

the mentioned prophylactic agents and is, of course, the least expensive.

Treatment.

A specific therapeutic agent against measles is not known. Some investigators have reported, however, that the use of convalescent serum in amounts of 30 to 50 cc. or more administered intravenously during the pre-eruptive stage modifies the course of the disease. During the eruptive stage of measles even large intravenous doses of serum are of only questionable benefit. Hoyne found the use of amidopyrine therapeutically beneficial during the pre-eruptive stage. After the rash has appeared this agent does not seem to modify the course of the disease.

Other therapeutic measures are symptomatic, used solely to make the patient more comfortable. Codeine in appropriate dosage is often necessary to control coughing. Darkening the sick room is not necessary unless light causes the patient subjective discomfort. Anti-pyretics such as aspirin are useful in controlling the fever and making the patient feel better. The food should be light, for the most part fluid, and given at regular intervals. Should the child's appetite remain good despite his illness he may be permitted to eat a normal diet. During the febrile period it is wise to urge fluids, especially fruit juices, so that the total daily intake will be at least one quart for a child three years of age or younger and one and one-half quarts daily for an older child.

It is best to keep children who are suffering from measles in bed for at least three days after the temperature has become normal. One cannot be dogmatic about the length of time after this stage is reached before a return to school may be permitted. This period will vary according to the severity of the disease and the child's general condition. Children who are convalescing from measles are very susceptible to other diseases, notably tuberculosis. The average child of school age who has had measles of moderate severity and who was in good health before the onset of the disease should be kept out of school and at home for at least 10 days after he is allowed out of bed.

The sulfonamide compounds do not have a place in the treatment of measles except in the treatment of its complications. However, the physician often is justified in using one of these compounds prophylactically against the bacterial complications of the disease. The indiscriminate use of these preparations is not to be encouraged.

Summary.

Measles is a widespread communicable disease which has a high rate of attack. Epidemics occur about every two years. The mortality from the disease is due chiefly to bacterial complications. Deaths from measles occur principally among infants and children less than three years of age and among those otherwise sick or debilitated.

A virus etiology for measles has been generally accepted, but has not been finally proved.

Convalescent serum, pooled normal adult serum, and whole adult blood have been used to produce temporary passive immunity against measles or to modify the course of the disease. Immune human globulin (placental extract) is another preparation used for this purpose. Reactions to immune human globulin often occur. Reactions to human serum and whole blood are uncommon but have been observed. Human convalescent serum is the most reliable of all of the available prophylactic agents.

There is not a satisfactory method known at the present time for producing active immunity against measles.

There is not a specific treatment for measles. Therapeutic measures are used to make the patient more comfortable.

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NURSING ECHOES.

We feel sure members of the British College of Nurses will be pleased to welcome the return of Miss Susan A. Villiers, S.R.N., F.B.C.N., as a member of Council.

Miss Villiers is well known to the nursing world, both at home and abroad, and her special association with the Bench as a J.P. and the honourable position she holds as Superior of the Guild of St. Barnabas for Nurses, founded by the late Father Russell in 1876, "to help nurses spiritually in their work and life," give her experience in branches of work specially of value added to her wide experience as Hon. Secretary, and *pro tem.* Hon. Treasurer, of the National Council of Nurses of Great Britain, the finances of which just audited present a satisfactory balance, which, in these hard times, is a marvel.

On October 12th, 1915, a firing-squad of Huns murdered Nurse Edith Cavell, in Brussels.

On October 12th, 1941, we paid her memorial near Trafalgar Square a visit, hoping to find it flower-laden with inscriptions in honour of the great sacrifice for her love of country. What did we find?

One magnificent wreath of crimson poppies—and three little bunches of blossoms.

We placed our bouquet of roses at the foot of the statue, feeling sure their scent would penetrate to her environment. As an old London Hospital Sister we are pleased to be associated with the nursing staff of the London Hospital, who had inscribed their memorial wreath as follows: "In proud and affectionate memory from the colleagues of her Training School, October 12th, 1941."

How about the thousands of her colleagues elsewhere? Are their memories so short that they have so soon forgotten this tragic sacrifice—or is it the truth that they do not care?

In the evening of the same day an appeal was made on the wireless for financial support for the "Edith Cavell Homes for Nurses"—where "these brave and devoted nurses, weary with well-doing, enjoyed peaceful and healthful surroundings, rest and comfort!" How about it?

Honour to whom honour is due. We rejoiced that we had spent our mite on roses. Evidence of gratitude.

May we suggest that all nurses who benefit by the "Cavell Memorial Homes" should associate themselves together in remembrance of her sacrificial death on October 12th.

The Nurses of the Dominions have, through their National Organisations, opened appeals for funds for the benefit of "British Nurses," and a very large sum of money has been handed over to the Royal College of Nursing for distribution amongst nurses suffering damage from air-raids, etc.

It has not been emphasised either in the British Press or directly to Nurses' organisations in Great Britain that this generous gift is for *all* British Nurses, and not alone for members of the Royal College of Nursing.

As large sums of money contributed by our colleagues in nearly all the Dominions are still being sent to

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