

## Fevers and Fever Nursing.\*

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**I** FEAR that we have devoted a comparatively large amount of time to the discussion of scarlet fever, but it is, perhaps, time well spent, as it will serve to bring more strikingly into contrast the other members of this group, viz., measles and German measles, which are so frequently mistaken for it.

Now measles, known by the medical synonyms Morbilli or Rubeola is a specific fever, for which the public at large, especially the poorer classes, entertain a certain degree of contempt. It is not even regarded as a fever at all, or worthy of any great attention. It is not infrequent in some of the large northern districts, for children to be allowed to be at large in the streets with the rash full out on them, their parents quite ignoring the fact that measles is not only one of the most infectious of diseases, but also, *if neglected*, one of the most fatal affections to which children are liable.

Although measles, when carefully treated, is not attended with the same case mortality as scarlet fever, yet in London more than three times the number of deaths are caused by measles than can be laid to the door of the former disease. This is partly owing to the fact that fewer children escape having an attack of measles, and also owing to the carelessness which is so often exhibited in reference to its treatment.

That measles can be a most terrible scourge, amongst very susceptible people, when they are not properly cared for, was only too plainly seen in the great epidemic which occurred in Fiji in the year 1875, when the disease was introduced into that country for the first time by the King's son, who had been away on a globe trotting expedition. In that epidemic, out of a population of 150,000 persons, no less than 40,000 perished of the disease, representing more than a fourth of the entire population. In comparison with that, think what an insignificant matter for the inhabitants must have been the recent cholera visitation in Hamburg.

The first account of measles dates as far back as

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the ninth century, but it is only during the last hundred years that it seems to have prevailed in the British Isles. Its prevalence in large towns is markedly connected with seasons, and in London there are almost constantly two periods in the year at which it reaches an epidemic extension; a summer rise in April, May, June, and a winter rise in November, December, January. It is doubtful whether children are really to any extent more susceptible than grown persons; the explanation of its greater incidence in childhood being, that persons rarely escape taking it when first exposed to its infection, and second attacks in the same individual are not common.

Measles may be defined as a "Specific febrile affection, characterised mainly by the presence of catarrhal inflammations of the mucous membranes, and the appearance of a dusky red rash."

Its incubation is longer than in scarlet fever, viz., a fortnight or rather less, as against a period but rarely extending to the length of a week.

The symptoms of onset are usually those of catarrh in association with the common signs of febrility. The child will be noticed to "mope," and I have often been told by adult patients that the early stage of their attack has been one of utter wretchedness. I well remember the verdict of a Nurse, whom I had under my care for no less than three different infectious diseases, and had thus become a regular connoisseur in such matters, that measles was far and away the worst of the lot; and she certainly looked very miserable. The catarrhal process may affect the eyes, the nose, the ears, the throat, the larynx, the windpipe, and bronchial tubes, and even the alimentary canal and the bladder; the effects of which will be intolerance of light, watering, pricking and a ferrety redness of the eye, running from the nose, headache and sneezing, hoarse cough, loss of voice, and pain in the chest, to which may be added diarrhoea and irritability of the bladder. You will readily imagine then, that catarrh in measles is a very wide-spread and important symptom, unlike what we saw in connection with scarlet fever. Vomiting but rarely occurs.

Now, although the face during this early period may look blotchy, an appearance well described as "measly," the true rash does not appear until the third or fourth day; in my experience, most frequently it is the third day.

With the appearance of the rash the temperature which has probably shown some decline for the previous 24 or 36 hours, again rises and may reach 104° or even more. After remaining up for about 24 hours, that is on the second day of the rash, a

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