

They include much mental disturbance, evidenced by a dazed, gloomy manner, restlessness, sleeplessness, disinclination for amusement, drowsiness, progressive emaciation (the face often escaping this), much irregularity of the evacuations of the bowels, probably suppression or retention of urine, the tongue usually white in the centre and red-tipped, headache, usually frontal and of paroxysmal character, causing a sharp, characteristic cry (hydrocephalic cry), and giddiness, often with short periods of mental vacancy.

Rigors are not infrequent. The temperature is usually elevated at first, with corresponding pulse rate; later, when effusion has taken place, there may be a very low temperature and a depressed pulse rate. The respiration is usually thoracic and irregular, and there may be well-marked delirium.

Evidences of local spasms, such as retraction of the head, through rigidity of the muscles of the neck; retraction of the abdominal walls, grinding of the teeth, muscular paralysis, and convulsions in children, are often present.

Lastly, there is often intolerance of light, and a deviation of the eyes or convergent squint appear from time to time; there is a feeling of cephalic constriction, and as effusion takes place, signs of cerebral compression appear, the patient gradually falling into a state of complete insensibility. Later in disease, cutaneous hyperaesthesia, which is present early in the disease, is abolished, the pupils become fixed and dilated, and in children the full and throbbing fontanelle becomes scarcely discernible as death approaches.

The symptoms in many cases are short-lived: one paresis disappears and gives place to another constantly. Thus it will be seen that every individual case of meningitis of necessity needs to be observed and treated individually, each presenting its own peculiar symptoms. The disease is always serious, and the prognosis usually unfavourable; in an acute simple case death may occur in a few days, or may show some signs of recovery within ten days.

The nursing and treatment will be directed to recognising and treating symptoms as they arise; it is impossible to estimate the good results sometimes achieved by prompt and intelligent care.

The patient should be nursed in a recumbent position in a warm, well-ventilated room, and should be kept quiet and at perfect rest. Cold may be applied to the shaved scalp in the form of icebags or Lieter's tubes. By means of the latter a continual flow of iced water is supplied to the inflamed area, a piece of lint being placed

between the head and the application. Leeches are sometimes applied at the temples or behind the ears; also local blood-letting and blisters have sometimes proved efficient. In some cases warm applications appear to soothe, especially after effusion has taken place.

Chloral or bromide of potassium is often given per rectum to relieve the convulsions, and hypodermic injections of morphia to relieve pain.

The bowels should be regulated; if constipation be present enemata, or an aperient, such as calomel, by mouth, may be ordered; the condition of the bladder should be noted, and the patient catheterized, if necessary.

The mouth should be cleansed frequently, and any discharges from nose and ears bathed away.

The temperature, pulse, and respiration should be taken four-hourly, or more frequently if necessary, and recorded. The administration of sufficient nourishment will call for much resourcefulness; if the patient is unconscious it should be given with a teaspoon, and should be as highly concentrated as possible, the amount given by mouth being supplemented by rectal feeding, if necessary.

The patient should be clothed in flannel, and the extremities kept warm by well-protected hot bottles, the susceptibilities to burns on account of the paralysis which is probably present, being remembered. The limbs may be wrapped in cottonwool, and when the hands are tightly clenched, the fingers should be opened and a pad of cottonwool placed in the palms to avoid injury to the hands.

The great muscular wasting predisposes to bedsores; these are particularly apt to occur at the sides of the head, ankles, and all points of pressure. Therefore from the beginning the usual precautions must be taken, and the patient kept clean and dry. All directions as to nursing and treatment must be performed intelligently, and the effects of measures employed, together with any fresh symptoms, must be accurately noted and reported.

THE PREVENTION OF TYPHOID.

A Berlin medical journal says that the most important single prophylactic measure in the prevention of typhoid is the washing of the hands after defecation and before eating. If all were trained to do this systematically many illnesses other than typhoid would be avoided also. We have been surprised when visiting institutions and good houses to find no appliances for such ablutions in so-called "lavatories."

[previous page](#)

[next page](#)