

adherent for two or three days. After separating they leave red stains which are slow to disappear, and sometimes, permanent cicatrices. The eruption is not limited to the first crop, but during the first three or four days of the disease, fresh crops spring up and go through the same stages as those which were first developed. During the progress of the disease vesicles usually appear in small numbers on the palate, sides of the tongue, and mucous surface of the lips and cheeks. The general symptoms of chicken-pox are, for the most part slight and unimportant. There is commonly some feverishness, languor, and loss of appetite, and the temperature may rise to 101 degrees, or a little more, in the evening. The tongue will probably remain clean throughout. The complications and sequelæ are not important, nevertheless, children often remain weak, and out of health, for some time after an attack. The patient must be separated from those who are liable to take the disease, as it is extremely contagious; he should be confined to one room, if not to bed, and must be prevented scratching the pimples upon the face, so as to diminish the liability to "pitting." No special Nursing is necessary.

#### V.—MEASLES.

THERE is no disease more general amongst children than measles, although it is by no means confined to them, but may attack adults at any period of life. It is, however, mainly a disease of childhood, not because adults are naturally indisposed to take it, but because from its constant presence amongst us and its extreme contagiousness, almost all persons have it early in life, and are thus protected from subsequent attacks. In some cases, the same individual takes it a second or third time.

The contagium of measles does not seem to be conveyed by the air, but it clings to surfaces and may be readily conveyed by the clothing from place to place. After infection, the disease passes through a period of incubation, which lasts from ten to twelve days, or even a day or two longer, before the characteristic rash appears. The appearance of this, however, is preceded by certain well-defined symptoms of which the more important are lassitude, chilliness, and the signs of a common cold. There are sneezing, running of the nose and eyes, head-ache, drowsiness, and cough. These symptoms usually last three days; on the third day a few spots of the eruption become visible on the forehead, from which they gradually spread over the cheeks, and from the face to the rest of the body. Hands and feet are both affected, the rash consisting of rose-coloured spots which, slightly raised, are clustered together in crescentic patches. When they have

obtained their full-size, however, neighbouring spots run together, and sometimes where the rash is very thick an area of uniform redness results. The spots individually appear and fade in about twenty four hours, and the eruption as a whole continues about four days, at the end of which it should have disappeared. As the eruption subsides the other symptoms subside also, the feverishness disappears, and, in a favourable case, the patient at the end of a week from the commencement of the symptoms of cold, is left somewhat weak but in a state of convalescence. In a very severe case of measles the patient is prostrate from the beginning, the pulse is rapid and feeble, the eruption is scanty and of a dusky hue, the lungs get congested, typhoid symptoms, characterised by black tongue, tremulousness and delirium, soon come on, and the patient dies collapsed, perhaps comatose at an early period. These cases are, however, very rare, the chief danger attached to measles being the bronchitis which often accompanies it; sometimes the bowels are affected, and death may ensue from the weakness caused by obstinate diarrhœa.

It will thus be seen that care and attention are always necessary, notwithstanding the apparently trivial nature of the complaint. The patient should be isolated and confined to a well-ventilated room, and when the signs of fever appear it will be best for him to remain in bed. The Nurse must carefully protect him from draughts and chills. The light should be partially excluded when the eyes are weak; barley water, lemonade, and toast and water may be given for thirst; the diet should be mainly bread and milk, beef tea, and such food as is nourishing, and easily digested.

If the rash suddenly disappears and delirium sets in, the Nurse will probably be directed to put the child in a warm bath containing mustard; he must be left in it until the skin becomes slightly red and should then be taken out, rolled in a blanket (without drying), and placed in bed. In cases of laryngitis the inhalation of steam gives relief, flannel wrung out of hot water and covered, with macintosh may also be applied to the throat.

Bronchitis is usually combated by linseed poultices and the steam inhaler. It is useless to separate a child from his brothers and sisters when he has been sleeping with them, until the appearance of the rash, as measles is certainly infectious during the period of invasion. There is often considerable desquamation after this fever, and this causes it to be mistaken occasionally for scarlet fevers by inexperienced persons; it may, however, be distinguished from that disease by the fact that it commences with the symptoms of a common cold, but scarlet fever does not. In measles, the rash

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