





ILLUSTRATIONS  
OF  
INFANTILE PATHOLOGY;

No. II.—MEASLES.

BY

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IN laying before the Profession another paper illustrative of Infantile Pathology, I feel that no apology is necessary for an attempt to turn the opportunities I enjoy to some account, by putting upon record such cases as appear to possess any peculiar importance in this interesting branch of study.

In such an extensive field of observation as the nursery of the North Dublin Workhouse, it is to be expected that a considerable number of instructive cases must, from time to time, occur; but, because isolated instances of disease lose much of the interest they possess, when grouped together for the purpose of comparison, I prefer reserving any observations of this kind I have been able to make to some future period, when I shall have collected a sufficient amount of materials to throw them together with advantage. But in the case of any epidemic occurring in the establishment, I conceive that, for obvious reasons, it is better that its features should be recorded at the time when the events are fresh in memory, and the co-existence

of the disease in the city may enable the Profession, either to elucidate the observations made within the walls of the Workhouse, or contrast them with the features it presented outside.

It is naturally to be expected that in the class of persons who form the inmates of a Workhouse, diseases should present some features peculiar to themselves; at all events such an opinion will be justified by a perusal of the cases in the following paper; and although, from this circumstance alone, the subject proposed would not be without interest, yet, I conceive that, independently of this consideration, the general subject of measles, as it occurs in the special period of infancy, is well worth the attentive study of the Profession, inasmuch as in some works the modifying circumstances which arise from early age in this disease are not noticed at all, and in none of them, that I have consulted, is that importance attached to them that they deserve.

From what I have seen I am disposed to think, that even the most healthy form of the disease is not unattended with danger in very early infancy, and that the practitioner in attendance ought consequently to pay the most scrupulous attention to the development of those complications from which the greatest danger is to be apprehended.

In infancy, even in strong and vigorous children, there are two sources from which this is likely to arise; the one depending on the state of high vascular action which is habitual and natural to the brain until the process of dentition is completed: the other on the narrowness of the larynx, which exposes the infant at all times to the danger of sudden death, from even a slight impediment to this delicate organ. The first may prove suddenly fatal by giving rise to convulsions, the last may develop croup, by the tendency of inflammation in the mucous membrane to assume the plastic form at this particular epoch of life; and, as this membrane of the larynx seldom escapes some degree of inflammation in an attack of measles, we are prepared to expect that croup should be not an infrequent complication in the dis-

ease. These two casualties, so common in their occurrence, so sudden in their development, so dangerous in their nature, require, in an especial degree, the unremitting attention of the medical attendant, whose visits should be frequently repeated at short intervals to watch anxiously the first symptoms of their approach, that he may be prepared to treat them when they do occur, with decision and promptitude.

Before, however, proceeding to make any general remarks upon the epidemic, as it appeared in the Workhouse, or to detail any cases, I think it right to give a Tabular View of the entire to the present time, premising this observation, that *every case without exception* that occurred there under my care, is included in the list, and the history continued, not merely to the close of the disease, but to the last period of their remaining under my observation. Hence, some cases are marked as having terminated fatally, although they had completely recovered from the attack of measles, because they subsequently became the victims of another complaint. But in workhouse practice there is this difference from what is usual in ordinary hospitals, that as the patients never leave the care of the physician when they cease to be under treatment, because they are merely transferred to another department of the same institution, he is obliged to meet casualties that otherwise would not come under his notice. But I rejoice to be able to state, that of the survivors, 41 in number, of all ages, there is not one in a delicate condition after the disease, or concerning whom, I think, there is the least probability of any disagreeable relapse; and on comparing the convalescence of the survivors of the present epidemic with that of those of the last year, I can safely say their condition is now much more satisfactory than it was then:

TABLE I.

No.	NAME.	Age.	Date of Attack.	Date of Termination.	Result.	COMPLICATIONS.	REMARKS.
1	John Farnam,	1½	March 11	March 14	Died	Double pneumonia,	<i>P. M.</i> Mesenteric glands scrofulous.
2	Jane Conolly	19 mos.	" 14	" 22	Id.	Exten. Bronchitis; convul,	No <i>P. M.</i> Child previously delicate.
3	John Brady,	11 mos.	" 23	April 12	Recovered	Convolutions,	Fœtid dis. from ear during convalescence.
4	Mary Bateman,	10 mos.	" 23	" 6	Died	Croup; pneumonia,	Very delicate previously. No <i>P. M.</i>
5	Mary Byrne,	2	" 25	" 7	Id.	Croup; pneumonia,	See case.
6	Mary Hanlon,	5 mos.	" 25	May 7	Recovered	Convolutions,	Very delicate previously.
7	Pat. M'Cormick,	12 mos.	" 27	March 28	Died	Convolutions,	See Case.
8	Pat. Caffray,	3	" 28	"	Recovered	Id.	Had Scarletina shortly before.
9	Mary Clarke,	4	" 30	"	Id.	Pneumonia; convulsions,	Id. Right eye remained sore for some time.
10	James Maher,	13 mos.	April 5	May 19	Died	Convolutions,	Degenerated into phthisis. No. <i>P. M.</i>
11	James Kenny,	7 mos.	" 6	April 11	Id.	Croup,	Delicate previously.
12	James Solan,	20 mos.	" 8	June 17	Died	Pneumonia; convulsions,	Degenerated into phthisis.
13	Michael Dillon,	8 mos.	" 8	April 12	Id.	Convolutions; peritonitis,	Very delicate before. <i>P. M.</i> Effusion into both ventricles; crude tubercles in lungs; mesenteric glands scrofulous.
14	Andrew Green,	4 mos.	" 8	" 12	Id.	Convolutions,	<i>P. M.</i> Effusion into both ventricles; lungs healthy; mesenteric glands scrofulous.
15	Catherine Langan,	15 mos.	" 9	" 11	Id.	Convolutions,	<i>P. M.</i> Brain highly congested; no effusion; mesenteric glands scrofulous.
16	Patrick Spain,	18 mos.	" 10	" 12	Id.	Convolutions,	Had hooping cough previously. <i>P. M.</i> Effusion into both vent.; lungs healthy. Had hooping cough previously.
17	Patrick Little,	12 mos.	" 14	May 1	Recovered	Bronchitis,	Very delicate before. Recovered from measles, and relapsed two or three days before death.
18	John Foley,	9 mos.	" 22	" 20	Id.	Convolutions,	Prolapsus ani succeeded.
19	Patrick Walsh,	10 mos.	" 26	" 23	Died	Convolutions,	V. S. performed.
20	John M'Cormick,	3	May 11	" 31	Recovered	Pneumonia,	Id. Delicate previously.
21	Michael Leonard,	4	" 12	" 31	Recovered	Croupy cough; head symp.,	Eruption receded before he was seen, never reappeared.
22	John Small,	5	" 12	" 31	Id.	Bronchitis.	See Case.
23	Ann Synnot,	7	" 13	" 31	Id.	Pneumonia; convulsions,	See Case.
24	John Townsend,	6 mos.	" 13	" 16	Died	Group; convulsions,	See Case.
25	Mary A. Bradshaw,	4	" 15	" 31	Recovered.		
26	James Whelan,	3	May 16	May 31	Recovered		

