

Clinical Notes on Some Common Ailments.

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MEASLES.

At the present time the attention of the public is for some reason or other directed to the subject of measles; in fact, it seems likely to vie with standard bread and the treatment of undesirable aliens in attracting the notice of the man who wishes to devour all the news of the day in the five minutes which elapses between the swallowing of the last mouthful of a hastily consumed breakfast and the rush for the city-wards train. In medical circles also the fact that attempts are now being made to admit cases of the disease to isolation hospitals (from which they used to be rigidly excluded) has somewhat revived our interest in this ailment. I propose, therefore, to deal quite briefly with some of its symptoms, and with what little we know about the ways in which it arises and is communicated to others.

Until recent years no one took measles seriously. Many novelists have alluded to it as a typically trivial ailment, and as a complaint which everyone had got to have, and get over as soon as possible. In a sense, there is some justification for this attitude, inasmuch as it is a very common disease amongst children, and one which few escape, and in previously healthy subjects, who are properly cared for when the attack arises, the risk to life is not great, but we are apt to lose sight of the fact that measles as a rule kills more children in a year than scarlet fever, for instance, does in seven months. Moreover, from time to time epidemics of measles arise amongst poor and badly fed children which are very fatal indeed. Two examples of this occur to me now. In one case, measles was inadvertently introduced into a ward in an isolation hospital that was full of children convalescing from diphtheria; thirteen were attacked and eleven died. Then I remember a house in a certain slum where I saw four dead bodies, which represented all that remained of an entire family, and these children had all been running about the streets three days previously. At one time it used to be the custom in parts of London—and probably elsewhere also—when one child contracted measles, for the parents to put all the other children to sleep with the patient in order that they might make one job of the whole family at one time, and I knew of one instance where they even borrowed the children of the next door neighbour to make the transaction more complete.

Measles is a very infectious disease, in fact, probably the most infectious thing that we have in this country, but there is this advantage about it, that the time during which it is really very "catching" is much shorter than in most of the other exanthemata. Thus, in the uncomplicated cases, the highly infectious period lasts only about a week, and in another fortnight the patient is usually free from infection; moreover, the virus, whatever it may be, is not so easily conveyed by clothing as one might expect, infection being almost always conveyed directly from person to person.

In measles we have a very good example of the importance of considering not only the disease, but the resistance which the host is capable of making to it. Thus, as might be expected by reason of its being so common in this country, the people of the British Isles, when they are decently healthy, seem to have acquired a certain sort of immunity, so that the great majority recover, but when it has invaded races to whom it was previously unknown, it has been as fatal as the present outbreak of septicæmic plague in Manchuria, where the death rate seems to be about 90 per cent. This actually happened some years ago in the Fiji Isles, where an epidemic of measles killed almost everyone it attacked.

Measles is essentially a disease of childhood, and inasmuch as most children have it sooner or later, and as one attack, as a rule, confers a future immunity, it is not common in adults. It is most prevalent between the ages of one year and six, declining thence gradually as age advances. It begins with the signs of a common cold, sneezing, coughing, running at the eyes and nose, and—what is very important—some degree of hoarseness; there is a sharp rise of temperature to 104 degs. Fahr. or so, at the onset, and from the first, the respiratory tract is affected. These symptoms continue until the fourth day, when an eruption of separate pink spots appears on the face, and behind the ears, the forehead and oral triangle being especially affected, these incidentally being the parts that are practically always spared by the rash of scarlet fever. The eruption spreads to the trunk and limbs, and reaches its height about the end of the first week from the onset of the catarrh; it then rapidly fades and is succeeded by a fine branny desquamation, which itself disappears in another week, and at the end of three weeks the patient is usually well and free from infection.

The real importance of an attack of measles depends upon the extent to which the respiratory tract is affected. From the point of view of detection of the disease, two points are im-

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