CASE
OF
THE SIMULTANEOUS OCCURRENCE OF
SMALL-POX AND MEASLES,
WITH
REMARKS ON MEASLES
AS IT PREVAILED EPIDEMICALLY AT EXETER IN 1834,
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Read February 25, 1825.

EARLY last spring, measles appeared in Exeter. Few cases had occurred for a long period, and, consequently, its prevalence on this occasion was very remarkable. Children liable to its attack had accumulated, and of these very few escaped.

The ensuing observations were collected from a vast number of cases. One half, nominally, of the poor, were under my professional superintendence; but in the larger portion of my district, the streets are narrow, dirty, very populous, and

the inhabitants of the lowest description. The real proportion was therefore much more considerable. By the poor I mean, not merely paupers, but the labouring classes generally, and even the majority of inferior shop-keepers. If to these are united various other families whom I attended, my field of observation could not include less than a third of the entire population.

The disorder had little peculiarity. The catarrhal symptoms were mild ; but the pectoral, especially on the subsidence of the eruption, were general and severe. Two cases only exhibited typhoid symptoms. These terminated favorably. Every fatal event resulted from pulmonary inflammation. It was reported that croup was frequently combined with the measles. The only well marked case which I observed, was prior to the eruption, and was speedily subdued by nauseating doses of tartarized antimony, blisters, and pediluvium.

The ordinary treatment consisted of small but frequently repeated doses of sulph. sodæ and antim. tart. If diarrhœa was excessive, nitre was substituted for the sodæ sulphas. When worms were suspected, or when fulness of habit was combined with costiveness, purgative doses of calomel were administered. Immersion of the feet in warm water was used more or less frequently, according to the violence of the pulmonary affection. Blisters were most strikingly beneficial, and were re-

peatedly applied on the chest and between the shoulders, until the pectoral symptoms were alleviated. In a few cases of unusual severity, mustard cataplasms to the feet were eminently serviceable, either in opposing inflammation of the lungs, or in rousing the system from extreme depression. Considerable perspiration, or a natural diarrhœa, restrained all unpleasant symptoms. Occasionally I tried phlebotomy, especially in adults. These cases succeeded, yet bleeding appeared but an inefficient treatment. A warm temperature and a rigid antiphlogistic regimen were carefully maintained.

The mortality has been represented as very great: indeed I know that in one day seventeen children were buried in one church-yard*. Among the poor under my care, the deaths were not quite as one in twenty-five. It is to be observed, that the majority of fatal cases were not shown me until the eruption had disappeared, and the condition of the pulmonary organs was utterly hopeless. In the remainder, the treatment recommended was only partially adopted; or, as on enquiry I frequently discovered, spirits and other violent stimulants were administered. Of those cases, to which I was called before, or on the earliest appearance of, the efflorescence, the fatality did not exceed one in seventy. In families, on whose discretion I could rely, the complaint, although se-

* In this city there are five church-yards, besides cemeteries for dissenters.

vere, was never uncontrollable. Several extraordinary cases presented themselves. Amongst these, two repetitions of measles. I have scarcely a doubt that these children had had the disorder before; for it was prevalent at the period when they were supposed to have had it, and others inhabiting the same house were infected. There is a very slight affection of measles, which it is generally believed will not prevent a recurrence; but these children had been visited by medical men of experience and ability, who declare their symptoms to have been highly characteristic. The complaint was not modified, as happens with small-pox after small-pox or vaccination. In each the fever was severe. This, I apprehend, corresponds with the result of experiments of inoculating with measles.

Of a case exhibiting the simultaneous occurrence and uninterrupted progress of small-pox and measles, I shall give the particulars.

John Brookes, a shoe-maker, residing in Ewing's lane, Exeter, had three children. Their respective ages were six years, four years, and seven months. The eldest had been vaccinated a year preceding my being called in; the second, a boy, the subject of this case, was unwell at that period, and vaccination in his case was subsequently neglected.

The elder child was attacked by measles, which,

on March 29th, 1824, disappeared. The case was well marked, but not severe. On the same day, the second child began to sicken. The catarrhal symptoms were stronger than usual*.

April 1st.—The eruption appeared; interspersed on the right cheek with a few minute pimples.

2nd.—Measles raspberry-tinted, distinct, and strong. The pimples were more numerous, and on a few there seemed small vesicles. The appearance of the face was inflammatory and singular.

3rd.—The measles turned. This day I could not personally attend. The usual pulmonary disorder was scarcely perceptible†.

4th.—The brown marbled spots, frequent after measles, appeared on the breast and arms. Amongst them were pustules, distinct, dimpled, enlarging, having florid bases, and becoming slightly opaque. I doubted not a combination of small-pox with measles. This day I conferred with an experienced medical friend, who, on inspection, coincided in my opinion.

* Measles, as it then prevailed in the town, was characterized by the mildness of its catarrhal, and the severity of its pectoral symptoms.

† The peculiar mildness of the pectoral complaints may perhaps be fairly attributed to the action maintained on the skin by the variolous pustules.

5th.—The pustules larger, full, completely opaque.

8th.—Pustules turning on the face.

10th.—Pustules turning on the extremities.

11th.—Crusts separating.

Such was the termination of this remarkable case. By those who saw it the genuineness of the disorders was not, nor indeed could, be suspected. I shall add, however, circumstances which corroborate my opinion.

Desirous of every test, I permitted some of the matter to be taken. A child was inoculated with it, and small-pox ensued.

On the 8th, the day on which the pustules turned, the infant, after a slight indisposition, was covered with the rubeolar eruption. On the 15th, having completely recovered from the measles, she became very feverish. Between this and the 20th, she had several convulsions. On that day small-pox appeared. The infant not having been near any other child with that disorder, it is thus proved, not only that the eruption was variolous, but that the fever was infectious.

Still the difficulty remained of accounting for

its origin, since no small-pox was known to prevail in the neighbourhood. The parents and neighbours could give me no clue. Soon afterwards I heard that a child had recently died of combined small-pox and measles. Unable to trace this report, I concluded it was merely an erroneous account of the present case. Calling, however, with Mr. Daniell on a female, one of his dispensary patients, she informed me that the child was her own. Of this case I can give no accurate narrative. The mother herself was dying, and the child had been visited by no medical attendant. Judging from her statement, I imagine the two disorders occurred in succession, not simultaneously. The child was taken ill some days before Brookes's, and certainly died of small-pox.

Yet even this was unsatisfactory, since the families lived at a distance from each other. No communication of the children was known, until I discovered that they had attended the same school, a circumstance of which their friends were mutually unconscious.

*Bedford Crescent, Exeter,
January 22, 1822.*