TABLE I.—Continued.

No.	NAME.	Age.	Date of Attack.	Date of Termination.	Result.	COMPLICATIONS.	REMARKS.
27	John Miller, . . .	3	May 16	June 8	Recovered		
28	Thomas Fox, . . .	3	" 18	May 31	Id.		
29	Susan Fleming, . . .	8 mos.	" 20	June 16	Id.	Ulcerated tonsils with a rash like scarlatina on 2nd day, succeeded by measles on 3rd do.	Took remittent fever subsequently.
30	Thomas Rollins, . . .	3	" 24	" "	Id.	Pneumonia.	P. M. Crude tubercle in lungs; prolap. ani.
31	Eliza Meally, . . .	4	" 25	" "	Died	Bronchitis, . . . . .	
32	James Hayes, . . .	3	" 25	" "	Recovered.		
33	Mary A. Williams, . . .	9	" 24	" 11	Id.	Pneumonia; croupy cough,	See Case.
34	Ellen Nicholson, . . .	4	" 25	May 31	Id.		Ophthalmia succeeded.
35	Eliza Nicholson, . . .	7	" 25	June 17	Id.		Erup. very dark; succeeded by rem. fever.
36	Ann Redmond, . . .	11	" 29	" 4	Id.		Eruption very dark; ophthalmia.
37	John Martin, . . .	5	" 27	" 13	Id.		
38	Bridget Donohoe, . . .	4	" 28	" 8	Id.		
39	Mary A. Kiernan, . . .	6	" 28	" 8	Id.		
40	James Lacey, . . .	6	June 5	" 13	Id.		
41	Joseph M'Kiernan, . . .	28 mos.	" 8	" 20	Id.	Ulcerated tonsils; convulsions, &c., . . . . .	See Case.
42	Joseph Thomas, . . .	8	" 8	" 16	Id.		
43	John Lacey, . . .	2½	" 10	" 27	Id.		Ophthalmia.
44	John Fitzpatrick, . . .	3	" 12	" 20	Id.	Pneumonia, . . . . .	Prolapsus ani succeeded.
45	Margaret Keams, . . .	4	" 12	" 20	Id.		Ophthalmia.
46	Letitia Foly, . . .	9	" 11	" 16	Id.		
47	Ann Nolan, . . .	12 mos.	" 16	" 25	Id.	Ulcerated tonsils.	
48	James M'Coy, . . .	4	" 19	" 25	Id.	Bronchitis.	
49	William Freeman, . . .	6	" 19	" 25	Id.		
50	James Martin, . . .	8	" 20	" 25	Id.		
51	Fitzgibbon O'Connor, . . .	13	" 20	" 25	Id.		
52	John Daly, . . .	9	" 20	" 2	Id.		
53	Patrick Robins, . . .	6	" 21	" 25	Id.		
54	George Robins, . . .	13	" 21	" 27	Id.	Bronchitis.	
55	William Reilly, . . .	4	" 22	" 30	Id.	Pneumonia.	
56	John Fullam, . . .	8	" 23	" 29	Id.		

TABLE II.

AGES.	MALES.			FEMALES.			Total Recov.	Total Deaths.
	Recov.	Died.	Total.	Recov.	Died.	Total.		
Under 1 Year,	2	5	7	3	1	4	5	6
1—2	2	5	7	0	3	3	2	8
2—5	15	0	15	6	1	7	21	1
Above 5	9	0	9	4	0	4	11	0
Total . .	28	10	38	13	5	18	39	15

TABLE III.

COMPLICATIONS.	MALES.	FEMALES.	TOTAL.
Pneumonia . . . . .	9	3	12
Convulsions . . . . .	10	3	13
Bronchitis . . . . .	5	3	8
Phthisis . . . . .	3	1	4
Croup . . . . .	3	2	5
Peritonitis . . . . .	1	0	1
Ulcerated tonsils . . . . .	1	2	3
Prolapsus ani succeeded . . . . .	2	2	4
Ophthalmia, do. . . . .	1	4	5

*Constitution of the Epidemic.*—The severity of the disease at the commencement was much greater than at the close of the period included in the above returns, as will be at once apparent by a glance at the General Table: indeed, in most of the concluding cases very little treatment at all was necessary. This may have partly been owing to the severe weather and piercing winds which prevailed at the first, but which gradually subsided as summer advanced. The rash, in many cases, appeared at an unusually early period, but did not develop itself fully, and was easily repelled, and this circumstance uniformly indicated great danger, and concurred with the manifestation of some new feature. In some of these we succeeded in restoring



it to the surface, but in others it never reappeared. The colour of the eruption was often dark from the beginning, becoming more so the second or third day, till it became a deep purple, the marks of which did not disappear for several days after the decline of the disease.

*Complications.*—Of these the most numerous were convulsions, amounting to thirteen in all, a circumstance in itself indicating the unhealthy state of constitution that prevailed among the children. Three of these occurred at the commencement of the attack, and were the first symptoms that attracted attention; in others they succeeded on the decline of the eruption, but in the majority of instances they appeared during the height of the disorder.\*

Next, in point of frequency, was pneumonia, which assumed a very severe form, and required decided treatment to arrest its progress.

