Correspondence.

"Audi alteram partem."

THE DIAGNOSIS OF RUBELLA (OR RÖTHELN).

To the Editors of THE LANCET.

SIRS,—The interesting and pointed letter by Mr. Bridgman on this subject in THE LANCET of April 21st, and my own conviction that the recently repeated dicta of Dr. Dukes, alluringly precise though they seem, are of no great practical value even in groups of cases of suspected rubella and of scarcely any in single cases, induce me to beg space for the following remarks. I am not one of those who deny the existence of cases of exanthematic fever, both single and in groups, which bear a greater or less resemblance in many particulars to measles or scarlet fever, and may have a claim to independent nosological position, but I venture to doubt gravely and would almost deny that either the collated experience of most writers on this matter, or the strongest utterances of any, supply us with valid reasons for teaching that such cases constitute a distinct pathological or clinical entity, specific and indivisible. "There is a much wider discrepancy," as I have elsewhere said, "in almost all points between the many descriptions of so-called 'rubella' by numerous observers in various epidemics and different countries than obtains in the matter of any other recognised specific fever." I believe that a careful study of Dr. Dukes' own paper alone will rather bear out than traverse this contention, and that the numerous and important disagreements and even contradictions to be found in the extensive literature of this subject point strongly to the conclusion that if there be one there are almost as certainly more than one clinical group of symptoms which equally deserve an independent title to specificity. Apart from the important fact of the epidemic occurrence of an exanthematic fever of the kind or kinds under discussion among those who have recently or previously suffered from scarlet fever or measles, it is hardly too much to say that the rubella, or rötheln, or epidemic roseola of to-day has no greater mark of individuality than appertains to recognised varieties of the two diseases from which its distinction is sought or asserted. I cannot attempt here to quote authorities in justification of these statements, but those who will read the various first-hand papers and monographs on the subject, both European and American—not omitting the discussion at the International Medical Congress held in London in 1881—will find, among many other discrepancies, that signs said to be wellnigh pathognomonic by some are pronounced exceptional by others. I will but instance here that many regard enlargement with tenderness of the glands, especially of those behind the sterno-mastoid, as almost constant, while others say it is rare, and that there is nothing like consensus of opinion as to the occurrence of invasion symptoms before the rash, the prevalent presence or absence of coryza, of inflammatory sore-throat, or of complications and sequelæ, or as to the frequency, nature, and duration of desquamation.

It may, perhaps, be scarcely fair to regard the dilemma, on the horns of which Mr. Bridgman has placed Dr. Dukes, as perfectly established without referring to Dr. Dukes' original paper, as he requests his critic to do; but, considering the extreme clearness of Dr. Dukes' own extensive abstract, and the specific nature of Mr. Bridgman's statements and quotations, it would appear almost incontrovertible that on a certain occasion either Dr. Dukes made an erroneous diagnosis or that his own rules, and these of no little importance to his position, played him false. It is, indeed, chiefly against the justification of any such hard-and-fast rules as Dr. Dukes strives—I would almost say, after a careful reperusal, struggles—to lay down, that I would here strongly plead, for I continue to believe that in the present state of our knowledge a positive diagnosis of "German measles," or a positive exclusion of scarlet fever and measles, should hardly ever be made, and never early, in any individual case; and that perhaps the only really practical sanction for a decisive statement is the occurrence of a subsequent series of like instances of illness, with the test of most of its subjects having previously suffered from the disease, be it scarlet fever or measles, which it most nearly

resembles. I use the word "practical" here in its limited and literal sense; for, as I have said, I think there is much evidence to show that there is more than one disease described under the name of "German measles" &c., and I could not absolutely deny that, all likelihood to the contrary notwithstanding, this affection may conceivably be etiologically one. I may briefly mention a few points in Dr. Dukes' abstract, published in THE LANCET of March 31st, 1894, which, I venture to think, are open to more or less question from a practical point of view. Would many endorse his statement that "rose rash" (or German measles) is as *separable* (Dr. Dukes does not say "separate") from measles or scarlet fever as typhus fever is from typhoid fever? Is the average seasonal prevalence of these diseases under discussion of any *material* aid to us in the differential diagnosis of either sporadic or serial cases of exanthematic fever? Is it right to assume, in the face of many opinions, and I would add no few facts to the contrary, that "when it is affirmed that a boy has had measles twice, it generally only means, of course, that he has had English and German measles"? And as regards the question of glandular enlargement, which after all seems, on due sifting of his points, one of quite the most important of Dr. Dukes' *differentiæ*, especially from scarlet fever, I think that many can say, as I have myself observed, that it is not very rare to find enlargement of the very glands mentioned even in early scarlet fever of no severe type and without bad throat symptoms.

To conclude, I recognise the existence of cases at first like scarlet fever which prove not to be scarlet fever, but do not answer to any sufficiently well-established type, so as to justify their appellation of German measles or any other individual names; and similarly, there are cases which seem like measles in many particulars, but which almost as certainly are not measles. Now, apart from epidemics of such cases, when it does not much matter for practical purposes whether or not we anticipate positive knowledge by calling them "rubella," "rötheln," or "epidemic roseola," I think it is better to confess ignorance, and even unnecessarily isolate the patients at first when we are questioning—as even the best authorities who have no shadow of doubt of the unity and indivisibility of epidemic roseola sometimes must be questioning—as to the nature of an individual case, than to run a risk, however small it may be, of acquitting a patient of measles or scarlet fever. I personally believe this risk to be no small one, and I know and could quote many very striking instances of mistakes made in this direction by those who have had great experience in this class of diseases and are recognised as authorities, as well as by others who have merely been called in to give second opinions.

Doubtless a firm conviction and a clear expression of opinion as to the nature of all cases of infectious disease, especially early in their course, are great desiderata, especially in practice. In the matter of the diagnosis of infectious fevers, moreover, practitioners are sometimes tempted, perhaps even unto non-resistance, to pronounce in favour of "German measles" when a case seems open to doubt, owing to the great popularity of this diagnosis with the proprietors of private schools. Practical danger to the patient and others may be avoided in case of a mistake by carefully isolating the suspected children; and such a mistake, however it may be regarded by the family of the patient, is then at least a venial one in the eyes of the schoolmaster. But to pronounce that a case is scarlet fever when it may be ultimately proved otherwise, or even but stated by another to be German measles, is often very damaging in practice. As regards the name of this disease, or of these diseases, where scarlet fever and measles are to be excluded, the current polyonymy may not be regrettable; but if we are begged to "give it a name" I think *rubella* is the best, being one word and easily pronounced by the profession and the public of all countries.—I am, Sirs, yours truly,

Harley-street, W., May 4th, 1894.

H. B. DONKIN.

"THE SURREY DISPENSARY AND ITS STAFF."

To the Editors of THE LANCET.

SIRS,—In reference to the letter on the above subject by Dr. Ince in THE LANCET of April 28th, will you kindly allow me, as a member of the staff, to make a few remarks? It is true that some of the members of the staff have been attached to the dispensary for many years, and, if by lapse of time they are unfit to perform their duties, surely a gentleman who, like