

Case of measles associated with hæmorrhagic variola / by Charles H. Robinson.

Contributors

Robinson, Charles H.

Publication/Creation

[Dublin] : [publisher not identified], [1872]

Persistent URL

<https://wellcomecollection.org/works/gfmrnb28>

License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

Reprinted from the Dublin Journal of Medical Science—May, 1872.

ART. XIII.—*Case of Measles Associated with Hæmorrhagic Variola.*

By CHARLES H. ROBINSON, M.D.; Demonstrator of Anatomy to the Ledwich School of Medicine; Member of the Surgical Society of Ireland, Pathological Society of Dublin, &c.

ON the evening of the 5th March last I was sent for to see H. T., a young man aged twenty-three, who was said to be very feverish, and suffering from uncontrollable vomiting. It seems that he had felt unwell the previous day, and was so bad on the morning of the 5th that he had not gone to his business, but remained in bed until I saw him. He was then suffering excessively from nausea and vomiting, nothing remaining on his stomach; the pulse was 87, strong and bounding; temperature in axilla, 99° ; skin hot and dry; patient tormented with thirst; eyes injected, face flushed; lachrymation; *no pain in the back*, nor indeed anywhere except in forehead, and at the roots of the hair; bowels not opened for several days. He was ordered ten grains of compound colocynth pill, to be taken at once, a cantharides blister to epigastric region, and five grains of the trisnitrate of bismuth every third hour; whilst to alleviate the thirst and remove the vomiting, small pieces of ice were directed to be constantly kept in his mouth, and allowed slowly to dissolve there.

6th March (3rd day of illness), 10 a.m.—Pulse 93; temperature $99\frac{3}{4}^{\circ}$; stomach still irritable; is more feverish and excited this morning, partly in consequence of having last night drank some port wine and whiskey (two glasses of the latter I understand), which, being a teetotaller, had a great effect upon him. No eruption anywhere, no pain except in head; aspect not so clear; had delirium of a mild kind last night, and did not sleep at all; continue ice, and to take small quantities of beef-tea every ten minutes. He vomited the colocynth pills immediately after taking them, so placed a dose of calomel (gr. v.) with sugar on his tongue. Skin very hot; urine high coloured and scanty; ordered a diaphoretic mixture, containing the solution of the acetate of ammonia, and some nitric spirits of ether, to be taken every third hour. When the stomach is empty the vomiting is simply mucus, with a little bile. 6 p.m.—Pulse 84; temperature $99\frac{3}{4}^{\circ}$; was only sick twice since this morning; the stomach is able to retain almost all the beef-tea taken; the blister, although left on for twelve hours, did not rise, and only reddened the skin; bowels moved freely since morning; no cough.

7th March (4th day of illness).—Pulse 90, weak; temperature $102\frac{3}{4}^{\circ}$; face flushed, of a dusky crimson colour, also hands, whilst an eruption of measles is to be seen on arms and lower extremities, the latter being thickly covered with it. This eruption is crescentic and apparent to the touch, presenting the characteristic appearance of irregular semicircles, with clear skin in the centre. At the same time with this eruption there was an exanthematous rash well marked over various parts of the body, the head and neck excepted, the abdomen, especially where mustard poultices had been applied, the chest slightly, resembling scarlatina. I may also observe that the nail drawn rapidly over this rash did not remove the redness longer than for a couple of seconds. The axillary or inguinal glands were not enlarged. No itching whatsoever, no sore throat, nor any chest symptoms; eyes bloodshot, nausea still, but no vomiting since last night; did not sleep last night, but no delirium existed. 6 p.m.—Pulse 96; temperature $103\frac{3}{4}^{\circ}$; copious eruption; no pain anywhere; slept a little since morning. To take a dose of Dover's powder at bed-time. I may mention that when I saw him this morning I was asked, should he feel better, might he leave bed and lie down on a sofa below stairs for a short time. I distinctly told the person in charge that on no account was he to leave his bed; but to my astonishment on paying the evening visit

I found him in a room below his bed-room, dressed, lying on a sofa, and cramming himself with all sorts of food, cakes, &c. As I helped him into bed, he complained of a sense of weight in the back rather than pain.

8th March (5th day of illness).—Pulse 102; temperature $103\frac{1}{2}^{\circ}$; much worse; violent delirium last night; hæmorrhage from kidneys to a large amount, also epistaxis; eyes greatly ecchymosed, and a good deal of mucus collecting in throat. I saw him this morning in consultation with Mr. Wharton, who gave a very unfavourable prognosis, agreed with me as to the measles, but thought also that there might be some latent small-pox present. As the lodging-house where he resided did not give him sufficient attendance, and also as he possessed no relatives in Dublin, it was thought advisable to have him removed to the pay ward of Sir Patrick Dun's Hospital, where he was admitted the same day under Dr. Aquilla Smith, to whose courtesy I am indebted for any further information, and who obtained for me the following facts from the notes of his clinical clerk, Mr. Jones, which that gentleman kindly furnished me with.

March 8th (evening).—The face was somewhat swelled and of dark red (brick red) colour; intense ecchymosis of both eyes. The whole of the upper extremity presented the same appearance as the face, his lower extremities were thickly covered with petechiæ of various sizes. The eruption was not elevated^a on any part, with the exception of some characteristic papulæ on the lower extremities, with this exception, the eruption was of a wavy (rough) appearance. He had both hæmatemesis and hæmoptysis, and these seemed to be his most distressing symptoms. In addition to these he had also melenæ and hæmaturia, slight headache, and a sort of weakness in the back, as he described it. Pulse 102, full, quick, and regular; temperature $104-6^{\circ}$.