Under the head Bronchitis I have set down only those cases where the symptoms were well marked, and in which there was sufficient to justify anxiety on the part of the medical attendant. Some of these were in great danger from the quantity of secretion poured into the air tubes. It may, however, be remarked, that contrary to the general impression bronchitis is less frequent in the measles of early infancy than pneumonia, although the mucous membrane might be expected *à priori* to be more generally inflamed than the tissue of the lungs themselves.

Five cases are marked as croup; but three only were of sufficient severity to be set down as decidedly so, although in none of them, probably from the active measures adopted at the very outset, was there a false membrane regularly formed. But this does not appear to me to be a good reason for withholding from

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\* It is a remarkable fact that in the South Union Workhouse, as I have been informed by Dr. Lees, there have been only three or four cases of convulsions altogether; whereas, in the North Union, independently of those mentioned in this paper, there have been a great number.

them this name because there is no reason why the disease may not be arrested before as well as after this formation ; and if so the disease is as much croup then, although it never should reach that stage, as if it should be allowed to run its course without interruption. The treatment adopted in each of these cases was successful so far as the symptoms of croup were concerned.

Only four cases are set down as Phthisis, in which number are included not only those which actually died from disorganization of the lungs, but which from the circumstances of crude tubercles being found in them on post mortem examination, would have ultimately degenerated into consumption. The circumstance, however, of only four children out of fifty-six dying from consumption is worthy of remark, and shews that the opinion is totally unfounded, that measles has a peculiar tendency to develop the disease, especially as of these four two at least laboured under it before they were attacked with measles.

Three cases presented well marked inflammation of the fauces, and ulcers on the tonsils ; in one accompanied by an eruption resembling scarlatina, but which gave way on the third day to a regular eruption of measles. The throat affection was treated by lunar caustic both in the solid form and in solution, and did well. I have not read in any work an account of a complication similar to this in measles.\*

Prolapsus ani succeeded towards the close in four instances ; in one the patient died from phthisis ; in the others it was cured by alterative doses of Hyd. c. cretâ, and Dover's powder, and the muriated tinct. of iron given in injection with gruel, a remedy that answers remarkably well when this state depends on local atony, and not on any organic disease of the bowel itself.

Five cases were followed by a scrofulous ophthalmia, which, however, yielded readily to the ordinary treatment.

*Mortality.*—The total number of deaths amounted to fifteen, but of these it is right to state that seven were in such a state

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\* The inflammation of the fauces and tonsils, however, is mentioned in the Dict. des Sciences Medicales.

previous to the attack, that I think there can be no doubt but that they would have died, even if they had never suffered from the epidemic. In two of these the probable duration of life was not shortened I should say by the disease, while in the remaining five it certainly was. The immediate cause of death was pneumonia in two instances, phthisis in three, and convulsions in ten.

*Treatment.*—In the great majority of cases, particularly towards the close of the period when the disease became mild, little was done except the administration of gentle diaphoretics in suitable doses. Nitre in combination with mindererus' spirit, I generally preferred. When there was much cough with any degree of hardness in it, even though there was no bronchitis or pneumonia, a small quantity of liquor antimonialis was added to the mixture. In severe cases, most of which will be found detailed at length, the treatment was more decided, consisting of tartar emetic in larger doses shielded by a drop or two of laudanum to the ounce mixture, with some aromatic water. A combination which not only prevented the stomach and bowels being affected unpleasantly by the remedy, but which determined more energetically to the surface. Calomel and hippo were also given freely when circumstances required their use, but in larger doses and at shorter intervals than I think is generally practised, a mode of administering them from which the happiest effects were produced.

But the principal peculiarity I think to be noticed in the treatment, was the cautious use of wine diluted with water and sweetened; this was given even when there seemed to be a good deal of inflammation present in the lungs, but of an atonic character; when the infant's strength was worn down by the violence of the disease and the indisposition to take nourishment. It was also tried in cases which had suffered from convulsions, or seemed likely to be so attacked from their pale, sickly aspect, large head, and ill-proportioned limbs, and agreed very well with them. Whenever it was found to answer, the quantity was slowly in-

creased, in proportion to the child's age. In speaking of the use of wine in the present instance, I do not wish it to be supposed that I am an advocate for its adoption when the children are strong and healthy, and able to resist the attack of illness, but the constitutions I have had to deal with were so broken down, in many cases long before their admission to the Workhouse, that I found myself compelled to resort to stimulants that would otherwise have been unnecessary, and I was gratified to find such beneficial results produced by so simple a remedy.

I shall now proceed to detail some of the cases at length, the better to illustrate the features of the epidemic and the treatment adopted, and shall merely observe, that as I was obliged to take all the notes of the cases myself, in the midst of the hurry of my other duties at the Workhouse, which are sufficiently numerous, I was unable to do more than make a brief memorandum of the principal points that occurred.

CASE I.—*Measles complicated with Convulsions, simulating Bronchitis.*

On the morning of the 26th March, I was sent for, at six o'clock, A. M., to see Patrick M'Cormick, a fine stout infant twelve months old, who was taken very unwell. He had been some days in hospital for an attack of hooping cough, where he was under treatment, but the symptoms were so mild as not to require any decided measures. He had been otherwise in perfect health the preceding day, and had slept well till two o'clock in the night, when he became suddenly, and without any obvious cause, oppressed in his breathing, which was short, laboured, and accompanied with a loud mucous wheezing. He did not exhibit any symptoms of convulsions, except that occasionally the dyspnoea became more severe, and he worked with his tongue, protruding and retracting it repeatedly, during which periods it assumed a deep livid colour. Mr. Brown, the Apothecary, had put him into a warm bath, and administered several strong emetics previous to my arrival, but none of these had taken any effect. To a casual observer the case, at this time, presented all the symptoms of an intense bronchitis, accompanied

with a copious secretion into the bronchial tubes ; and the most effective remedies would have seemed to be those, which by removing the secretion, would have enabled the lungs to discharge their functions, but I was more disposed, from knowing the previous history of the case, to consider the symptoms dependant on the state of the brain, and, accordingly, as the emetic plan had failed, I ordered a turpentine injection to be administered immediately, and calomel in large doses (two grains each) to be given every hour.

