

are now-a-days, but the name is simply an expression of the fact that the disease was first recognised in Germany as being an affection quite distinct from measles. It certainly is a kind of German cousin to measles, in the sense that although it is very like it in its appearances, yet all the same it is no real relation. R $\ddot{o}$ theln is a much milder affection than measles, and its time of greatest seasonal prevalence very nearly coincides with the early summer rise of measles, but is somewhat earlier, viz., March, April, May. It is not so infectious as measles, which explains the fact that it is relatively more common in grown up people. Second attacks are very rare, but the disease in no way protects against measles, nor does measles against R $\ddot{o}$ theln.

It resembles scarlet fever in the early appearance of the rash and the presence of usually slight sore throat. It resembles measles in the character of the eruption and the fervent presence of slight catarrh, for which reasons it has been erroneously regarded both as a modified form of scarlet fever, and also as a mild form of measles. Neither of these views is right, for it is an absolutely distinct disease.

The rash usually appears after a few hours of general malady, or it may be the first sign; the temperature which rises with the rash, may remain slightly raised for two or three days, and is sometimes normal throughout. The presence of slight catarrh, especially in the throat, is common, and some enlargement of the small lymphatic glands at the back of the neck on each side. This enlargement of the so-called concatenate chain of glands in this region is certainly very much more common in R $\ddot{o}$ theln than in measles, and it is not infrequent for patients to volunteer the statement that they are tender and stiff. The glands in the armpits and groins are involved in rare cases.

The distinctions of the R $\ddot{o}$ theln rash from that of measles are differences of degree rather than of kind. They are: (1) The rash appears earlier than in measles; (2) the individual spots are smaller, pinker, and more discrete; (3) the rash less often affects the face; (4) it is less persistent and less staining; (5) it is followed by comparatively more desquamation. The affection is often so slight that the patient may not even feel ill, especially if his temperature be not raised. The mortality is practically nil, and convalescence is not marked by the appearance of any particular complications. Now, although this mild disease makes no call on the Nurse's capabilities, yet at the same time she should not forget that she is dealing with an infectious febrile disease.

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## Rangoon Lepers.

— BY HENRY CHARLES MOORE —  
(late of Rangoon).

FORTY years of beneficent English rule have changed Rangoon from a collection of bamboo and mat huts, built over a malarial swamp, into a large and wealthy city. Pilgrims, as of yore, flock from all parts of the country, to kneel on the platform of the golden Pagoda, and repeat the Pali sentences which they committed to memory while children in the Buddhist schools. They gaze in admiration at the wonders of the famous building—the tall gilded and jewelled spire glittering in the fierce sun, with a brilliancy that is perfectly dazzling; the huge images of Gautama Buddha; the hideous dragons; the horrible frescoes, and enormous bells. Truly the place is magnificent in its barbaric splendour; but there is one sight which fills every visitor, be he pilgrim, tourist, or European exile, with pity. On the steps of the main staircase which leads to the Pagoda platform sit, from morning till night, a number of poor Burmese lepers, who hold up their maimed hands and beg with husky voices from the passers by. The condition of the lepers there and in other parts of Rangoon is something terrible. Most of them have their faces disfigured by the fearful disease, many are blind, and some that I saw were so mutilated about the hands and feet that they were compelled to crawl about on their elbows and knees.

Unfortunately, the number of lepers in Rangoon increases yearly and will continue to do so, for as the railways open up the country, the lepers will quit their native villages, where they are burdens to their friends, and go down to Rangoon to beg at the golden Pagoda. The pilgrims as they hurry by respond generously to their afflicted countrymen's appeals; but, nevertheless, leprosy is a subject which a Burman will not readily discuss with any one, for he dislikes the very mention of it, preferring to forget, if possible, that the fearful disease exists. If, by chance, he should talk about it, he declares that lepers are being punished for their sins in a previous existence, and that if they lead meritorious lives they will be born again and live free from the terrible taint. It is quite certain, therefore, that while the Burmese remain Buddhists there is little probability of their ever establishing Leper Homes. But cannot we at home do something for the poor Rangoon lepers? The Mission to Lepers in India would gladly start a Home in Rangoon; but their rapidly extending work, and the increasing demands made upon them, render it

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