

OUR PRIZE COMPETITION.

DESCRIBE THE GENERAL TREATMENT AND DIET OF MEASLES THE TREATMENT OF SPECIAL SYMPTOMS (1) SKIN. (2) NOSE AND THROAT. (3) EYES; THE TREATMENT OF COMPLICATIONS, AND SEQUELAE, THE METHOD OF DISINFECTION AND THE LENGTH OF THE QUARANTINE PERIOD.

We have pleasure in awarding the prize this month to Miss E. A. Noblett, London Homoeopathic Hospital, W.C.1.

PRIZE PAPER.

Measles, or Morbilli, is an acute infectious disease attended by an eruption in the skin, and catarrh in the upper air passages. It is a disease of childhood, but the liability to infection is almost universal in persons unprotected by a previous attack. The germ of the disease is unknown.

The contagion is present in the blood, the secretions of the mouth and nose, and in the skin. A child with only catarrhal symptoms may be at school and be a source of active infection, as the disease is most contagious in the pre-eruptive stage. Measles may be conveyed by clothes, infected toys and books, by fomites or by third persons. The germ soon loses its virulence, and recurrence is rare.

General treatment and diet.—Confinement to bed in a well-ventilated room, a light diet with abundance of water with a simple fever mixture, are the only measures necessary in cases of uncomplicated measles. The fever rarely reaches a dangerous height; if it does, it may be lowered by sponging; or by the tepid bath gradually reduced. If the rash does not come out well, warm drinks and a hot bath will hasten its maturation. The bowels should be freely opened. Owing to the condition of the respiratory organs, the greatest care must be taken to avoid chill until all catarrhal symptoms have passed away, and so prevent serious pulmonary complications. Simple cases need little more than careful nursing; the patient should be kept in bed a few days after the fever subsides. In convalescence, cod-liver oil, syr. hypophosph., and similar drugs are indicated. Cases should be at once isolated, and may be released at the end of three weeks, after thorough disinfection, if all catarrhal symptoms have gone.

Treatment of special symptoms:—

1. *Skin.*—During desquamation the skin should be oiled daily, and warm baths given to facilitate the process.

2. *Nose and throat.*—The mouth and nostrils should be carefully cleansed, even in mild cases; old linen or paper handkerchiefs to be used for secretions and immediately burnt.

3. *Eyes.*—These should be carefully and gently bathed with a weak solution of boracic acid lotion. If the eyes are painful they should be kept shaded.

The treatment of complications and sequelæ:—

(a) *Bronchitis and Broncho-pneumonia.*—If the cough is distressing, compresses should be applied to the chest, and inhalations of the compound tincture of benzoin, or small doses of paregoric or codein given.

(b) *Tonsils and Adenoids.*—The complications of the air-passages are the most serious; the coryza may become chronic and lead to irritation of the lymphoid

tissues of the naso-pharynx, causing enlarged tonsils and adenoids, and probably leaving those parts less able to resist tuberculous invasion. Surgical interference will be necessary at the discretion of the surgeon.

(c) *Otitis Media* is not at all uncommon, and may lead to perforation of the drum or mastoid disease.

(d) *Hemiplegia* is a most serious complication.

(e) *Scarlet Fever* may occur with measles; *Whooping Cough* not infrequently follows; and *Conjunctivitis* may be followed by *Keratitis*.

Quarantine.—Once manifested, the child should be carefully quarantined, and all possible precautions taken against the spread of the disease in the house. Some health authorities quarantine only for five days after the appearance of the rash, unless there is cough or discharge from the nose or ears. The long incubation period (from seven to eighteen days; oftenest fourteen) adds to the difficulty of quarantine.

Measles is still allowed to run its epidemic course practically unchecked by any serious attempt at isolation or disinfection, and it is therefore not surprising to find that it shows no signs of sharing in the reduction of mortality which is so conspicuous in respect of other infectious fevers. The disease is now notifiable.

Measles epidemics are occasionally so malignant in type as to have a case mortality of 30 per cent. or more; but in such instances, neglect, improper treatment, or insanitary conditions have been largely responsible for the result. The fatal cases are, as a rule, due to pulmonary complications or diarrhoea rather than to the primary disease itself. Convulsions are common, and, as sequelæ, retarded growth, deafness, and defective vision.

Measles does not appear to be transmitted by drinking-water, milk, or other food, or to have any connection with diseases of lower animals. The virus appears to be readily conveyed by the air, probably for considerable distances, but of this exact proof is wanting.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. W. Comer, S.R.N., Miss Ethel M. Holmes, S.R.N., Mrs. Farthing, S.R.N., Miss M. Ramsey, S.R.N.

QUESTION FOR FEBRUARY.

In what diseases are convulsions liable to occur? How would you deal with them pending the arrival of a medical practitioner? State fully the treatment of a child suffering from a convulsive attack.

THE INCIDENCE OF MEASLES.

There are now nearly 700 cases in the Metropolitan Asylums Board Hospitals, and it is likely that the epidemic, like that in 1922 (for there is a greater incidence of measles every two years), will not reach its height until next April. The Medical Correspondent of the *Times* warns us that infants who have not been exposed to infection should be carefully looked after during the next two months. Every mother should know that the younger the child the greater the danger from this disease. To postpone measles, in fact, is often to save life. Gatherings of mothers and infants are not very safe at this moment.

[previous page](#)

[next page](#)