11 o'clock, A. M. Passed a great deal from the bowels since morning ; discharges of a light yellowish green colour ; breathing easier ; wheezing much less ; eyes and lips congested ; an obscure rash, which the nurse stated to be measles, has appeared and receded since last visit ; takes the breast freely. On consultation with my colleague, Dr. Kirkpatrick, we determined to take 4 oz. of blood from the arm, and to add some ipecacuanha to the calomel, and as he was suffering from painful dentition the gums were freely divided.

V. S. ad  $\frac{3}{4}$  iv.

R Calom. gr. ij.

Ipecac. gr.  $\frac{1}{2}$  2dis horis.

1 o'clock, P. M. Was greatly relieved by the bleeding. The dyspnoea and wheezing almost immediately and entirely disappeared.

Cont.

5 o'clock. The nurse states he has had an attack of convulsions since last visit. The pupils are contracted, and the eyes convulsively turned upwards under the lids. On being roused from the state of stupor there is evident strabismus ; constant convulsive movements of the lips, and of the hands to the mouth ; respiration very short and quick ; eyes congested ; rash, though faint, is perceptible.

B. T. statim.

Sinap. pedibus sing.

Vesic. Nuchæ.

Cont. Pulveres.

8 o'clock, P. M. Bowels a good deal acted on; seems more lively; respiration less oppressed; mustard poultices smarted him in about ten minutes; still very restless, tossing his hands and arms about; abdomen swelled and somewhat hard.

Enema foetid. c. Sp. Tereb.

Cont. pulveres 2dis horis.

March 27th. Did not sleep till towards morning; bowels well moved till four o'clock, when they became quiet; took the breast freely and drank a good deal; is at present asleep; respiration short; pulse weak, but not so quick as last night; skin cool, covered with a dusky eruption of measles; rolls his head from side to side very much.

Warm bath with cold to the head.

Wine and water.

Mixture containing Carbon. Ammon.

3 o'clock. No reaction has taken place; respiration still short; occasional snapping of the hands.

During the course of the night he was frequently convulsed, until death terminated his sufferings at 2 o'clock, A. M.

*Remarks.*—Owing to particular circumstances no examination of the body took place; yet, I consider the case sufficiently interesting, notwithstanding this defect, to be laid before the public. No one can for a moment hesitate to attribute the fatal termination to the affection of the head, although the symptoms simulated so exactly those of suffocative catarrh. There was, on the one hand, the laboured breathing, the trachæal rattle, the livid lips, that indicate this affection; and on the other, there was the absence of any marked convulsion, or other symptom of cerebral disease. Yet the history of the case, as well as the results of treatment, evidently proved that the latter was the real cause of all the phenomena. The child had been perfectly free from any serious affection of the chest, and in the middle of the night was attacked suddenly, and without obvious cause, with these symptoms, in a degree of intensity never witnessed

at the commencement of an ordinary attack of bronchitis. The emetics too, which Mr. Brown had administered previous to my arrival, were of the strongest description, but had failed to produce their usual effects. This form of convulsion is not rare, and deserves consideration from the liability of a practitioner being led to mistake it for what it so much resembles, and so to overlook the more important disease that is insidiously advancing in the brain. The following case illustrates very forcibly its deceptive nature, and the danger that invariably attends it. One day when accompanying the Board of Guardians round the house during a visit of inspection, I was hastily summoned to the nursery to see an infant, named Mac Namara, ten months old, supposed to be choking in consequence of having swallowed something that had stuck in her throat. On my arrival I found every symptom present that might be expected under such circumstances. The child was gasping at irregular intervals; the lips were livid, and death seemed close at hand. I instantly passed a gum elastic catheter down the œsophagus to the stomach, but found no obstruction to its progress; an injection containing turpentine was thrown up, and the child placed in a warm bath, when the symptoms slowly disappeared. The next morning the child was perfectly well, had slept soundly, and had no return of the convulsion. I wished, however, to examine the state of the lungs, and desired the mother to strip the chest for this purpose, and in the very act of doing so, the former symptoms returned in all their violence, and although every remedy that could be thought of on the moment was adopted, the child died upon the spot. On examination after death there was found effusion into both ventricles, but no disease of the pulmonary organs.

Cases somewhat similar to these have been described by Sir Henry Marsh in the fifth volume of the Dublin Hospital Reports, under the name of spasm of the glottis, and I have no hesitation in believing that they are the same disease, only a little modified. They occurred in the same class of persons,

and under very similar circumstances, and commenced suddenly at night. In one respect, however, there seems to be a striking difference in the symptoms, for he describes the paroxysm as attended with a laryngeal sound, and as terminating in a long drawn whoop, or crow, on inspiration. But in the cases I have observed there was nothing analogous to this, there was merely the trachæal wheeze, common in ordinary bronchitis, but in an aggravated degree, resembling that audible on the approach of death in adults.

In reference to the treatment of this affection, Sir H. Marsh particularly insists upon the change of the nurse and removal to the country as the most important steps to be attended to, and he mentions that he has known the disease to return again and again, after it had entirely disappeared, on the infant being merely brought back to reside in the city, and as often to be perfectly removed by restoring it to a pure atmosphere. But while I freely admit the paramount importance of securing good air for the little sufferers by an immediate removal to the country, I consider that a great deal is also due to deficient nourishment, bad food, and the unhealthy milk of the mother. Accordingly I have found in such cases the greatest advantages follow from the administration of tonics to the mother, such as quinine, or the infusion of bark in combination with a small proportion of tartaric acid, coupled with a moderate quantity of porter and wholesome nourishing food.

CASE II.—*Measles ; Convulsions ; Effusion into Ventricles.*

Patrick Spain, æt. 18 months, had been some time ill with hooping cough, in the commencement of which he had suffered from a severe attack of pneumonia, but from which he had recovered several weeks. He was quite well on the 9th of April, except that the right eye had been somewhat inflamed for a day or two previously. On that evening he was very hot and restless, and an eruption of measles appeared on the 10th inst.

Emetic of Hippo Wine.

Mist. Nitri coch. med. subinde.



7 o'clock, P. M. No effect from the emetic, though frequently repeated; rash has disappeared.

B. T. statim.

Ipecac. gr. vi. statim.

Cont. Mist.

