A REPORT
OF
A CASE
OF
SECONDARY MEASLES,
WITH OBSERVATIONS.

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THE laws which influence the susceptibility of the body to, or confer immunity from disease, constitute a subject of speculation that has occupied the attention of pathologists in vain. Anomalies or deviations are occasionally witnessed, which set at nought the notions experience may have supplied to inquirers. The accumulation of facts, cannot but tend to establish a basis, upon which legitimate conclusions may be founded, and from which truth may, eventually, be elicited. With this view, the following communication is made; not from any practical importance its subject affords.

Miss E. F., aged 22 months, a somewhat strumous but otherwise healthy child, was observed during the nights of Monday and Tuesday, the 23rd and 24th

May, 1836, to be feverish; she having previously suffered from a hoarse dry cough, attended with drowsiness, loss of appetite, a white tongue, and a reddish hue of the tarsi, and palpebral conjunctivæ, unaccompanied by much lachrymation. Towards the evening of Tuesday, a few red spots appeared on the forehead, face, and neck; and a slight efflorescence was visible on the arms and chest. On Wednesday morning, after a very restless night, during which slight delirium prevailed, the efflorescence assumed the appearance of measles, consisting of irregularly diffused crescentic patches, leaving clear interstices. The forehead and hairy scalp were covered by the eruption, which was now become intensely red. The body and lower limbs were at this time slightly spotted.

During the succeeding days the disease pursued its usual course, but with more than ordinary severity. The eyelids were much swollen; the defluxion was considerable; and the cough and sneezing incessant. The eruption was very extensive, and the patches throughout, on the limbs as well as on the face and trunk, were elevated above the skin both to sight and touch. The velum and fauces were much inflamed and spotted.

By the 10th of June, every trace of disease had disappeared, and the child recovered her accustomed state of health; but all the other children of the family, (six in number,) were affected in succession with the measles, which displayed a severe character in every one, except an infant between

three and four months old, which refused the breast and exhibited slight restlessness, and a few specks on the neck and breast, for about 24 hours only.

On Sunday, the 31st July of the same year, I was again requested to examine Miss E. F., who during several preceding days had experienced an accession of fever, accompanied with drowsiness, a dry irritating cough, (from which she had been entirely free since the former attack,) tumefaction of the eyelids, intense redness of the conjunctiva, without defluxion, and the usual premonitory symptoms of measles. The rubeolous rash again occupied the face and chest. This in the succeeding days increased, and presented the characteristics of the eruption. All the other symptoms ensued in an aggravated form. By August the 9th, the disease having gone through all its stages, the child was convalescent; but the skin did not speedily resume its natural colour; a dusky hue rested long on the parts previously occupied by the eruption.

No seclusion of the children was enjoined during the prevalence of the disease. They occupied a well-aired suite of apartments, having a north and north-east aspect, in a healthy part of the metropolis. They had also free access to a separate dormitory, to which each child was confined in bed during the acmé of the disease. Measles, as an epidemic, did not prevail at the times above mentioned. Although there could be no doubt that this second disease was measles, I requested my friend Mr. Gascoin, whose intimate knowledge of diseases of the

skin, entitles his opinion to the utmost respect, to visit this child; and his view was confirmatory of my own respecting the identity of the complaint.

I have been the more explicit in detailing the appearances which this case presented, from knowing that the recurrence of measles in a distinctly marked form, is denied by some*, questioned by many†, and only hesitatingly admitted by other practitioners‡. Rosenstein says, "there is no probability of any one having been affected with the true measles more than once, provided the disease has had its perfect run, and has been thoroughly cured." "During a practice of forty years, I never met with a single instance."§ He remarks, somewhat ludicrously, "many may avoid it, (recurrence of measles,) by dying of some other disease in the mean time!"

