspondingly high. There were constant complaints of the pain in the head, and the neck was held stiff. A sound in the house or a movement of the bedclothes increased the pain. At times the patient was wildly delirious, at others almost comatose. The head was shaven and an ice bag applied. Nourishment of the kind usually allowed to enteric cases was taken fairly well, with moderate drinks of cold boiled water. The bowels were at first relieved with a simple enema. Afterwards faeces and urine were often passed unconsciously.

The temperature was taken as a rule two hourly and charted, but when it showed signs of rising it was taken much oftener. For the hyperpyrexia ice packing was followed as a routine treatment. The doctor who lived a short distance from the patient gave orders than when the temperature reached 106 degs. he was to be communicated with and ice packing started at once. The method of applying the pack differed somewhat from that in general use, but it seemed to cause less movement to the patient, less shock, and to be more reliable than the usual pack.

For the ice pack there was required a foot bath half full of water, crushed ice, and small blocks of ice; a piece of thin blanket and six bath towels. There was also ready dry clothing, warm blankets, hot water bottles, black coffee and brandy.

The patient's clothing being removed she was turned on her side and a mackintosh and blanket put on the bed, over this a folded towel rung out in the bath, reaching from the neck to under the thighs. She was then turned over on her back, a blanket put on for covering and the ice cap freshly applied. The piece of thin blanket was then wrung out in the ice water,

placed over her from the neck to below the thighs, and tucked round the sides under the arms. The bath towels were used to lightly roll her limbs in, one towel being left in the bath for changing. There were never more than two persons available for the packing, both nurses up to this stage assisted, but now one took charge of the thermometer. This nurse also took the patient's pulse and watched her appearance thus leaving her companion free to go on with the packing.

A lump of ice, about the size of one's hand, was used to rub the flannel that covered the patient's chest and abdomen. In this way it was kept wet and cold without being removed. The towels on the limbs were changed one at a time; after a little experience this was done in an incredibly short time. The towel underneath the patient was seldom changed as so much pain was caused when the neck muscles were moved.

When the temperature fell to 101 degs. the packing was removed, and the patient lightly dried and put into dry clothing.

Sometimes almost as soon as the packing was begun the temperature went down with a run, at others it continued to fall long after the packing had ceased. The patient on these occasions became blue and shivered, and the collapse had to be dealt with quickly. Warm blankets, hot water bottles, brandy and coffee had all to be used sometimes; at others warm milk and a hot water bottle were sufficient.

It was quite usual for the temperature to begin climbing steadily up after a collapse, and if it remained above 106 degs. for more than half an hour ice packing was again resorted to.

After the packing the patient was usually more rational, head symptoms less severe, and often she had a more or less refreshing sleep.

After a few weeks the temperature ceased to go so high, the delirium was less constant, and tepid or cold sponging replaced packing.

There were no serious complications although the food had to be peptonised most of the time and a few nutrient injections were given.

When the patient recovered consciousness there was a fixed look about the eyes which gradually wore away. She was irritable, and for several weeks had fits of depression and nervous attacks.

In three months from the outset of the disease she was convalescent, could walk a few yards and spend her days in the open air.

For two years afterwards she had occasional massage, and made a slow recovery.

In this article drugs and medical treatment have been purposely omitted, as it only professes to deal with the nursing of the case.

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