April 11th. No vomiting; great purging; eruption a little more out; coughs a great deal; great thirst.

7 o'clock, P. M. No vomiting; great purging.

P. Dov. gr. ij.

B. T. h. s.

April 12th. Diarrhœa checked; no regular convulsion, but the breathing has been laboured all night, and accompanied with a loud trachœal rattle. Died in the course of the day.

*Post Mortem.*—Brain not very vascular; considerable effusion into both ventricles.

Lungs *healthy*; a few small spots, solidified but not vascular or congested, which seemed to be the remains of a previous pneumonia.

Mesenteric glands enlarged, but healthy.

CASE III.—*Measles; Convulsions; no Effusion into Ventricles.*

Catherine Langan, æt. fifteen months, an infant previously healthy; after two days' illness was covered with measles on the morning of the 9th of April; some cough.

Emetic Hippo Wine.

℞ Ant. Tartar. gr. i.

M. Mucilag. ℥iv.

Sumat coch. min. frequenter.

April 10th. Breathing oppressed; slight hoarseness; eruption remained out only for about an hour; has not since returned; throws up with emetic mixture; a good deal purged; dejections green.

B. T. statim.

℞ Calom. gr. i.

Ipecac. gr.  $\frac{1}{2}$ . M. 2dis h.

Vesic. Sterno.

7 o'clock, p. m. Considerable wheezing in chest, which was somewhat relieved by bath; breathing is still short and laboured; no distinct convulsion; purging; no expectoration from medicine.

Hirud. ij. temporibus.

Enema Tereb. statim.

Cont. pulveres.

April 11th. Took strong convulsions last night at 11 o'clock, which lasted until 2 o'clock, when she died.

*Post Mortem*.—Brain very vascular throughout; no effusion of any amount into ventricles.

Lungs congested, but not pneumonic, except in one small spot of the left lung.

Mesenteric glands were generally enlarged; a few were in the first stage of scrofulous degeneration.

#### CASE IV.—*Measles; Croup; Double Pneumonia*.

Mary Byrne, æt. 2, a fine robust child, had the rash of measles out for three days, and was doing well till the evening of the 26th of March, when at 8 o'clock, p. m., on my visit to the Work House, I found her breathing had assumed a distinctly croupy character; she had previously had a slight cough, but no dulness on percussion, nor râle in the respiration; she was ordered immediately,

V. S. ad  $\xi$  iv.

℞ Antim. Tartar. gr. ii.

M. Mucilag.  $\xi$  iv.

Sumat coch. med. frequenter.

Calom. gr. ii. tertiis horis.

The bleeding was attended with instant relief; in the course of a few minutes the croupy sound had entirely disappeared.

March 27th. Had slept well; was not much sickened by the mixture; the bowels were moved five or six times; no remains of the croupy sound in respiration this morning, not even when she coughs; not so much oppressed in her breathing as

last night, but she coughs a good deal; no dulness on percussion, but there are loud bronchitic râles through the chest.

Cont.

March 28th. Had a slight return of the croupy respiration last night, which did not continue; slept well; some jelly-like discharges from the bowels; rash fading; medicine does not vomit her.

Ol. Ricini, ʒi.

March 29th. Slept a good deal last night; a little hoarse; not much cough; bowels regular; no dulness; bronchitic râles through chest.

M. Polygalæ c. Ammon. Carbon.

Calom. gr.  $\frac{1}{2}$ .

Ipecac. gr.  $\frac{1}{4}$ . M. tertiis horis.

March 30th. Was very weak and low yesterday evening; got one ounce of wine in water from which she derived much advantage.

Vini ʒi.

Cont. cætera.

March 31st. Has cut several teeth; croupy respiration and cough are more marked to-day; when the child is quiet this sound disappears almost entirely, but becomes more manifest whenever it is excited by any person disturbing it; some dulness over right scapula; expectoration very thick and viscid, and can be only removed from the mouth by the nurse introducing her finger for the purpose.

Vesic. Sterno.

Calom.

Ipecac. āā gr.  $\frac{1}{2}$ . M. tertiis horis.

April 1st. Was very ill last night with wheezing and oppression of breathing, which was relieved with difficulty by the tartar emetic solution; loud croupy sound of respiration this morning.

Cont.

April 3rd. Was very bad yesterday with croupy respira-

tion; the tartar emetic solution did not make her vomit, but the nurse secretly, and without directions, puffed some tobacco smoke into her mouth, which immediately had the effect of making her throw up two very thick, cord-like pieces of mucus; expectoration came up freely afterwards from the use of the mixture.

To-day has been very much purged; dejections watery; throws up freely; no croupy respiration.

Vini  $\zeta$  i.

M. Cretæ C.

April 5th. In a very precarious state; breathing short and laboured; very pale; blister has assumed a dark unhealthy aspect, which has been washed with lotio nigra, and a poultice applied; breathing slightly stridulous; no cough except after drinking.

Vini  $\zeta$  ii.

April 6th. Respiration rather short; blistered surface very much inflamed and unhealthy; spots like pemphigus gangrenosus appearing over the body; bowels very free; dejections dark and watery. In about an hour after the visit the child gradually sunk.

*Post Mortem*.—Subcutaneous layer of fat, very thick; thymous gland appeared much larger than usual in an infant of this age, and was infiltrated as well as the cellular membrane in its immediate vicinity with serum. The lungs were partially affected with pneumonia in different stages of its progress. One whole lobe was in that of purulent infiltration, and others in the stage of solidification. The larynx exhibited traces of inflammation, and the mucous membrane on the rima was inflamed, and in one spot on the very edge there was a small ulcer. The trachea the whole way down to its subdivisions was very vascular, thickened, and red. The chest only was examined.

*Remarks*.—This case is worthy of attention because of the peculiar condition of the thymous gland, discovered after death,

combined with the occasional croupy sound of respiration produced whenever the child cried or was annoyed at any thing. This symptom was first pointed out to me by Dr. Doherty, who frequently gives me the benefit of his presence in my daily visits, and who thought it corresponded with the descriptions recently published of thymic asthma. The gland was certainly much larger than I have ever seen it at this age, and from its supposed erectile properties would be quite capable of producing the symptom. But although Dr. Doherty thought he perceived, during life, a swelling at the anterior part of the neck corresponding to the situation and time of this erethism, I was not able to satisfy myself that this latter phenomenon took place, at least to any sensible extent.