Dr. Willan states, "after an attention for more than twenty years to eruptive complaints, having never met with an individual who had twice had the febrile rubeola, I am led to expect some mistake in the cases adduced, contradictory to this observation; a mistake likely to be made considering how difficult it often is to distinguish the measles from scarlatina."||

* Rosenstein, Burserius.

† Willan, Good, Montgomery.

‡ Montfalcon, Bateman, Smith.

§ Spaarman's Translation, Ed. 1776.

|| Willan on Cutaneous Diseases, Ed. 1808. Note: This author, nine years previously, (Reports on the Dis. of Lond. 1799,) was "sorry to suggest the possibility that measles may occur twice in the same person, but had little doubt of it," &c. Subsequent experience led to the above quoted opinion.

A modern writer* likewise remarks, "The general law with regard to measles, is, that they affect the system but once, and this peculiarity is maintained with much greater strictness and fewer exceptions than the statements we are accustomed to hear in society would lead us to believe; very many indeed of the cases of secondary measles so reported, originating merely in the parties having confounded roseola, or some other cutaneous efflorescence with rubeola."

Although it must be conceded that instances of secondary measles have been noted; yet the cases were so vaguely described, and so imperfectly authenticated, that until Dr. Baillie †, in this country, called the attention of the profession to the fact of recurrence, no certainty with regard to it prevailed. Dr. Baillie did not witness all the cases he records during both attacks of the disease; but there can be no doubt from his reasoning, they were all genuine cases of febrile rubeola; and this is corroborated by the fact, that the contagion derived its influence in one of the instances from a secondary case. We are informed however that those who suffered severely, on one invasion of the complaint, had it mildly on the other; and inversely. Dr. Home ‡ indeed had previously made the following statement. "It was not an uncommon thing for them (measles) to attack the same person twice, of which I saw two instances. I

* Montgomery, Cyclop. Pract. Med.

† Trans. Soc. Improv. Med. Chir. Know. Vol. III.

‡ Med. Facts and Obs. pp. 278, 9.

was told some had them thrice" and we are led to infer the recurrence of the disease, in an inoculated patient, within about a week from the former attack. Dr. Home, however, did not conceive this the consequence of a second infection, but, agreeably to the notions of his time, that it resulted from the (morbid) matter not being carried off by the eruption; as the child "immediately after the first measles was seized with a swelling of the parotid gland." This notion that the contagion may exist in a concentrated form seems not to be altogether abandoned at the present time *.

Guersent has seen children afflicted with the disease twice in one year; and in one child the recurrence took place at the expiration of six weeks from the preceding attack. He, however, like most other authors, neglects to note the conditions under which the disease presented itself. The concluding member of the paragraph too, tends to invalidate the whole statement †. Rayer avers he has lately seen three instances of the recurrence of measles; one of them after an interval of three months from the first attack ‡. From this testimony, especially that of Dr. Baillie, together with the history I have just recounted, the inference is irresistible, that the possibility of measles occurring twice in one person, in a genuine,

* Elliotson, Med. Gazette, Vol. XI. p. 98.

† J'ai vu des enfans l'avoir (rougeole) deux fois dans le cours de la même année. Chez le même enfant, j'ai observé dans l'espace de six semaines, deux éruptions très régulières de rougeole; *separées par l'apparition d'une variété de variole*. Dict. de Med. Artic. Rougeole.

‡ Malad. de la Peau, Ed. 2.

well defined, and perfectly febrile form, is a fact which, although very rare, is fully established. In making this statement I have no intention of recognising as genuine measles, the instances of slight eruption without fever or catarrhal symptoms, or of slight constitutional disturbance with catarrh, but without eruption, adverted to by some writers *, which occur either sporadically or during the prevalence of an epidemic. These, equally, may be exhibited by parties who have undergone the disease, and confer no immunity upon those who have never experienced its influence. I am in like manner disinclined to accord credence to the recitals of which almost every practitioner's experience can furnish examples, where persons suffering from the disease have, it is alleged, undergone it at a former period. A rigid scrutiny often displays the truth regarding such instances; as either, that one of the attacks was imperfect in its character, incomplete in its progress, or occurred at a very early period of infancy, similar to that I have mentioned in this paper, whereby the system was not rendered insusceptible of a subsequent and more perfect disease; but above all, even those cases of alleged recurrence rarely communicate the disease to persons still liable to rubeolous infection, a most important and indispensable feature in purely contagious diseases.

