

## OUR PRIZE COMPETITION.

DESCRIBE THE DISEASE KNOWN AS BLACK MEASLES,  
AND HOW TO NURSE IT.

We have pleasure in awarding the prize this week to Miss Linda M. Smith, Brook Hospital, Woolwich, S.E.

## PRIZE PAPER.

Black or toxic measles is fortunately rare in this country, but prevalent in China and Japan. The mortality is very high, and the patient is usually a delicate or badly nourished child. It is endemic in character, and cases in this country can occasionally be traced to toys, &c., from foreign parts. Quite often the attack is fatal before the rash appears. The patient appears out of sorts for some days, developing catarrhal symptoms and pyrexia, and is seriously ill by the tenth or twelfth day, and may die in this stage. Should life be prolonged, the high temperature is maintained, and about the fourteenth day the rash appears. The characteristic "Koplik's spots," absolutely diagnostic of this fever, are present on the mucus membrane of the mouth. As in hæmorrhagic diphtheria, the membrane of the nose, throat, mouth, and stomach bleed freely. The rash is petechial and of a purplish blue in colour, ring shaped, appearing blistered in the centre. The whole skin surface is very swollen, and this œdematous condition causes a puny infant to resemble an older healthy child. The patient is almost always delirious, and may be convulsed. The tongue is dry, furred, and swollen, very similar to the typhoid tongue. This condition is often followed by death from toxæmia. Should the patient recover, the illness is very interesting from a nursing point of view, although very prolonged. Great care must be taken to avoid complications.

*Nursing and Treatment.*—The patient must be kept in bed, the temperature of the room 60°, plenty of fresh air allowed, but no draughts. Arrangements for darkening the room are necessary, for eye trouble is almost always present. The body should be washed all over every day, and the bowels well regulated. The urine must be frequently tested for albumen or blood, and measured if only a small quantity passed. For sleeplessness, pyrexia, and delirium, sponging or drugs may be ordered. Treatment will vary with complications, the most important of which are chest complications, which may leave a tendency to tuberculosis. If bronchial pneumonia is the chief symptom, the temperature of the room must be raised to 65° without sacrificing the ventilation,

and a gamgee jacket worn. For bronchitis, usually present in severe cases, linseed or linseed and mustard poultices are sometimes given. If laryngitis is severe, a steam kettle with a half-tent will often afford relief. The eyes must be frequently bathed with boracic lotion, care being taken that all swabs are at once burnt, for the discharge is highly infectious. Otorrhœa is also a frequent complication, and the ears must be regularly syringed and cleaned. The dry, brown tongue must be frequently cleansed with glycerine and borax, glycerine and lemon, and plain water, and the lips greased. The care of the mouth does much for the comfort of the patient, and improves the appetite at the same time. For nephritis or suppression of urine, treatment is the same as if occurring apart from measles, but this complication is rare in this disease.

*Diet.*—Fluids only should be given in febrile stages, and then little and often. Milk, diluted according to age and condition of patient, should be the staple food. Cold water may be given in abundance, and vomiting avoided. Beef tea and broths make an agreeable change if diarrhœa is not present. Swallowing is usually difficult and painful, but whatever nourishment is taken must be of good quality and at regular intervals. The diet may be gradually increased during convalescence, and a course of cod liver oil may be given with advantage.

The patient is infectious until all discharges have completely cleared up, and isolation must be enforced until then.

## HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss Gladys M. Rainey, Miss Kathleen Kohler, Miss M. Robertson, Miss T. O'Brien:

Miss Gladys M. Rainey writes:—Two varieties of the malignant type are met with. In the first of these the onset of the disease is very acute, and the patient is rapidly prostrated. The temperature is high and keeps steadily up, the respirations rapid, and the pulse rate much increased. It is characterised by the appearances of hæmorrhages into the skin, together with bleeding from the nose, mouth, and bowels. It is, fortunately, very rare. The patients are usually ill-nourished and weakly children, and invariably succumb. In the second variety of the malignant form the rash is usually ill-developed or absent.

## QUESTION FOR NEXT WEEK.

What is an intravenous infusion, and how is it applied?

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