The frequency and fatality of pneumonia in childhood as contrasted with advanced life form a very interesting subject of consideration, and one to which I may, perhaps, on some future occasion, revert. At present I am not able to do more than point attention to the fact, and to state that the following results, extracted from the second Report of the Registrar-General of Births, Deaths, and Marriages, throw an important light on the subject.

The deaths of the metropolitan district are divided into three classes, besides being arranged under the head of each disease, viz., those under 15 years of age, between 15 and 60, and above 60.

In one table there is given a return for each of the five weeks ending Saturday, January 11, 1840, January 18, January 25, February 1, February 8. Under the head of Pneumonia the totals of these weeks for each period is as follows :

Under 15, . . . . .	257.
15 to 60, . . . . .	73.
Above 60, . . . . .	30.

This remarkable difference would be still more instructive if the distinctions of age were made more minute, and we were enabled to separate from the rest the proportion occurring

during infancy. How far this is owing to a less energetic mode of treatment it is not easy to say, but I am at present strongly inclined to believe that a false tenderness in treating the disorders of infancy mildly is, perhaps, partly, at least, the cause of this result, and that when practitioners adopt a more decided tone in their efforts we shall see a great improvement in this respect. And what satisfies me that there is some truth in this opinion is the fact, that pneumonia, when it proves fatal in infancy, very rarely is found to have advanced beyond the stage of hepatization, whereas the reverse of this is what is generally observed in adults.

The case before us is one of those rare instances in which the lungs are found to have advanced to the stage of purulent infiltration in infancy, and this circumstance, coupled with the high degree of inflammation about the larynx, proves that no other termination could have been expected, while the remarkable relief experienced at the commencement from the use of the lancet shows how important this remedy is in cases of unusual danger.

CASE V.—*Measles ; Croup ; Recovery.*

James Solan, æt. 20 months, had been always a delicate child since admission some months ago, during which time he has suffered from dentition and hooping cough which he had severely. He has been a good deal wasted and weakened by his complaints. For the last two days has been sick and feverish, but this was attributed to teething. Was bathed last night; eruption appeared in a healthy form this morning, April 8.

Emetic of Hippo Wine.

R. Mist. Mucilag. ℥ iv.

Vini Antimon. ℥ ij.

Sumat coch. min. frequenter.

April 9th. Is bathed in perspiration, and sleeping soundly, medicine operated both up and down.

8 o'clock, P. M. This evening the respiration and cough have assumed the character of croup in a well marked form.

V. S. ad  $\xi$  iv.

Calomel. gr. i.

Ipecac. gr.  $\frac{1}{2}$ . M. 2dis horis.

April 10th. Blood buffed and cupped; got great relief from the bleeding, and immediately afterwards lost the croupy sound in his breathing; a good deal purged; no vomiting nor expectoration; cough is much less; eruption manifest, but faded; considerable thirst.

Vesic. Sterno.

Calom.

Ipec.  $\bar{a}\bar{a}$  gr. i. M. 3tiis horis.

7 o'clock, P. M. Medicine vomits and purges him; dejections watery and greenish; is much relieved, but the hoarseness has returned in a slight degree within this hour; is covered with perspiration; blister did not rise in two hours and a half.

Vesic. iterum.

Repetantur pulveres.

April 11th. Breathing easy; powders make him throw up; not much purged; blisters rose well; coughs only at night; the cough resumes the character of hooping cough; appetite returns; dejections this morning yellow and consistent.

Vini  $\xi$  i.

Arrowroot and Sugar.

7 o'clock, P. M. Is quite quiet; appetite good; sleeps well; bowels less purged; dejections natural.

April 12th. Much better this morning.

Cont. Vinum, &c.

April 14th. Cut four back teeth last night; continues to improve.

April 15th. Breathing quite easy; cough is again become

severe and frequent, and accompanied by a loud kink ; some prolapsus ani.

℞ Tinct. Cinchon. C. ʒijj.  
 „ Camph. C. ʒij.  
 „ Cantharid. ʒi.  
 Sumat coch. min. subinde.

April 16th. After taking a teaspoonful of the mixture last night became quite sleepy, rolled his eyes in their sockets and moaned a great deal. This morning the same symptoms recurred on getting a second dose ; is now free from any appearance of oppression.

Omitt. Mistura.  
 Cont. Vinum.

April 28th. The child continues to improve in health and strength ; though much exhausted, is now recovering weight and flesh ; appetite good ; the quantity of wine has been increased to two ounces daily, and he has been allowed a little meat.

*Remarks.*—This case deserves attention from the suspension of whooping cough during the eruption, and its return on its disappearance. After continuing to improve for some weeks he began again to decline, and died from consumption on the 17th June.

#### CASE VI.—*Measles ; Peritonitis.*

Andrew Green, æt. 4 months, was a stout, healthy infant from birth, but had been in hospital about a week previously to the 7th of April for a threatened attack of hydrocephalus, from which he recovered. On the evening of that day he was seized with a fit which had nearly terminated his life. It seemed, from the description I got of it, to have been more of the nature of coma than a regular convulsion, but yielded to the exhibition of a turpentine injection, a warm bath, and repeated doses of calomel. The child did not appear to have been labouring under any previous sickness, but to have been seized suddenly. On the



morning of the 8th there was no appearance of convulsion and an eruption of measles had taken place.

April 9th. Eruption well out on body ; some cough ; bowels regular.

Calom. gr.  $\frac{1}{2}$ .

Ipecac. gr.  $\frac{1}{4}$ . 3tis horis.

April 10th. Is this morning moaning very much ; body quite stiff ; head very much retracted ; eyes turned up ; purged a good deal ; not much cough.

Hir. ij. temporibus.

Calom. gr. i.

Ipecac. gr.  $\frac{1}{2}$ . 2dis horis.

B. T.

7 o'clock, P. M. Relieved after the leeches, and still more so after the bath ; diarrhœa ; dejections watery and greenish.

Adhib. Vesicat. Occipiti.

Curetur Ung. Hydrar. postea.

