

those least protected being most liable to be first and most seriously attacked.

In epidemic times it is most prevalent during the cold months of the year, and during the summer rapidly diminishes.

In previous times smallpox was as widespread as measles is now; there was no way of preventing it, and probably few people escaped.

Fortunately, the disease has steadily diminished in frequency, and there is no doubt that if vaccination and re-vaccination could be universally enforced, it might be stamped out entirely.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss L. Tomlinson, Miss M. J. Butter, Miss V. A. E. Snowdon, Miss H. Ballard, Miss E. A. Noblett, Miss Linda M. Smith, Miss I. J. Thompson, Miss M. James, Miss B. Macdougall.

#### QUESTION FOR NEXT WEEK.

State what you know about the iodine treatment of diphtheria.

### DISTRICT NURSING IN RELATION TO MEASLES AND WHOOPING COUGH.

We last week published an account of the proceedings of the meeting of the Central Council for District Nursing in London, held at the Office of the Local Government Board.

#### REPORT OF CENTRAL COUNCIL.

The report presented by the Executive Committee stated in part that the Committee, in pursuance of the duties conferred upon them by their reference, addressed themselves to a consideration of the present provision for district nursing in London, with a view to ascertain in what districts, and in what classes of illness, there was such inadequacy, or inefficiency, of home nursing for the sick poor as might justify the Committee in taking steps with a view to remedying any defects which should on enquiry be disclosed.

While the Committee was engaged in investigating the provision for district nursing in different areas within the County, their attention was arrested by the special need which appeared to prevail throughout the Metropolis for more effective care of children suffering from measles and whooping-cough.

The Committee have carefully considered the prevalence and mortality from measles and whooping-cough in London at the present time; the practicability of securing more efficient nursing of children suffering from these dis-

eases, especially in the poorer homes of London; the objections which have hitherto precluded District Nursing Associations from dealing with these diseases; and the probable effect upon the case-mortality and complications of these diseases of more effective nursing. After detailing the information they have collected, the Committee conclude with certain recommendations, which they submit to the Council for adoption.

In the five years 1905-09 measles alone caused in London 9,301 deaths, while all the infectious diseases ordinarily notifiable (smallpox, scarlet fever, diphtheria, enteric fever, &c.) caused but 8,585 deaths. In the epidemic year 1911 there were 2,570 deaths from measles in London, and 1,038 from whooping-cough. These are almost entirely deaths of little children. Of 2,361 deaths from measles in London in 1909, only 123 were of persons over five years of age; 1,926 were of children under three years.

Since the decade 1851-60 there appears to have been a shifting of the mortality of measles on towards the first two years of life; the death toll of the disease has been increasingly heavy on this tender age, while the death-rate of elder children from the same cause has continued to decrease. Of 1,247 first cases in families in Willesden, only 175 were not attending any school; and in Finsbury it was found that 71 per cent. of the very young children at home were infected by brothers or sisters from the infant school.

The importance of this will appear later on in considering how early knowledge of the cases may best be obtained, and the trained nurse brought into touch with the patient as soon as possible.

Measles has hitherto resisted the efforts made for its prevention or for the reduction of its case-mortality, and has not shown the continuous decline in its death-rate which has marked the other current infectious diseases of this country. This lack of success is attributed to the extremely infectious character of measles in its initial stage, and "much of the mortality owes its origin to the common impression that this disease may safely be treated by the mother alone." The vast majority of the sufferers from measles must of necessity be nursed at home, and where the home conditions are favourable the patient may best be treated there. Institutional accommodation for these diseases is not only limited; it is beset by difficulties of classification and risks of cross-infection which must be taken seriously into account, but from which home treatment is

[previous page](#)

[next page](#)