A CONTRIBUTION TOWARD THE NATURAL HISTORY OF RÖTHELN.

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In the chapter on Rötheln contained in his fine work on *Medicine*, the late Dr. Fagge urges the discrepancies of statement which occur, even in modern writings, "concerning the supposed third exanthem" as an argument against the view that the disease is distinct from measles. He points out that Trousseau insists on the absence of catarrh during the prodromal stage, while Thomas insists on its presence; that Thomas makes the duration of this stage (if not absent altogether) two to twelve hours, and Trousseau one to four days; that Trousseau and Vogel make the rash give rise to intense itching, while Thomas declares this to be seldom the case.

The following condensed record of two cases, in which, in spite of considerable differences in the symptoms, there could be no reasonable doubt that the patients were sufferers from the same disease, may be of interest as showing that the force of objections based on such discrepancies may easily be overrated.

CASE I.—On February 24th, I was called to see a young lady who had that afternoon found a rash upon her skin. There was a clear history of a previous attack of measles some years ago. Before February 24th, there had been no recent headache, sore-throat, or coryza. The patient had spent the day in sight-seeing, denied any sense of illness whatever, and was only anxious for medical advice from a fear that the rash "might mean something infectious." When first seen at 11 P.M., the rash referred to was found to be most abundantly developed over the prominent parts of the cheeks. The forehead was less thickly covered, and the region nearest the roots of the hair almost free from it. The rash consisted of small spots, distinctly raised, and with but little surrounding areola. They were nowhere confluent, of a pale rose colour, with the intervening skin generally clear, only somewhat flushed where spots were most abundant. There was no fulness about the eyelids, and a complete absence of the blotchy, puffy appearance of measles. The spots were very numerous about the neck and shoulders, and more thinly scattered about the arms. There was diffused redness of the soft palate and pillars of the fauces, and little or no enlargement of the tonsils. There was a slightly enlarged gland each side at the angle of the jaw. The glands in the posterior triangle and the suboccipital glands were enlarged on each side. The pulse was 80, and the temperature 99.4°. After two or three days, during which the temperature was normal, and no sign of ill-health showed itself, the patient began to experience some soreness of throat, together with a frequent hacking cough. These symptoms lasted a few days only. The glands in the neck became slightly tender, and then subsided, and in ten days from the appearance of the rash were no longer recognisable. No desquamation was seen at any time.

CASE II.—The elder sister of the above was said not to have had measles. On February 24th, this patient was living with her sister, and had, in fact, been sharing her bed. That night, however, she slept elsewhere, and next day left the house for a visit to some friends at a distance. On March 11th, she returned to her sister's lodgings. Both on this day and the next she felt unwell, and complained of slight sore-throat and headache. On March 14th, she noticed some lumps at the sides of the neck; and, on March 16th, a rash appeared on her face, which closely resembled the rash which her sister had had. On this day (March 14th), the temperature was 100°, and the tongue clean. Moreover, the patient had now no coryza, sore-throat, headache, or sense of illness. For the next five or six days there was some tenderness of the glands in the neck, a troublesome sense of itching and pricking in the skin, and a slight dry cough. The temperature generally was about 99°. At the end of this period, however, the temperature rose, the patient felt languid and chilly, the cough became incessant, though unaccompanied by any expectoration, and the throat became very sore. Thus, on March 24th, the palate, tonsils, and pillars of the fauces were bright red and swollen; the gums, also, were red, and the teeth tender to bite upon. The tongue was red at the tip, and much furred posteriorly. The patient could only swallow with difficulty, and complained of headache, sleeplessness, and pains all over. In addition to the chain of enlarged cervical glands and suboccipital glands, there was found to be an enlarged and somewhat tender gland in each axilla. Some desquamation was seen, for the first time, about the upper lip and sides of the nose; and, at the same time, a fresh rash was developed upon the neck, chest, and shoulders. This rash was a pale rose-coloured blush, distributed

in irregular patches, of varying shape and size, with smaller areas of normal skin here and there mixed with it. There were also soreness of the eyes and photophobia, but no reddening of the conjunctiva. The temperature was 102.4°. With the above symptoms, the case was not unlike one of scarlatina; but such a diagnosis would, of course, not have been compatible with the previous course of the illness, nor with the already present desquamation, nor, perhaps, with the comparatively low temperature accompanying the severe sore-throat. The condition of the throat was at its worst about March 24th, and by March 27th the severer symptoms were subsiding. The progress of the recovery was somewhat delayed by a slight attack of pleurisy on the right side, which first showed itself when the sore-throat was beginning to subside, and which occasioned a slight rise of temperature for some days after the fauces had resumed their normal state.

REMARKS.—It will be remarked that there was a history of previous measles in the first of these two cases, but not in the second. Accordingly, it may be suggested that the disease was, in reality, measles in both cases, and that the greater severity of the attack in the second case was due to the lack of protection by a previous infection. But to this view there are two objections. In the first place, all the most significant and characteristic features of measles were no less conspicuously absent from the unprotected second case than they were from the first, and the circumstances which made the illness a severe one in the second case were not among the more typical features of measles. In the second place, both cases—and the second no less than the first—had certain characters unlike those of measles. Thus, in each case, there was a rash which differed from that of measles in its colour, its local distribution, and other characters; in each case, the affection of the lymphatic glands was remarkable for (a) its early appearance (unconnected with the condition of the throat); (b) the site of the glands attacked, the suboccipital and glands of the posterior triangle being especially involved; (c) the symmetrical character of the glandular affection; and, in each case, the first substantial complaint of sore-throat came when the rash had almost gone.

In short, the clinical history of these two cases, in the main, resembles that which Dr. Tonge Smith gave in the *Lancet* for 1884, as representing his experience at the London Fever Hospital of 156 cases, which were diagnosed as cases of rötheln.

If then we may regard the cases as examples of rötheln, it is interesting to note the points in which their clinical histories differ, for they are among the "discrepancies" referred to in Dr. Fagge's criticism.

1. The first patient denied even the slightest malaise up to the time when the rash first appeared, while the second suffered from four or five days of "prodromal" illness, at the end of an incubation-period of about a fortnight.
2. The first experienced no sense of irritation of the skin, while the second made complaint of itching and pricking for several days after the rash first disappeared.
3. In the first case the sore-throat was of the mildest type, while in the second it resembled the sore-throat of a patient with scarlatina in its appearance and severity.
4. In the first case there was no noticeable desquamation, while in the second it was obvious enough to be noticed both by the patient and her friends.

ST. KILDA: ITS INHABITANTS AND THE DISEASES PECULIAR TO THEM.

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SITUATED in the lonely expanse of the North Atlantic, about sixty miles west of Harris, is the small rocky island of St. Kilda. Until within the last few years, very little was generally known regarding the natives of this remote islet. Except when a smack went once or twice a year with the factor to collect the rents for the proprietor, Macleod of Macleod, of Skye, or when a yacht might on a rare occasion visit the island, the inhabitants had no communication with the outer world. For the last few summers, however, several trips were made to it by steamers from Glasgow, but, from its almost inaccessible nature no vessel ventures near it during the winter months. The only spot where a landing can be effected is in a small bay on the south-east of the island, but should the wind blow in this direction any boat attempting to reach the shore would be dashed to pieces on the rocks.

St. Kilda is between two and three miles in length, and about two miles at its broadest part. The highest point on the island is 1,220