

## OUR PRIZE COMPETITION.

GIVE A BRIEF ACCOUNT OF THE SYMPTOMS AND COURSE OF A CASE OF TUBERCULAR MENINGITIS. GIVE IN DETAIL YOUR MANAGEMENT OF SUCH A CASE.

We have pleasure in awarding the prize this week to Miss Alice M. Burns, East Suffolk and Ipswich Hospital, Ipswich.

### PRIZE PAPER.

Tubercular meningitis has its root in the soil of one's ancestry, but timely attention to personal hygiene and environment will reduce its chances of appearing in a given generation very considerably.

The child, who has probably never looked robust, will have a wasted appearance, which becomes more marked. Sleep does not refresh it nor food nourish it. It looks—and feels to the touch—flabby and unwholesome; this in advance of the actual symptoms.

The tubercle bacillus is deposited in the membranes of the brain; this may or may not be a secondary offence to its having established itself in some other part of the body. The arachnoid membrane, irritated by the presence of the bacillus, responds by pouring out an abnormal quantity of fluid, hence the term "water on the brain" (hydrocephalus).

From this congested condition in the cranium we get headache and intolerance of light and sound. The child will be easily excited, and there will be fever, but not, as a rule, a quickened pulse rate.

Vomiting will be present, because of the cerebral irritation.

There usually occurs in the course of the disease a period when these distressing symptoms become much less marked, or even disappear for a time, but this is, unfortunately, only a phase of the disease, and the third stage recalls the symptoms of the first. Paralysis, more or less extensive, squinting and blindness, hyperpyrexia, and incontinence render these cases distressing ones to nurse.

### DETAILS OF NURSING CARE.

Isolate the patient; not only will he be intolerant of the noises and footfall of other patients, but they will be distressed at hearing his characteristic cry.

Darken the room by covering the window with dark cloth (behind this the window may be open). For lighting purposes, a night light behind a screen is all we should allow ourselves, and every unnecessary sound should be avoided.

We try to get these patients to take all the nourishment they can digest, for, it is said, patients whose cases have presented all the symptoms of tubercular meningitis have recovered. Keep the mouth well cleansed and the lips moistened, especially in the last stage. Glycerine and borax is good and comfortable.

As to the bed, choose a firm mattress, and use a long mackintosh in addition to the draw-sheet and draw-mackintosh. Place the bed where it can be easily approached from both sides.

To prevent bedsores we shall need all our ingenuity. All bony prominences, back, hips, shoulders, elbows, and heels, should be washed with hot water to bring the blood to the part, and carefully dried, at least once in twelve hours; applications should afterwards be used to suit the immediate needs of the case. Alternate applications of spirit and powder, and zinc and castor oil ointment will often give the best results. Use these every time you turn the patient.

There will be incontinence; to meet this we arrange pads of tow to save the bed as much as possible, and give the patient attention without delay.

It is necessary to keep the bowels well opened. Calomel is good in these cases, and should always be followed by a dose of mist. alba to make sure that none lodges in the intestines and sets up poisoning.

It will be important to draw the draw-sheet frequently.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss C. Lilian Everest, Mrs. Farthing, Miss E. G. Andrews, Miss M. Roberts, Miss J. James.

Miss E. G. Andrews writes:—The actual onset of tubercular meningitis is marked by headache, vomiting, with some rise of temperature: more rarely it sets in with convulsions. The headache is often so severe that the child shrieks out with pain and holds its head with the hands. Vomiting is frequent, and occurs independently of food. The patient has a great intolerance to light and sound, is very nervous and sensitive. The pupils are generally contracted and a squint may often be noted.

### QUESTION FOR NEXT WEEK.

(a) What symptoms may be found in an infant who is suffering from congenital syphilis? (b) What symptoms may develop in a newborn infant if the mother is suffering from gonorrhoea?

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