Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

RECURRENT MEASLES.

BY J. H. BATTYE, M.D. R.U.I.

IN view of the recent extensive epidemic of measles I should like to put on record the case of my daughter, aged seven and a half years, which to me is unique. I have described it to two or three other medical men, my seniors in the profession, and they all tell me that they have not met with one like it. On Feb. 17th, 1898, there came out on my daughter a very moderate crop of morbilli of the pinkish, mild variety, beginning on the face as usual. Her temperature was 101.5° F. She had very slight bronchial catarrh, but no sickness, headache, or malaise. The rash followed the usual course, spreading downwards in patches and reaching the legs by the morning of Feb. 19th, when there was distinct waning of the eruption on the face. The temperature was not taken that morning, as on the previous evening it had been only 98.6°. At 11 P.M. she was not so well; her temperature was 105° and I found that there was a distinct second crop of morbilli of the purple variety very copious over the face, neck, and upper part of the body, intense bronchial congestion and oppression of breathing, and some cyanosis of the lips; the pulse was 160 as near as I could count, and there was great intolerance of light from conjunctivitis but no delirium. During Feb. 20th the eruption spread over the rest of the body, scarcely a particle of the skin being untouched, but the bronchitis became less, expectoration more free, and the temperature in the afternoon fell to 103.4°, rising, however, to 103.8° at 10 P.M. There was no delirium during night or day. On Feb. 21st the rash was fading on the face, but was very dark over the body and legs. The temperature fell further from 101° in the morning to 99.8° at night. On Feb. 22nd the rash was fading rapidly in the morning; the temperature was 99°, the bronchitis was passing away, the lungs were clearing, and everything seemed going on quite normally towards recovery, when just after 9 P.M. I found that the temperature was 103.4°, and that there was a fresh crop of morbilli more papular than either of the two previous eruptions, but not nearly so extensive as the second, though more than the first. Like the two previous eruptions this travelled all over the body, but there was no exacerbation of the bronchitis during the third eruption. The temperature on Feb. 23rd was 101.4° in the morning, 99.6° at night, and on the next morning (Feb. 24th) 99°. It rose again in the afternoon to 100.8° and there seemed a slight increase of the last rash, but on the following morning (Feb. 25th) the temperature was 98.4° and the rash finally disappeared on the evening of Feb. 26th having been out for ten full days.

One curious point about my daughter's case is that she had all the premonitory symptoms of measles—coryza, vomiting, headache, and lassitude with a temperature of 101° on Jan. 20th, and was kept in bed for two days and at home for ten days but no eruption of any kind followed. I may also state that her brother had measles before her, the rash appearing first on Feb. 8th, and that she was allowed to go into his room as I felt certain that she had taken it while he was incubating, an opinion justified by the appearance of the rash in her case on Feb. 17th. Were the successive eruptions of morbilli due to repeated infections from her having been with her brother? There seems to be a great variety of opinion as to whether thorough disinfection is necessary after measles and also as to the duration of infection after eruption. Some maintain that the patient is free from infection one week after the eruption appears, others that the period is three weeks. For myself I regard thorough disinfection to be as necessary after measles as after diphtheria or scarlet fever and that no one is really free from infection till after three weeks from the time of eruption, and in this last contention I think my daughter's case fully bears me out.

On April 28th my daughter was attacked with varicella

and again there were no premonitory symptoms whatever. The eruption has been rather copious, but she has never had a headache or lost her appetite all through.

Belgrave-road, S.W.

HYPERPYREXIA IN MALARIAL FEVER.

BY CHARLES LLOYD WORRALL, L.R.C.P. LOND., L.S.A.

ON March 29th, 1898, I was called to see a family suffering from malarial fever, and on arriving at the house about 11 A.M. I found that a child, aged three years and seven months, had had a convulsion about 8 A.M. that day and had not regained consciousness. The convulsion lasted about five minutes, the short duration being probably due to the patient having been put into a hot bath. When I examined the child she lay on her back breathing very rapidly but with no approach to stertor. The pulse was imperceptible and the brow and face were moist and clammy. In the axilla the thermometer registered 108.8° F.; in order to guard against possible error I shook the mercury down to subnormal and replaced the thermometer in the axilla, when it again registered the same degree. The history of the case was briefly as follows. On the previous day (March 28th) the little girl had been as lively as usual until sunset, when she complained of feeling tired. During the night she was very restless and thirsty, but complained of no pain, nor was there any vomiting. She did not take breakfast on the morning of the day I saw her and at 8 A.M. she went off into a fit as stated above. On finding the temperature so high I administered a dose of calomel and phenacetin and placed the patient in a tepid bath, with the result that the temperature came down to 103° in a very few minutes. The girl was then put to bed, whereupon in a few minutes the temperature rose again to 107° and in a few more minutes came down to 106°, and at this point it remained until I left, but unfortunately the patient died in about half an hour after my departure—viz., between 1.30 P.M. and 2 P.M.

During my experience of malarial fever, which extends over three summers, I have only seen one case with a similar temperature. That patient was a woman suffering from puerperal fever complicated with malarial fever; her temperature registered 107.6° on my thermometer and 107.8° on that of a colleague. My two colleagues, the hospital and district surgeons, tell me that they have never seen so high a temperature in malaria. Of the child's case being malarial fever I have no doubt as everything pointed to it—the season, the locality, and the fact that two more of the family were suffering at the same time from distinct malarial symptoms although mild. I may add in conclusion that in children I find that a dose of calomel and phenacetin as a rule acts like a charm in reducing temperature previously to giving quinine.

Barberton, South African Republic.

BORACIC ACID AND SALOL IN CYSTITIS.

BY ARTHUR H. BUCK, F.R.C.S. EDIN.

THE following case is probably of sufficient interest for publication on account both of the age of the patient and of the marked good effect of small doses of boracic acid and salol on bacterial urine.

In the beginning of last December I performed suprapubic lithotomy on a man, eighty-three years of age. This operation was selected in preference to lithotripsy on account of (1) the size of the stone, (2) its hardness, and (3) the presence of a large prostate. The bladder was drained after the operation by a large tube for three days, by a No. 12 catheter through the wound for three days, and by a catheter through the urethra for fourteen days. There was practically no escape of urine except through these tubes. Cystitis was present before the operation and in spite of washing out three and four times a day there were bacteria in freshly-drawn urine three weeks after the operation. The urine was of a dull light yellow colour and was becoming more alkaline, varying in quantity from three to five pints. On the twenty-second day 10 gr. of boracic acid, and 3 gr. of salol were prescribed every four hours. Within two days the urine was acid, and in