

OUR PRIZE COMPETITION.

DESCRIBE (a) THE SYMPTOMS, AND (b) THE NURSING OF CEREBRO-SPINAL FEVER.

We have pleasure in awarding the prize this week to Miss Violet R. Dawes, Camberwell Infirmary, S.E.

PRIZE PAPER.

Cerebro-spinal meningitis is caused by the invasion of a germ, "diplococcus intracellularis," into the cerebro-spinal system, and is an acute infectious disease. After a few days of general discomfort there is intense headache, pain in back, vomiting, rigors, giddiness, and neuralgic pains in abdomen, and painful spasmodic contractions in the muscles of the extremities; these occur at an early stage. The symptoms quickly become more marked. Headache is acute, and is more marked in the occipital region. The muscles of the entire body become excessively tender; those in the back and in the back of the neck become contracted and rigid, causing arching of the back, as in tetanus, and retraction of head, while the limbs become helplessly flexed. There is high fever, restlessness, often developing into delirium; the vomiting often continues as a troublesome symptom, and is frequently greenish in colour. The characteristic rash usually appears on the fourth day, but may be later; it is sometimes delayed until after death, when its appearance will confirm an uncertain diagnosis in cases which have terminated fatally before lumbar puncture could be performed. The eruption may appear as blood vesicles or as purpuric spots on body or face.

The utmost gentleness of touch and quiet movement on the part of the nurse is essential in these cases; patients are very sensitive to cold, and extra blankets and hot-water bottles will be in requisition, taking extra care to avoid burning with them. The room must be darkened, well ventilated, kept at a temperature of 65° F., and all unnecessary furniture and hangings turned out. The patient should be isolated, and utensils and linen reserved for his use; the utensils may be kept in disinfectant solution, and boiled when the case is over. Bed and body linen should be received into buckets containing an efficient disinfecting fluid, and soaked at least six hours before sending to be washed. Discharges from nose and eyes should be swabbed with old linen and burnt at once. The throat, when possible, should also be swabbed with a mild antiseptic.

The nurse should well scrub her hands in disinfectant each time she attends to the patient. Ice compresses, frequently renewed, will relieve the intense headache. Feeds must

be given frequently and in small quantities when swallowing is difficult, the nourishment must be fluid, varied as much as possible; nasal feeding may have to be resorted to. In some cases large amounts can be taken, which is more satisfactory, as the powers of resistance rely on the maintenance of good nutrition. Stimulants are not given.

Some authorities recommend hot baths for five to twenty minutes three times daily. These soothe the patient, and are followed by long periods free from the distressing restlessness, often resulting in sleep. Given skilfully they should not entail exertion on the part of the patient. The bath should be prepared at the right temperature, and wheeled to the bedside, and the patient lifted bodily in on a sheet by four or six nurses, and hot water added from time to time to maintain the temperature. These are, of course, only given under medical order. When not permitted, the temperature may be reduced, and the patient soothed by "tepid sponging."

Bedsore must be carefully guarded against at all pressure points. Blisters frequently appear apart from pressure, and must be reported immediately to the doctor. Cleanse mouth frequently.

Spinal puncture is performed in these cases, both for "treatment" and for diagnostic purposes. The skin should be prepared from the bottom of the spinal column upwards for ten inches. It should be washed, thoroughly dried, and rubbed with ether and painted with tincture of iodine, and covered with an antiseptic dressing.

The exploring needle is inserted into the spinal canal, and the fluid withdrawn, which is then chemically examined for the presence of the germ, or an antitoxin serum is injected into the canal by a special syringe.

Aseptic precautions must be carefully observed, and all test tubes, &c., boiled; a flat basin of hot water provided to warm the serum.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. E. Hall, Miss J. G. Gilchrist, Miss E. O. Walford, Miss Margaret L. Beebe, Miss K. Kohler, Miss S. A. Cross, Miss M. D. Hunter, Miss Gladys Tatham, Miss C. G. Cheatley, Miss S. Simpson, Miss E. A. Noblett.

A nursing point mentioned by Miss Gladys Tatham is that if anti-meningitis serum is being employed, the foot of the bed should be raised for six hours after the injection, to assist the flow of serum towards the base of the patient's brain.

[previous page](#)

[next page](#)