



MORBILLI

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Synonyms: Rubeola; Measles.

Measles is a contagious disease common among children of which one attack generally confers immunity. Its incubation time is ten days to the onset of the fever and prodromata, thirteen to fifteen days to the appearance of the rash. The onset is with fever, about 103° or 104° F., cough, severe coryza and conjunctivitis. There may be the symptoms so commonly associated with oncoming fever,—nausea, vomiting and headache. The pharynx is hyperemic on the first day and Koplik's spots soon appear on the buccal and labial mucous membranes. Usually on the fourth day, when the fever and general symptoms have reached their height, the rash begins on the face, usually on the cheeks and forehead, and spreads within the next twenty-four hours, downward over the neck and trunk and lastly upon the extremities, with no preference for the flexor or extensor surfaces. The palms and soles may be involved. The distribution is invariably symmetrical. When the eruption is well developed the face is swollen and covered with reddish blotches. On the trunk occur numerous, red, pin-head to small finger-nail sized, round or oval macules, which are fairly well defined and may be slightly elevated above the surface of the skin. Occasionally on the upper part of the trunk some of the lesions may have an indefinite crescentic arrangement. The macules may be very closely aggregated, but they do not coalesce to form an uninterrupted sheet of eruption over the entire skin, although at times large patches may be found, par-

ticularly on the face, in which the individual lesions are almost indistinguishable. The macules disappear at first under pressure, but after a couple of days a light yellow pigmentation persists. This pigmentation may give the skin a blotchy appearance after the rash has subsided. During the outbreak the temperature remains near 103° or 104° F., and descends either by crisis or lysis about the fifth day, together with the abatement of all the symptoms. The disappearance of the rash is followed by a fine branny scaling which seldom lasts more than a week. While the rash is present there may be sweating, especially at night, and not infrequently more or less itching. The prognosis is good in vigorous children. In very young, debilitated or neglected infants fatal pulmonary complications are not rare. **DIAGNOSIS:** The length of the prodromal period, the catarrhal symptoms, the presence of Koplik's spots, the swollen, blotchy appearance of the face, the macular character and crescentic arrangement of the lesions, the prevalence of an epidemic and the nature of the disease from which the contagion arose, are the points to be considered in a differential diagnosis from other exanthemata, drug rashes or syphilis. **TREATMENT:** The patient should be put on a light diet, confined to bed, and isolated in a darkened but well ventilated room. The severe symptoms are to be mitigated by appropriate symptomatic treatment and the patient is to be guarded against exposure, especially during convalescence.