April 11th. No convulsions ; eruption more out ; a hard flag is perceptible near the umbilicus, with an erysipelatous blush on the surface, and another on the left thigh ; not much purged ; dejections this morning yellow ; is very cross.

Contin.

7 o'clock, P. M. Head somewhat retracted ; fingers and toes clenched ; not purged.

B. T. statim.

April 12th. In short convulsions all night and this morning ; died towards evening.

*Post Mortem.*—No particular appearance on external surface.

Brain not unusually vascular, but the venous sinuses were turgid with black blood ; considerable effusion into both ventricles.

Lungs healthy ; gall bladder white and crupty ; inferior margin of liver of a dark green colour.

On cutting into the abdomen several ounces of a greenish yellow fluid were found in its cavity. The abdominal peritonæum, as well the mesenteric as the omental portions, was very vascular. Intestinal tube healthy, mesenteric glands commencing to be affected with scrofula.

CASE VII.—*Measles ; Intense Bronchitis ; Pneumonia ; Convulsions ; Recovery.*

Mary Anne Williams, an infant 9 months old, was admitted into the Workhouse May 23, 1842, and into the hospital of the institution May 24, having been some days ill in measles, the eruption of which was then faded over the body, and obscure. There was a constant suffocative cough, of a harsh croupy character ; the chest sounded clearly on percussion ; bronchitic râles audible by the stethoscope ; diarrhœa ; dejections greenish.

B. T. statim.

℞ Ant. Tartariz. gr. ij.

Tinct. Opii gtt. iv.

Mist. Mucilag. ℥ij. M.

Sumat coch. minim. frequenter.

May 25th. Breathing much more oppressed ; cough has become incessant, and as if the lungs were completely stuffed up ; got the mixture twelve or thirteen times, but was only once vomited.

Adhib. Vesic. Sterno statim.

Sinapism. pedibus.

℞ Calom.

Ipecac. āā gr. i. M. 2dis horis.

Mist. Polygal. c. Ammon. Carb.

Coch. med. frequenter.

Half past 7 o'clock, P. M. Child somewhat relieved, but is still greatly affected with the cough as before ; had a slight convulsion through the day ; no vomiting from powders.

Injic. Enema Tereb. statim.

B. T. h. s.

Sumat pulveres om. horâ.

May 26th. Greatly relieved ; less dyspnœa ; scarcely any appearance of suffocation or throat affection ; got fourteen powders since the preceding evening, which made her throw up freely ; chest sounds clearly on percussio ; bronchitic râles through the lungs ; took the breast freely ; bowels slightly purged ; dejections greenish ; is cutting front teeth, and the gums are very hot and tender ; tongue white ; blisters rose well.

Gums to be lanced.

Ol. Ricini ʒi.

Sumat pulv. ʒtiis horis.

Cont. Mistura.

May 27th. Cough, though softer, is still troublesome ; considerable dyspnœa remains ; not so much purged ; when excited so as to cry, inspiration becomes croupy, not otherwise ; there is some dulness at base of left lung posteriorly, and crepitus can be heard there ; bronchitic râles audible in right lung ; got eight powders and threw up after each ; cut two teeth since yesterday ; takes the breast well.

Unguent. Oxidi Zinci parti ves.

Vini ʒi.

Cont. cætera.

May 28th. Much better ; cough softer ; got eight powders, vomited after each ; not so much purged ; dulness nearly gone ; respiration freer ; crepitus larger and softer ; slept well after the wine ; blister is still sore.

Vini ʒ iss.

Catap. Sterno.

Arrowroot.

Cont. cætera.

May 31st. Blister very sore still ; slight dyspnœa ; no purging ; appetite good.

R. Calom.

Ipecac. āā gr.  $\frac{1}{2}$ . M. ʒtiis horis.

June 6th. Child improving in flesh, strength, and weight ;

soft mucous râle near base of left lung; respiration otherwise tolerably good.

June 12th. Discharged quite well.

*Remarks.*—When this case first came under my notice I felt great apprehensions as to the result; the eruption had been out several days, the child had been exposed to cold and hardship, and the extent of bronchitis in the lung was so great, that I feared it would not have strength of constitution sufficient to endure the remedies necessary for cure. But its sufferings were so much increased, and the danger of suffocation became so imminent on the 25th, especially in the evening, when the nurse reported to me, that in addition to the other symptoms an attack of convulsions supervened, that I thought the case almost hopeless, and determined upon the adoption of the very vigorous measures that are detailed, and to which particularly, I believe, the child's recovery is to be attributed. In such cases mild remedies and minute doses are perfectly useless, and the practitioner has no alternative but to adopt remedies whose strength bears a direct ratio to the violence of the symptoms, if he would hope to overcome the disease; and I believe that the recovery in this case would have been more prompt had I permitted the powders to be continued for some time longer at the shorter interval of an hour, instead of directing them to be given every third hour, as was the case on the 26th inst. : but I was anxious to act cautiously in the use of such a remedy as calomel with so young a child, and therefore took the first opportunity of diminishing the frequency of the dose when the urgency of the symptoms was somewhat abated. Much benefit likewise I attribute to the use of the wine in this case, promoting sleep, increasing appetite, and supporting the strength of the patient, and this too at a time when I felt it necessary to continue the calomel and hippo to reduce the inflammation of the lungs.

I cannot help looking back on the history of this case with peculiar satisfaction and thankfulness.

CASE VIII.—*Ulceration of the Tonsils; Eruption like Scarlatina; Measles; Recovery.*

Joseph M'Kiernan, a fine healthy infant, but with a rather large head, twenty-eight months old, was seized suddenly on the evening of the 7th June, 1842, with obscure convulsions; stupor; quick and spasmodic breathing; hiccough; the eyes were red and congested, the pupils contracted and insensible to light; the bowels were confined, the belly hard and full. He had got two injections and a warm bath before my arrival, but they had not acted on the bowels nor produced any change. I immediately put him into a bath at a temperature of 108° F. and poured cold water on his head, which made him cry, and partially restored sensibility, but not permanently. I then ordered mustard poultices to his feet and legs; a blister to the nape of his neck, and two grains of calomel to be given every hour.

June 8th. No amendment took place till after the blister rose, which was in about three hours; bowels were slightly opened by the medicine; he seems quite conscious this morning, and stretches out his hand good-humouredly when spoken to, but does not distinguish his mother from other persons.

