

portant, one of which is the presence of Koplik's spots and the other the croupiness of the cough, which shows that the larynx is inflamed. Koplik's spots are small whitish papules situated on the inside of the mouth opposite the back teeth: they appear on the first day of the disease, and usually last from one to two days: when present they are conclusive evidence of measles, as they do not occur in any other disease.

The extent of the laryngitis may vary from slight hoarseness to inflammatory obstruction, so severe as to necessitate tracheotomy or intubation of the larynx, and it is not uncommon for patients suffering from the initial croup of measles to be certified as cases of diphtheria and be sent to isolation hospitals where they form the bugbear of the medical officers, for after the sensational tracheotomy in the ambulance van it hardly does to admit them to a diphtheria ward! In these institutions it is a standing rule to search for Koplik's spots in every case of laryngeal obstruction.

Similarly, the affection of the lungs may vary from a very slight degree of bronchial irritation to an intense broncho-pneumonia, and this is the way in which most of the fatal cases terminate.

It is for this reason that it is desirable that beds should be devoted in the isolation hospitals to the reception of bad cases of measles from houses where adequate attention cannot be provided. As a means of checking the spread of infection, removal to hospital is useless as the mischief is done before the rash appears, but it often happens that a child suffering from broncho-pneumonia, which would undoubtedly die at home, recovers in hospital.

Another complication that almost always proves fatal is gangrene of the inside of the cheeks, which is known as *cancerum oris*; it sometimes attacks the vulva in female children.

Apart from the extent to which the respiratory tract is affected the outlook depends mainly on the character of the eruption, it being favourable when this covers the whole body, appears early, and is bright in colour, and unfavourable when it is late, scanty and dusky.

What the cause of measles is we do not know. No organism has yet been isolated, nor has the disease been reproduced in animals, but there can be no doubt that it is due to an organism of some kind or other; the fact that the infection quickly disappears from clothing, etc., suggests that it is fairly easy to kill. The incubation period varies from ten to fourteen days in the majority of cases, but in institu-

tions it is customary to allow a margin of another week for safety, though it is very doubtful indeed whether the incubation period is ever longer than eighteen days.

The diagnosis of measles is often difficult, and is in any case more a matter for the physician than the nurse, but the latter can render valuable help when she knows that any patients under her care have been exposed to the infection, by taking their temperatures night and morning, even though they appear to be perfectly healthy, and by keeping vigilant watch on the inside of the mouth for the first appearance of Koplik's spots; and by regarding with extreme suspicion any patient who coughs or sneezes.

By the general public the treatment of measles is regarded as a matter of but little importance, and the housewife usually consults the cookery book rather than the doctor. In the pharmacopœia of the former, saffron and brandy is a prominent remedy, and there are many others of equal and non-existent value. The first point is to keep the patient confined to one room which should be kept at an even temperature, and should be rather warmer than the average sick room; a temperature of about 65 degs. is the best. Then, if the hoarseness is at all well marked, the air should be moistened with steam from a bronchitis kettle. It is important, in this connection, that anything resembling the old-fashioned steam tent should be avoided, and that the steam should not be confined by bed clothes or curtains, which become sodden and thus a source of danger.

If the patient is old enough, he should use a steam inhaler at frequent intervals, and in practice, very many quite small children can be taught to do this with safety. Otherwise, the best plan is just to place the nozzle of the kettle near the bed so that the steam reaches the child but does not saturate his clothes. If there is much laryngitis, warm fomentations applied to the throat are very comforting. If in spite of these measures, the distress increases and cyanosis appears, intubation of the larynx, or tracheotomy, may be required. Every measure should be taken to sustain the strength of the patient; in a bad case the feeding should be entrusted to a trained nurse, and the food should be as nourishing as possible, and may with advantage include some form of concentrated proteid; stimulants are often advisable. When bronchitis or pneumonia supervenes they should be treated in the manner described in previous articles of this series. *Cancerum oris* usually demands free excision of the affected area.

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