9th March (6th day of illness).—Pulse 122, not full but regular; temperature $101-2^{\circ}$; in the evening the pulse was 124, scarcely perceptible, and not very regular; temperature $102-1^{\circ}$. He was perfectly collected until his death, which took place at 9 o'clock on the morning of the 10th March, but seemed to answer questions hurriedly when asked; this was partly due to his incessant vomiting of blood and the contents of his stomach; his breathing was also a little hurried. On passing the hand on his

^a If the eruption was not elevated how could it feel rough?—C. H. R.

chest it left a white impression, which lasted about six seconds after the hand had been removed. The characteristic smell of small-pox was also present.

Such is the clinical history of this case, and I have thought it advisable to be thus minute in detailing every symptom and occurrence in this very interesting case, in order that proper deductions should be drawn as regards the diagnosis. The occurrence of measles with variola is very uncommon, but, according to Cazenave, may co-exist in the same individual, the progress of one of the eruptions, under such circumstances, being generally arrested by that of the other.

I should observe that this patient stated that he had an attack of measles before, and also variola (as well as I can remember he was marked slightly on the forehead from the latter), but had never been vaccinated. That he had the measles before is not of much importance, for although rare, yet an individual may be affected twice with this eruption.

I may confess that but for a couple of symptoms to which I shall advert hereafter, I should have called this case one of malignant measles; and in order to show that the symptoms above described were in accordance with those mentioned by authors on this disease, I shall give a few extracts from medical writers of repute as justifying this view.

Dr. Churchill, of this city, in his well-known work on *Diseases of Children*, p. 640, states that in the typhoid or malignant form of measles the pulse is quick, the skin dry and burning, and that petechiæ may be observed on different parts of the body. Dr. Gregory thus alludes to this variety:—"The stomach is irritable, vomiting is both severe and protracted; there is delirium with wildness of eye. . . . On the surface appear petechiæ or ecchymosed patches of eruption; blood passes by stool, &c." Hebra^a also describes this form of measles as follows:—"There is some depression from the very commencement of the disease. The fever is continuous, and increases day by day. The pulse is at first hard, but soon becomes compressible, and the artery has then an empty feel. The skin is sometimes hot and dry, or covered with perspiration, and there is intense thirst. The patient is sometimes drowsy, sometimes delirious. The tongue is dry, and covered with a white fur; the lips also are dry, and are often loaded with black sordes."

^a Diseases of the Skin, Vol. i., p. 174.

I may recal the facts that there was no eruption of measles or variola on the face, neck, chest, or hands; no itching, no sore throat, no bronchial affection, no pain in the back; the absence of which signs rendered the case most perplexing, and difficult to be diagnosed.

Hæmoptysis, epistaxis, and hæmorrhage from the bowels may be present in both measles and variola, also hæmaturia; but the latter is very rare in measles, although it sometimes takes place. That the eruption was measles I have not the slightest hesitation in affirming, for the crescentic and annular patches of the rash with the intermediate unaffected portions of skin rendered it impossible, during the time I saw the patient, to be confounded with variola.

Hebra states that cases of variola hæmorrhagica, in which the only manifestation of the disease is the formation of hæmorrhagic spots, do not at all resemble those of ordinary small-pox; and, in fact, it is only during an epidemic that we can positively determine them to be due to the variolous poison. On *post-mortem* examination all the mucous membranes and the fibrous and serous tissues are found, like the skin, to be infiltrated with blood. Moreover the parenchymatous organs, such as the lungs, heart, liver, and spleen, are in a similar condition; indeed, the spleen is often so soft that it looks like nothing but a mass of blood enclosed in a fibrous capsule. There was no *post-mortem* examination made in this case, but I have little doubt that this extravasation of blood into the different tissues and viscera of the body described by Hebra would have been found if such examination had been made.

My opinion for stating that the variolous poison was present with the measles (malignant or otherwise), is on account of the conjunctival ecchymosis, the exanthematous rash, like scarlatina, and the hæmatemesis. For I look upon the ecchymosis as peculiarly diagnostic of small-pox, and also of a very dangerous form of the disease; besides, hæmatemesis and effusion of blood under the conjunctiva have never, to my knowledge, been seen in measles. These are my chief reasons for believing that the measles were associated with variola. I am aware that in these cases of hæmorrhage or black small-pox, that circular tubercles about the fingers and toes, with enlargement of the inguinal, axillary, or cervical glands are additional symptoms, but they were absent in this patient.


A very remarkable occurrence in these cases of hæmorrhagic variola is the calm, intelligent manner of the patient up to the last

moment; this, I believe, is the rule, and it was found existing in this case also, as Mr. Jones states in his notes, "he was perfectly collected until his death." The temperature is also said to be not so high as in the confluent form, seldom as high as 105° , whilst in the latter (confluent) it has been observed from 106° to even 108.4° . Those attacked die early, rarely living beyond the 8th day. A few distinct vesicles may arise—in this case there were none—but they become rapidly black, and never purulent.

I append the pulse and temperature, in a tabular form, for the purpose of noticing the fluctuations of each:—

	PULSE.		TEMPERATURE.	
	Morning.	Evening.	Morning.	Evening.
5th March (2nd day of illness)	—	87	—	99°
6th " (3rd ")	93	84	99.75°	99.75°
7th " (4th ")	90	96	102.75°	103.75°
8th " (5th ")	102	102	103.50°	104.6°
9th " (6th ")	122	124	101.2°	102.1°

Death took place on the morning of the 7th day.



Digitized by the Internet Archive
in 2019 with funding from
Wellcome Library

<https://archive.org/details/b30571194>