The assemblage of symptoms in concurrent succession and in sufficient number, leaves little difficulty in establishing a diagnosis; but as this concurrence is rarely witnessed in practice, pathognomonic signs

* Sydenham, Burns, et alii.

have been sought for, to guard against error. The discrepancy in the opinion of medical practitioners relative to measles, would seem to indicate that a definite diagnosis is not yet established.

On the access of the eruption, so general and diffused is the efflorescence, in some cases, as to render it difficult to distinguish between measles and scarlatina. However ambiguous the former may appear, from the absence of those indications which usually characterize the complaint, I have never seen an instance in which congestion and redness of the conjunctivæ, especially of the lower eyelids, has not existed, and that too occasionally with very slight epiphora. Indeed, it would appear, as might be expected, that the less the lachrymal secretion prevails, the more marked is the turgescence of the palpebral conjunctivæ; hence this latter symptom may almost be considered pathognomonic. I have in several instances witnessed the continuance of this peculiar state of these membranes, when from the slight constitutional disturbance, and the subsidence of the other premonitory symptoms, an impression has arisen that the prognosticated disease was not to be measles. Sydenham writes, "*lachrymarum in oculos effusio certissimum est signum morbillorum ingruentium.*"* Home considers sternutation an indisputable criterion of the approaching complaint†, and Mason Good appears to aver the same with respect to the

* Opera Medica, Ed. Genev., 1769, p. 120.

† Med. Facts, &c.

“stigmatised dots.”* Some have regarded somnolence, and others the peculiarity of the cough †, as certain indications of the approach or actual existence of measles.

Another feature connected with measles, which has been overlooked by some writers and denied by others ‡, is the cuticular elevation or prominence exhibited on the parts occupied by the eruption. In the case above recounted, as well as in other members of the family, this character was well marked on both occasions; and I have reason to believe a minute and cautious examination, will enable the observer to detect it in numerous instances. This prominence is very dissimilar from the tumefaction of the cutaneous surface, prevalent in small-pox and scarlatina, but which rarely occurs in measles, unless the febrile action be severe, and the eruption rapid in its progress.

The state of the fauces and velum constitutes another distinctive mark between genuine measles and scarlatina. In the former the redness is more diffused, is unaccompanied with swelling of the parts, and does not impede deglutition. No single symptom nor plurality of symptoms, except they occur in re-

* Study of Med. Vol. III. Art. Enanthesis Rubeol.

† Guersent Dict. de Med. Art. Rougeole.

‡ Maculæ rubræ et latæ superficiem cutis non superantes. Sydenham Op. Med.

Ces taches ne donnent pas sous le doigt la sensation d'une surface inegale et prominente. Rayer *Malad. de la Peau*, Tom. I. p 18.

gular succession, and are accompanied with the usual concomitants, can with propriety be considered to constitute a specific disease. Had this view been rigidly adhered to, systematic writers would scarcely have been so ready to found a distinction upon slight shades of character, or to erect a few anomalous cases into a new variety. The *Rubeola sine Catarrho* of Willan, (*R. Incocta* of Good,) and the *Rub. sine Eruptione* of De Haen, Burserius, and others, are surely equivocal forms, and involve the question of diagnosis in inextricable difficulty, which will only vanish by denying the existence of such forms of disease, or admitting measles to be an idiopathic fever inducing local irritations, according to certain laws, with which we are at present unacquainted. This view receives confirmation from the impression now entertained, that measles may be communicated even before the eruption appears *.

* Rust's Mag. Feb. 1827.