"ON THE CONFUSION OF TWO DIFFERENT DISEASES UNDER THE NAME OF RUBELLA (ROSE-RASH)."

To the Editors of THE LANCET.

SIRS,—There can be no question that this subject has not received the discussion which its importance deserves. Criticism is always wholesome and necessary in the attainment of truth, but it does not alter facts.

After a close study of rubella now for 30 years, with several hundred cases for investigation, I think that I may claim to know the disease in all its phases when I see it, and I could come to no other conclusion than that two diseases have been confused under its name.

I base my conclusions on these facts:—1. That all four epidemics referred to in THE LANCET of July 14th, 1900, were the same disease. 2. That in the epidemic of 1896, where there were two definite diseases, the one was scarlet fever and the other what I then regarded as a variety of rubella. This second disease, occurring concurrently with scarlet fever, proves that it could not be scarlet fever. 3. That the disease is not a variety of rubella but a distinct disease is further proved by the fact that nearly 50 per cent. of the cases occurring in April, 1900, had previously passed through an attack of rubella within a year or more. This makes it clear that there is a "fourth disease" which has hitherto been included under the head of rubella by the profession, myself included.

In reply to my kind critic Dr. C. K. Millard, who raises the question whether the epidemic of 1900 was not after all scarlet fever, I would urge:—1. That I have never seen a case of scarlet fever with a very full rash without having a markedly accelerated pulse, whereas in this fourth disease with the fullest rash the pulse is generally not increased in frequency. 2. That I have never seen a case of scarlet fever with an abundant rash without a marked rise in temperature, whereas in this disease, with the fullest rash, the temperature usually is not raised above 99° F. 3. That I have never seen a case of scarlet fever in the young with a copious rash where the tongue did not peel on the fourth day, whereas in this disease with the fullest rash, which so much resembles the scarlet fever rash as to be, considered alone, indistinguishable, I have never seen the tongue peel. 4. That I have never seen a case of scarlet fever with a very full rash where the skin did not desquamate freely, whereas in this disease I have seen the very fullest rash not followed by any peeling, or the merest dryness of skin. 5. And, lastly, it is scarcely conceivable that were cases of scarlet fever removed from bed after five days, permitted to go out on the eighth day, and, after thorough disinfection on the fourteenth day, regardless of desquamation, allowed to go home to all parts of the country, various sequelæ would not have arisen, and scarlet fever have been spread from one end of the land to the other—even with the few cases I have recorded as the "fourth disease"—were they in reality scarlet fever.

I am, Sirs, yours faithfully,

Rugby, Nov. 3rd, 1900.

CLEMENT DUKES.

"APPENDICITIS."

To the Editors of THE LANCET.

SIRS,—I am much obliged to Sir Samuel Wilks for his kind letter in THE LANCET of Nov. 3rd (p. 1303). The quotations he gives from the writings of Bright and Addison and the references to his own teaching at Guy's will interest, and be appreciated by, all your readers.

I, however, still feel that it is only during the last 15 or 20 years—and I am almost inclined to say the last 10 years—that the profession has fully realised that it is in the appendix itself that probably more than 95 per cent. of inflammatory changes in the cæcal region have their origin. Before this time, I believe, in most minds the appendix occupied the background of the picture, and when a medical man saw a case of "typhlitis" he imagined, in the large majority of cases, an inflammation in and around the cæcum which had started in the walls of this part of the intestinal tract, the appendix being scarcely thought of. Now the appendix occupies the centre and dominating part in the picture, and inflammatory changes originating primarily in the cæcum are relegated to an inconspicuous background.

I am, Sirs, yours faithfully,

Nov. 5th, 1900.

H. LITTLEWOOD.

THE DURATION OF THE INFECTION OF DIPHTHERIA.

To the Editors of THE LANCET.

SIRS,—I should be glad of your opinion as to when a case of diphtheria ceases to be infectious. I take it that if there are no true Klebs-Löffler bacilli to be found on bacteriological examination, then the usual post-card may be sent to the sanitary authority stating that infection has ceased and the house may be disinfected and isolation withdrawn. Again, is it advisable in all cases to have a second bacteriological examination for a negative result?

I am, Sirs, yours faithfully,

Nov. 5th, 1900. T. W. HEYWOOD, M.R.C.S. Eng., D.P.H.

* * It is difficult to state with any exactitude when a case of diphtheria ceases to be infectious. Klebs-Löffler bacilli have been stated to have been detected in the mucus of the pharynx six months after the primary attack. As a general rule if six weeks after the disappearance of the membrane no Klebs-Löffler bacilli can be found the usual post-card may be sent. A single examination may as a rule be accepted.—ED. L.

"PNEUMOCOCCIC PERITONITIS."

To the Editors of THE LANCET.

SIRS,—Your annotation in THE LANCET of Nov. 3rd (p. 1290) upon pneumococcic peritonitis and the remark that it does not often attract attention in England suggested the following brief reference to two cases which have come under my notice. A girl, aged eight years, was admitted into the Bristol Royal Infirmary in 1899 with acute peritonitis of five days' duration. Abdominal section was performed but no cause for the peritonitis was discovered. She died the following day and at the necropsy no lesion of the abdominal or pelvic viscera or in the bones could be found from which the suppurative inflammation of the peritoneum present could have originated, neither was any septic focus discovered elsewhere in the body. Cover-slip preparations of the pus showed encapsuled diplococci associated with streptococci, and cultures showed the presence of the diplococcus pneumoniae. In February of the same year a girl, aged 17 years, died in the infirmary from lobar pneumonia complicated by pericarditis. In this case acute peritonitis of a milder type was also present.

I am, Sirs, yours faithfully,

Nov. 6th, 1900.

THEODORE FISHER.

"THE ETIOLOGY OF RHEUMATIC FEVER."

To the Editors of THE LANCET.

SIRS,—The letter of Dr. F. J. Poynton and Dr. A. Paine published in THE LANCET of Nov. 3rd, p. 1306, at length does justice to the early observations of British practitioners in the bacterial origin of rheumatic fever, and admits Dr. Alfred Mantle's claim to the honour of being the first to give optical demonstration of the micrococci of rheumatic fever. That Dr. Poynton and Dr. Paine do not corroborate my observations of the existence in the blood of vast quantities of these micrococci at the onset of the disease is also definitely enunciated; it will be my duty to exhibit my proofs at the Pathological Society at the earliest opportunity possible. The stimulus given by the valuable observations of Dr. Poynton and Dr. Paine will no doubt speedily put us in possession of the true facts concerning the origin of this destructive disease.

I am, Sirs, yours faithfully,

Southwick, Nov. 5th, 1900.

EDW. F. GRÜN.

THE TERM "INFLAMMATION" AND THE SUFFIX "ITIS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of Nov. 3rd (p. 1288) there appears a paragraph in which, referring to the suggestions of Dr. A. H. Smith of New York, you appear to advocate the disuse of the term "inflammation" and the suffix "itis." May I be allowed to point out a few objections to this course which seem to me to be insuperable? 1. The nomenclature suggested is to be formed by adding the suffix "osis" to the name expressing