

OUR PRIZE COMPETITION.

DESCRIBE HOW YOU WOULD NURSE A CASE OF MEASLES. WHAT ARE THE SPECIAL DANGERS TO BE GUARDED AGAINST, AND WHAT STEPS WOULD YOU TAKE TO PREVENT DANGEROUS COMPLICATIONS?

We have pleasure in awarding the prize this month to Miss Josephine G. Gilchrist, 12, Drumsheugh Gardens, Edinburgh.

PRIZE PAPER.

Measles is a disease which is highly infectious, frequently occurring in epidemic form during the period of greatest humidity in the atmosphere, *i.e.*, November till January.

The germ, Morbilli Rubeola, is known as a filter-passing virus, an entity so small or plastic that it can traverse a porcelain or earthenware filter.

Measles is infective by way of the mouth and is conveyed to others by "spray infection," by direct contact, or indirectly by clothing, toys. The incidence is highest in the first five years of life. The most fatalities occur in the first and second years. The incubation period is twelve to fourteen days; the invasion period four days. The onset is sudden; acute catarrh of the mucous membranes is the characteristic feature. Sneezing, red watery eyes and a dry cough are the manifest symptoms, diagnosis being confirmed by the presence of minute white spots in the buccal mucous membrane. Sickness and diarrhoea may also occur, together with fever 102-104, rapid pulse, headache, thirst and restlessness. Convulsions may occur in very young children.

The rash erupts on the fourth or fifth day, first on the brow, cheeks, behind ears and neck; spreads gradually over the trunk and limbs. It appears as small dusky red spots, gradually grouping in crescentic form, beginning to fade in two or three days, followed by a slight desquamation. The case is free from infection in four weeks after bathing and disinfection. The disease is highly infectious from the commencement of the catarrh, which accounts in some sense for the spread of infection in crowded community life, such as the tenements in a slum area where children are in close contact in play. At the onset the case should be nursed in a single bed isolated in a room which can be warmed and well ventilated, a restless child should wear a combination Chilprufe sleeping suit, the bed screened to prevent draughts, and the head turned away from the light. Very light diet, with plenty of water and fruit juices which contain vitamins, should be given. Lemon juice and honey at night time are useful to relieve the cough. A bronchitis kettle must be ready for use should the bronchial catarrh become at all marked.

The chief dangers to be guarded against are the pulmonary complications in convalescence, which inevitably follow in weakly children if not carefully guarded against cold and damp. The catarrh instead of abating advances and broncho-pneumonia may ensue.

A mild expectorant containing ipecacuanha wine may be given. The chest rubbed night and morning with a stimulating liniment such as the "three oils." The air kept moist as long as necessary with a bronchitis kettle.

Warm nourishing food, tuberculin-tested milk, tonics and change of air are necessary to children living

in towns to throw off the "dregs of the measles," an expressive term used by many working mothers. The general debility in weakly children may pave the way for subsequent tuberculosis. The eyes are always sensitive to light during the early stages; chronic ophthalmia must be guarded against by bathing with weak boracic lotion, and applying a prescribed ointment to preserve the eyelashes, the absence of which causes such a disfigurement—too often seen in neglected cases.

Ear discharge with deafness may also occur. Tonsils in an unhealthy condition should be removed if necessary when the patient is recovered sufficiently in health to undergo the operation. In poorer districts a period in an open-air special school and a course of sunray treatment will work wonders in restoring the general health.

Removal to hospital when home conditions are unsuitable would prevent many complications.

Medical inspection of school children at regular intervals is a preventive against spread of infection in schools, with isolation of contacts and home visiting of cases. Injection of convalescent serum is sometimes used as a preventive, or to lessen an attack; 5 c.c. injected into a patient who has been exposed to infection for less than five days may prevent an attack by acquired immunity, up to six days the added resistance may greatly lessen the severity of the attack. The serum contains a sufficient anti-body for protection, and in isolated communities where measles is rarely known, or in very bad hygienic conditions, a malignant type may occur. The rash is feebly developed, of a dark purplish colour, there is always great prostration, and very intensive catarrhal conditions of the respiratory, gastrointestinal mucous membranes. There is usually some other toxæmia present which further complicates the unfavourable prognosis towards recovery.

Early diagnosis, careful nursing in hygienic conditions, and supervision during and after convalescence are the best preventives against complications.

Miss Le Beau writes:—

The eyes must be carefully watched for any sign of conjunctivitis, irrigation with some simple lotion as boracic is mostly necessary. Ears must be watched; if any pain is experienced, appropriate treatment must be given.

The mouth must have the strictest hygiene. Swabbing should be carried out four hourly when awake. If laryngeal and bronchial symptoms are present, possibly a steam tent or cresolin lamp might be ordered for a short period. If laryngeal symptoms are marked, the possibility of obstruction must be considered. Oxygen should be at hand, also a stimulant such as brandy might be required if the patient is showing signs of cardiac failure. Cough, if present, must be treated according to type, soothing if dry and an expectorant if secretion is increased. The patient must be kept as quiet as possible, and during washing every care must be taken to avoid chill.

Otitis media is a probable complication; the care of the throat, and watching for any sign of earache may prevent serious trouble.

QUESTION FOR NEXT MONTH.

What do you understand by a premature infant? What are the signs of prematurity? Describe the nursing care of such an infant.

[previous page](#)

[next page](#)