

## OUR PRIZE COMPETITION.

### WHAT ARE THE SYMPTOMS OF THE INVASION OF MEASLES. ITS CHARACTERISTICS AND SPECIAL DANGERS? DESCRIBE THE COURSE OF THE DISEASE AND THE NURSING TREATMENT.

We have pleasure in awarding the prize this month to Miss Winifred Moss, the County Hospital, Bedford.

#### PRIZE PAPER.

The symptoms of the invasion of measles resemble, in the earliest stages, those of a common cold. The patient becomes very irritable, sneezes, and has a nasal discharge, at first thin, later muco-purulent. The eyes are red and the conjunctivæ water. After a while this catarrh spreads down the respiratory passages, and laryngitis and bronchitis may develop.

Photophobia is present and the temperature rises to 101° F. or 102° F. If the mouth is examined, at this stage, small bluish white spots may be discovered on the mucous membrane opposite the lower second molar teeth. These are known as Koplik spots, and disappear when the skin rash appears.

The actual cause of measles is unknown, but it is thought to be due to a virus present in the nose and throat and possibly in the bronchial secretions. It is very highly infectious during the days preceding the development of the rash and for that reason is difficult to control. It is spread by the secretions from the nose and throat, by fomites or by a third person, and few children exposed to infection escape.

Measles is a disease of childhood, occurring most frequently between the second and fifth years, though it may be found practically at all ages. It is prevalent at certain periods of the year, especially in December and again in February and June, when it is apt to assume epidemic form. Epidemics occurring in communities where measles has not been prevalent before often have a high mortality.

The disease itself is not usually serious, but its complications are so frequent as to form an important part of the disease, those affecting the respiratory tract being serious and often fatal. The most important are bronchitis and broncho-pneumonia, which cause a high percentage of deaths. Otitis media is common and enteritis is also a complication. Complications affecting the eyes may be far reaching in their effects; conjunctivitis is usually present and there may be corneal ulcer, especially in badly nourished children. A rare but serious complication is a gangrenous form of stomatitis, called cancrum oris. Measles, also, may form the starting point of pulmonary tuberculosis, which may develop weeks, or even months, after the infection. The special danger of measles, however, is the high mortality, due chiefly to the tendency to broncho-pneumonia in subjects who contract this disease.

The skin rash appears on the fourth day but it may be preceded by a scarlatiniform rash which may lead to confusion of the disease with scarlet fever. The true measles rash appears first at the roots of the hair and behind the ears and spreads rapidly to the remainder of the face and over the trunk and limbs. It is velvety to the touch and consists of blotchy patches of a peculiar dark red colour. It lasts for several days,

but it quickly begins to fade, leaving a brownish staining of the skin. The temperature remains high whilst the rash lasts and declines with the fading of the rash by lysis or by crisis. With the appearance of the rash the temperature may rise to 104°F.-105°F., and the patient looks very miserable. The face is blotched, the eyes heavy and congested, there is restlessness, probably delirium and the breathing is rapid. The total duration of the disease is roughly a week, and in uncomplicated cases convalescence proceeds rapidly.

The essential aim of the nursing treatment is to prevent the complication of broncho-pneumonia. The room should be warm and with no draughts, and of an even temperature day and night. The clothing should be warm and well brought up over the shoulders. The chest should be rubbed with warm camphorated oil morning and evening, and linseed poultices or antiphlogistine may be ordered. A steam kettle may be helpful in relieving cough and spasm. The room should be darkened and the patient should not face the light, and the eyes should be bathed with some weak antiseptic, such as boric acid, two grains to the ounce, and hot compresses applied if there is any discharge from them. In this way the advance of conjunctivitis may be prevented.

The mouth requires attention and any aural discharge should be reported at once. An aperient is given at the onset, and a fluid diet while the temperature is high, and later the diet depends upon the condition of the bowels, as enteritis may be a complication. Water should be given freely and a liberal nourishing diet during convalescence. The patient should be kept in bed for a week after the temperature is down, and chills must be carefully avoided during convalescence as complications may then develop.

#### HONOURABLE MENTION.

Miss Christina M. Allan, of St. Mary Abbot's Hospital, Kensington, who receives honourable mention, contributes an excellent paper, especially so as she emphasises the seriousness of the disease in babies and young children, and condemns the popular saying of "having measles and done with it when children are young" and draws attention to the fact that the mortality amongst children is still very high.

"The specific treatment for measles is measles serum, most commonly used in prophylactic treatment.

"It is obtained from three sources (a) Convalescent serum, from patients convalescent from measles; (b) Adult serum, from adults who have had measles at some time; (c) Placental Extract. Two methods are used (a) Prevention; (b) Attenuation.

In weakly debilitated children of under two years of age, complete protection is aimed at. Serum is given within four days of exposure to measles. Unfortunately, the immunity conferred is passive.

In other children the attack may be modified. Serum is given from the fifth to the ninth day after exposure. Immunity in this case is active and lasting.

#### QUESTION FOR NEXT MONTH.

What is pericarditis? Describe the symptoms, and the points to be observed (a) in the nursing care (b) in relation to diet.

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