

Tuberculous Meningitis

A PATIENT'S STORY, HAM GREEN HOSPITAL 1951-52

Roy Crabbe 2012

*This paper by Roy Crabbe formed the basis of a poster and handout prepared by **John Powell** and displayed at the Bristol Medico-Historical Society meeting in December 2012.*



Roy behind T block 1952



Roy in 2012

My involvement with Ham Green really starts in July of 1951 after my mother had been diagnosed with Pulmonary TB after two years of treatment for chronic bronchitis (!) and two months after my sixteenth birthday. For several months I had not been too well myself and in the beginning of August I was admitted to the Lyme Regis Cottage hospital with pulmonary TB.

Not being in a fever hospital, I was quickly removed from Lyme to North Allington Isolation Hospital, Bridport, Dorset. At this time, and Ham Green hospital was one, most ports around the country had an isolation hospital providing some way of isolating those who entered the country by sea with contagious diseases. North Allington was the one for West Dorset. Gradually many of these hospitals were closed or became TB sanatoria.

About two weeks before my admission to this hospital on 21st August 1951, another very ill man, Eric Sykes, from Bridport, had been a patient with TB. He had become desperately ill, diagnosed with TB meningitis (TBM) and sent to Ham Green.

Although I do not remember feeling particularly ill at that time I guess that I must have been as I did not wish to get out of bed and presented other symptoms to the medical staff. After two days I was approached by the Ward Sister who told me that she suspected that I had TBM but that the visiting doctor disagreed. Of course, after Eric's recent sojourn the nursing staff were very aware of TBM which was killing most of the sufferers at this time. I remember a showdown between the Sister and the reluctant Doctor where she said that if he would not take a CSF sample by Lumbar Puncture (LP) she would do it herself. The Doctor gave in and the result is history. I was packed off to Ham Green the next day to join Eric in T ward.



T block with its isolation fence



N block

I did not see Eric until the next Spring as he was in a single side room to himself and I was in a seven-bed ward: all of us with TBM. I think Eric was so ill that he needed special nursing. Eric eventually was able to get out of bed but, very sadly, died about July/August 1952: he had been married for only a couple of months before his illness.

The treatment was an initial eight weeks of intrathecal streptomycin daily (i.e., via LP into the subarachnoid space in the spine) and then very careful monitoring against a relapse. Most male patients that I saw made an initial recovery but died after a relapse. I was the first male TBM patient to be discharged, cured from TBM at Ham Green for over a year although there was a steady stream of patients. Many of these I did not see, as they died soon after arrival in single bedrooms, adjacent to the main ward. There were more surviving female patients. Two girls, Heather Brown and Christine, and an elder woman were discharged in my time: August 1951– June 1952.



*Christine, Eric, Sidney,
Heather and Roy*



Arthur, Christine and Heather

Lumbar punctures day after day for eight weeks were quite painful. OK to start with but the injection sites, limited to the lumbar region L3/L4, L4/L5, became inflamed and sore and the nerve running down the spine was often touched by the needle giving a dreadful sciatica-like pain running down your leg. If unsuccessful, the streptomycin had to be inserted via a cisternal puncture in the back of the neck. The neck was shaved and the injection pretty painless. As the needle would be very close to the brain, the Doctors were reluctant to use this pathway very often.

At first, one would dread the clanking arrival of the LP trolley, nurse and doctor but in the end we would not hear it as we were, mostly, deafened by the streptomycin. At the bottom of my bed was a little boy in a cot about eighteen months old and as soon as he heard the trolley he would scream and scream: he knew what was coming. We would lie on our side while the nurse would lean over the bed, enfold us behind the knees and neck and bend our spines as much as possible to open the vertebrae a bit and make it easier for the Doctor and also to stop us jumping all over the bed when the needle hit the nerve. Most LPs were performed by a Dr McKendrick but just occasionally when he was away or when he could not get in, Dr Macrae the hospital superintendent would take the rounds. Dr James Macrae was a brilliant technician. First of all he had a special needle which was already attached to the

syringe containing the streptomycin. He would just rub his finger along your spine, insert the needle painlessly and inject – marvellous. Sister Williams was brilliant at holding us. Although a rather strict type, she was the epitome of the nursing profession. Later she was replaced by Sister Canning – I think Irish but a much friendlier type.



Heather, Sister Canning and Christine

I digress to describe the nursing we received in Ward T. This was of the highest standard. I did not leave my bed once for eight months and, although I never wet the bed, there was always a red rubber sheet just under the cotton sheet one was lying on. This was perfect for producing bed sores but the many and regular back rubs

we had prevented any of these. We were waited on, fed, bottled, bedpanned, wiped and bed bathed without fail or delay. A red letter day which has stuck clearly in my memory was when I first staggered to the toilet after about nine months of bedpans.

Since I left Ham Green I have met quite a few survivors of TBM. The staff at Ham Green with regard to treating relapsed cases, I think, could have been more vigorous in giving last ditch treatment which might have saved some. I may be very wrong about this but that is the impression I gained after meeting patients from other hospitals several of whom had had two or even three courses of streptomycin and recovered even after losing consciousness for days between sessions.

Visitors had to wear long capes or gowns if they went into wards and visiting times were limited. When we became ambulant we were able to walk around the hospital, meet patients with different diseases and even go for trips outside.

Very few patients recovered unscathed from TBM. Most of us were deafened to some extent and many, like myself, totally so. Normally this would have been very concerning and worrying for a patient but not so on our ward. The thing was TO SURVIVE first and be very happy if you did. After forty five years I have regained a lot of hearing due to Cochlear Implants; a great bonus.

Meningitis also often scars the surface of the brain and causes epilepsy thereafter. This happened to me and, although then I went for fifty one years without a seizure, unfortunately, the epilepsy has returned to haunt me.

In my time there, small boats plied the Avon Estuary and this was before the building of the bridge. Unfortunately, I did not explore Ham Green itself or up the riverside although we did wander over some of the fields around the hospital. Others have documented the history and fate of the hospital*: it will remain in my memory forever.

Roy Crabbe 2012



Avon estuary

** In 1899 Ham Green Hospital (76 beds) was opened as an isolation hospital, mainly to take care of typhoid cases. Over the next half century it developed into a large fever hospital (360 beds) and a sanatorium for patients with pulmonary tuberculosis (200 beds). In the 1950s it pioneered mechanical ventilation in respiratory failure during the poliomyelitis epidemics and opened the first intensive care unit in Bristol, eight years before the Bristol Royal Infirmary. In the 1960s it led the development of haemodialysis for acute renal failure in the SW region. Demand for infectious diseases beds fell in the 60s/70s and thereafter. The hospital was closed in 1997. See also:*

- Gerald Hart 1990. Ham Green. Crewkerne Books, Bristol. ISBN 0 9516074 0 5
- John Powell 2006. Poliomyelitis in Bristol. Proc Brist Med-Hist Soc IV:175, abridged from www.johnpowell.net/pages/clevedon.htm
- John Powell 2009. Bugs and Ham Green, Proc Brist Med-Hist Soc 2009; Va:102, abridged from www.johnpowell.net/pages/macrae.htm.