OUR PRIZE COMPETITION.

WHAT ARE THE DIFFERENT FORMS OF MENINGITIS IN CHILDREN? WHAT DO YOU KNOW OF THEM AND OF THE NURSING CARE NEEDED?

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, T.F.N.S., First London General Hospital, Camberwell, S.E.

PRIZE PAPER.

There are three forms of meningitis affecting children, namely :—

(i) Simple meningitis, or inflammation of the membranes of the brain, usually the basal portion of the pia-mater, including the fissure of Sylvius.

(ii) Tubercular meningitis. In this form the inflammation takes a similar course, but tubercular granulations are met with in the course of the vessels of the pia-mater, and are particularly numerous between the lips of the fissure of Sylvius.

(iii) Cerebro-spinal meningitis, or spotted fever, due to infection with the meningococcus. The meninges of the spinal cord are in these cases inflamed.

Causes of meningitis are toxins of specific fevers, syphilis, wasting diseases, injury of skull, teething, and intestinal disorders.

Tubercular meningitis usually affects the children of consumptive parents, and is always fatal; and cerebro-spinal meningitis is due to infection by the germ through the nasal cavity, and is highly infectious.

Symptoms of simple and tubercular meningitis are much the same, except that in the latter case the onset is much prolonged and very insidious. Headache of more or less severity is followed by vomiting, rise of temperature, and often decrease of pulse rate, irritability, malaise; in fact, the child's nature is absolutely changed for some days before a tubercular meningitis can be diagnosed. The child will suddenly cease to play with its companions, and lie down with his forehead against the floor, and give vent to piercing screams.

As the symptoms become more severe, he will turn from any light, and the eyes will become staring and vacant; a squint, ptosis, and other forms of paralysis are due to the purulent exudation matting together some of the cranial nerves, and thus causing loss of function.

In simple meningitis, retraction of the head is a marked symptom, and in tubercular meningitis the abdomen is greatly retracted; unconscious tremor and spasmodic twitching of the limbs are well marked, and convulsion follows convulsion for a varied time in some cases.

In cases terminating fatally, the end is coma, optic neuritis being present, and increased pulse rate and respirations.

Nursing of Meningitis.—Absolute quiet, darkened room; hair removed from head, and cold applications, such as Leiter's tubes, or ice-bag applied. Feet must be kept very warm, hot-water bottle being necessary, and the bowels must be freely opened daily. Nourishment must be administered in liquid form in small quantities at regular intervals, but if vomiting persists, ice must be given.

The patient must be kept absolutely still, as movement is much resented, and only tends to increase headache and vomiting.

Leeching is sometimes resorted to, and has been known to give good results.

Feeding is not an easy matter, and will require much tact and patience on the part of the nurse.

Cerebro-spinal meningitis is frequently the outcome of overcrowding and wet weather, carried by nose and throat discharges, and by the breath. When nursing this disease, masks soaked in disinfectant should be worn over the nose and mouth. Overalls, covering all over the uniform, must also be worn, and removed when leaving sick-room. Great precautions must be taken in disinfecting the hands. It is well to gargle the throat with weak carbolic or glycothymoline.

The patient may have a very high temperature and rapid pulse, or the temperature may be very low and the pulse slow. The patient is usually highly delirious, sometimes quite unconscious, suffers from severe frontal headache, marked rigidity of the muscles of the back of the neck, and pain in the spinal column.

Sickness is very common. The patient lies in a curved position in bed, with the head covered up with bedclothes. There is great dread of light. Nearly all cases of this disease are different, there seldom being two alike.

To Nurse Cerebro-Spinal Meningitis.—Choose a large airy room, with plenty of ventilation, and as little furniture as possible. The bed should be well protected with a mackintosh, as there is usually incontinence of urine. The blinds should be kept lowered, owing to effect of light on the eyes of patient. Lumbar puncture is usually done, and anti-meningitis serum injected, usually 15-30 c.c.s. in most cases.

The bed should be blocked at foot for three hours following puncture, as this frequently causes pain in the head.

The legs may be rubbed with alcohol (1 in 20), as there is usually stiffness after puncture.