## A GUIDE TO MEDICAL AND SURGICAL NURSING.\*

## CHAPTER XVIII.---MEASLES.

\*HE measles generally commences with the usual symptoms of fever, accompanied by the appearance of a severe cold in the head and a hoarse cough. The first day of the eruption the small red pimples are rather like those seen at the beginning of small-pox, but may be distinguished from them by containing no fluid. The rash begins about the fourth day, and soon has a blotchy look, the patches being somewhat of a horseshoe shape, with the intermediate portions of skin of a natural colour. It takes two or three days to come out, beginning on the face, neck, and arms, then reaching the trunk of the body, and so travelling down to the lower extremities. It fades away in the same order, the skin not peeling off in the same way as it does in scarlet fever, but crumbling away in a fine branny powder. A Nurse must use the same precautions against cold as are necessary in scarlatina, though danger to the lungs is what must be warded off in measles.

Chicken-pox is nearly always confined to children. It begins with very slight feverish symptoms, and the eruption is composed from the first of little transparent vesicles, which, when copious, gives the body the appearance of having been exposed to a momentary shower of boiling water, each drop of which had caused a tiny blister. Successive crops of these vesicles appear for two or three days, and whilst new ones form, the first begin to shrivel. When irritated by friction, they sometimes become so much inflamed as to be converted into pustules.

The scabs soon become gummy, then dry up and crumble off.

The treatment of chicken-pox is of the simplest kind, for it affects the general health in a very slight degree.

I shall speak in another place on the subject of disinfectants, and the difference between them and deodorants, both of which you will, you may be very sure, have to make use of in all cases of fever.

All fevers are more or less catching, as the phrase is, but they are so in different degrees.

It has been supposed by some that enteric fever is only communicable by means of the excreta of the patient, the poison from which may be either inspired, or swallowed in drinking water, milk, &c. I will not venture to give an opinion on this point; but though many inmates of a house

or neighbourhood may suffer from enteric fever, I do not think when the patient is removed to a Hospital that there is much fear of the Nurse in attendance taking it.

There is much greater risk in attending cases of typhus, which has been called the Nurse and Doctor fever, and which seems especially communicable by means of the breath and personal contact. In typhus fever age is no safeguard, as it is to a certain degree in scarlet fever, which is catching in the same way that typhus fever is. The contagion of scarlet fever is not so strong perhaps as small-pox, but it is peculiarly subtle and tenacious. It lurks in rooms and clings to furniture and clothes, even after great care has been taken to purify them. It may even be sent in a letter, and there are some very sad instances of this on record. You cannot be too careful as Nurses in the precautions you use against conveying any of these diseases from patients to the outer world.

This often requires some self-denial, but I am sure, with very little reflection, you will acknowledge that no social pleasure is worth the remorse which having been the means of occasioning suffering, and perhaps death, would cause you.

Whilst you are nursing fever cases, you must forego the pleasure of much communication with your friends, and on leaving the Wards reserved for contagious diseases, you must be very careful to subject not only your dress, but all articles you may have used, such as books, papers, &c., and even your hair, to a thorough process of purification.

## CHAPTER XIX .- THE SKIN.

ONE of the most important lessons that can be learned by a Nurse is the value of cleanliness; and I do not think any better plan can be adopted of impressing this upon you than giving you a simple description of the functions of the skin. The skin is made up of two layers, which go by the name of cuticle, or scarf-skin, or epidermis, and the true skin, or cutis. The epidermis covers the whole of the outside of the body, and the internal parts also; but it then loses its name of epidermis, and some of its characteristics also, and is continued under the name of epithelium.

The cuticle consists of several layers of flattened cells or scales, varying in shape; the deeper layers are softer, and have in them the cells, which contain the pigment, or colouring matter, which gives the distinguishing colour to the black and white races. The outer scales of the epidermis are perpetually being thrown off, and are replaced by the growth of other scales from underneath.

<sup>\*</sup> These articles are partially from the pen of the late Miss Alice Fisher and Mrs. Norris, and will eventually be published in book form, being revised by the latter.



