sudden drop or crisis usually occurs, and the temperature reaches the normal, often, however, being somewhat irregular for the next two or three days, its tendency being to become subnormal. Now this crisis which so frequently occurs on the fifth or sixth day of the disease, is in great contrast with the gradual decline of temperature which almost invariably occurs in favourable cases of scarlet fever. In that disease, if you remember, the temperature subsides but gradually, going hand in hand with the eruption. Although the occurrence of a crisis is often lightly spoken of in connection with scarlet fever, I can only say, that in the course of an experience of some ten or twelve thousand cases of the disease, I have only come across two which were deserving of the name.

The eruption in measles is an important symptom. In colour, it is usually of a dusky red, often with a distinct suggestion of purple, especially when well developed and during its decline. The true rash rarely lasts more than four days, but a purple or a brownish-red mottling of the skin may remain for several days longer. The eruption first appears in the form of little red spots, seen earliest in the face and at the junction of the hairy scalp, and best marked behind the ears and on the sides of the neck. In the course of twenty-four hours it has extended all over the trunk and limbs, and has changed in character, the previously flat red spots have become raised and prominent, and by their coalescence with neighbouring spots, give rise to raised irregular tracts of dusky red appearance, the intervening portions of skin remaining white and unaffected. On passing the hand over the surface, it will be found to have a soft velvety feel, not unlike that of a piece of plush. These raised spots are often said to have a crescentic grouping, and no doubt, by the aid of a lively imagination, such crescents may be usually recognised. The eruption may affect all parts of the face, and certainly shows no tendency to avoid the region around the mouth, which is often completely invaded.

The eruption fades in the order in which it appeared, being last seen on the fore-arms and legs. It leaves behind a patchy mottling of the skin, and the subsequent desquamation is fine and transient. This peeling is best marked on the trunk and face, less obvious on the extremities, and never on the palms or soles.

The catarrhal signs of the disease rapidly subside with the fall in the temperature, but convalescence may be somewhat delayed by some persistence of the bronchial catarrh.

Should the temperature not have come down by the end of the week, you may be almost certain that some lung complication has supervened.



By far the most frequent and important complications to which measles convalescents are liable, are inflammatory affections of the lungs, bronchial tubes and air passages generally; and although some degree of bronchial and laryngeal catarrh is an essential part of the measles attack, even in the mildest cases, yet the gravity of the case is almost entirely dependent on the severity with which these respiratory conditions develop. Measles convalescents are very prone to the development of diphtheria, and should this disease supervene, woe betide the patient, as the disease invariably affects the larynx, and the result is almost always fatal. Above all things protect a measles case from the chance infection of diphtheria, for it forms the most fatal combination of any of the infectious diseases.

The death-rate in measles differs widely in different epidemics; varying from two to twenty per cent. It is greatest in young children, especially if they have weak chests, and in children who are in any degree scrofulous.

It will be seen then that there are many important distinctions between scarlet fever and measles, and by a careful attention to these, mistakes should but rarely occur. The incubation stage in measles is much longer, and it is infectious from the very first appearance of symptoms. Apart from the rash, the most prominent symptom in measles is the presence of widespread catarrh; in scarlet fever, it is the inflammation of the throat and adjacent glands, together with a strawberry tongue. The rash in measles appears later, consists of more dusky isolated spots, which are larger and more raised, and there is no continuous flush. The measles rash invades the face, and has no respect for the region round the mouth which in scarlet fever is always pale and unaffected. The measles rash leaves behind it a mottling of the skin, instead of the uniform staining which remains after the scarlatinal rash has faded. The peeling in measles is slight and unimportant, whereas in scarlet fever it is a most prominent and characteristic feature, especially on the hands and feet. Improvement in measles usually occurs by crisis. In scarlet fever, it is almost invariably gradual.

The complications of measles are mainly affections of the lungs and air passages. In scarlet fever, it is the ears, the glands, the kidneys, and the joints which chiefly suffer, and demand the Nurse's most watchful attention.

Now the third and last member of this group is German measles or Rötheln. The name "German measles" is an unfortunate one, as it usually conveys a wrong impression. It is not that the disease is particularly prevalent in Germany, nor that it is imported from Germany, like so many other things

previous page next page