Rep. Cal. gr. ii. 2dis horis.

1 o'clock, P. M. My colleague, Dr. Kirkpatrick, on visiting the case at this hour, recognized a faint rash on the surface like scarlatina, and on examining the fauces we found them red, swelled, and ulcerated; in other respects the child was better; I immediately touched the tonsils with solid nitrate of silver.

10 o'clock, P. M. Child sleeping quietly; bathed in perspiration; some rash on chest; coughed a good deal; bowels well freed; got six powders since morning.

Tonsils touched a second time.

℞. Antim. Tartar. gr. ii.

Nitri ℞ i.

Aq. Ment. Pip. ℥ iv.

Tinct. Opii gtt. vi. M.

Coch. minim. subinde.

Omr. pulveres.

9th. No eruption visible; nurse says his skin was very red this morning; is much more lively; eyes of natural brilliancy; greatly vomited and purged through night; slept at intervals; throat looks better; cough, softer and freer.

R. Vini Antim. ℥ii.

Nitrat. Potas. ℥i.

M. Mucilag. ℥iv.

Tinct. Opii gtt. vi. M.

Coch. min. subinde.

10th. Yesterday evening began to sneeze several times, and the eyes became sore and watery; at the same time the rash of measles appeared upon the face; this morning it is out on the body; appetite good; can swallow easily; thirst; not much diarrhœa; coughed a good deal, but the cough is soft; medicine sickened him; is quite lively.

Cont. Medic.

11th. Very lively to-day; skin cool; measles distinctly out, but thinly scattered; not purged; some appetite.

Cont.

14th. Last night, in consequence of exposure in bed, got excessively cold; the nurse took him into her own bed; he is now warm and perspiring, but has considerable cough; quite lively; appetite good.

Repet. Mistura.

22nd. Discharged; quite well.

*Remarks.*—This case is worthy of consideration in consequence of the imminent danger in which the child was placed at the commencement of the attack, and the resistance exhibited to the strong remedies applied for the relief of the state of convulsions. In the use of baths in affections of this nature I believe they often prove ineffectual from the low temperature at which they are given; parents or nursetenders objecting to have them hot from a foolish fear of their producing faintness. But the state of cerebral congestion at such times has such an influence upon the general system, that I believe this apprehen-

sion is entirely groundless; but even if danger of this kind should ensue, the remedy is simple and speedy, to remove the child from the water at once. The temperature here tried was 108° F. and I can say, from the sensation conveyed to my hand, that it might have been easily used much warmer. Not the least symptom of syncope appeared, although the child was permitted to remain eight or ten minutes in the bath. Having already said so much of the utility of calomel given in large doses at short intervals, I shall not add anything farther at present, except to say, that I believe it was absolutely indispensable in this instance, and that the little trouble and danger subsequently experienced by this child was owing to the decided manner in which this remedy was administered at first.

Are we to suppose that the rash which appeared on the second day was scarlatina or not? The time of its appearance and the state of the tonsils are in favour of this opinion; the evanescent manner in which it showed itself, and the eruption of measles at its natural epoch, militate against it. But everything in what I have seen of scarlatina, leads me to believe, that it is far less regular in its progress, and more faint and evanescent in the eruption, than measles is; and hence I do not attach much weight to this circumstance. But what I think strongly proves that it was not scarlatina is the fact, that there had not been a case of that disease in the house for some time previous, nor has there been since; and the occurrence of tonsillitic inflammation in other cases of measles during the epidemic, though unnoticed by any author I have seen, is sufficient to prove to my mind that it was only an unusual variety of the complaint.

CASE IX.—*Measles; Croup; Convulsions; Recovery.*

James Whelan, æt. 3, was admitted into hospital, May 16th, 1842, suffering under an attack of measles, the eruption of which was out on his body; his eyes were tender, and were partially covered with a purulent secretion; there was considerable swelling externally about the throat; on examining the fauces the ton-

sils were red, swollen, and inflamed ; there was a dry, stridulous cough, but not very frequent. On percussion the chest sounded clear. Diarrhœa.

Ol. Ricini, ℥ii.

1 o'clock, P. M. Cough has become much more severe, harsh and stridulous, with a marked croupy character ; skin cool ; chest clear ; respiration healthy.

V. S. ad ℥iv.

R. Calom.

Ipecac. āā gr. i.

Sumat ℥iis horis.

R. Antim. Tartar. gr. ii.

Aq. Cinnam. ℥iv.

Tinet. Opii gtt. x.

Coch. min. frequenter.

May 17th. Got a great change after being bled ; became cold, and worked in convulsions ; this morning there is very little eruption out ; very little cough, which has lost almost entirely its croupy character ; medicine has sickened him very much ; looks heavy and sick ; pulse 120 ; skin hot ; no diarrhœa.

Abrad. Cap.

Vesic. Nuchæ.

B. T. statim.

Vini ℥i. Cont. pulveres.

May 18th. Blister rose well ; less heavy in himself, but still considerably so ; greatly relieved by the bath ; was previously almost suffocated in his breathing from dyspnœa ; to-day there is considerable cough, of harsh ringing character ; wine agreed well with him, slept after it ; no rash visible to-day, but came out when he was put into the bath ; not much purged ; no vomiting.

Sinap. pedibus singulis.

R. Calom. gr.  $\frac{1}{2}$ .

Ipecac. gr. i. M. ℥iis horis.

Vini ℥ii.



19th. Pulse 108 ; skin cool ; no purging, nor vomiting ; little cough, which is soft.

Sumat pulv. h. s. tantum.

M. Paregor. coch. med. sub.

Vini ℥ii.

22nd. Continued to amend till to-day, when a paroxysm of coughing came on which seemed to partake of the nature of croup, and of whooping cough intermixed ; bowels free.

Hir. ii. Laryngi anteriori.

Sinap. pedibus.

Vini ℥ii.

23rd. Pulse 108 ; appetite good ; much better ; cough diminished.

31st. Quite well ; discharged ; cured.

*Remarks.*—The principal points to be considered in this case are, first, the disappearance of the eruption after the bleeding, and second the coexistence of croup with a healthy state of the lungs. How far the sudden recession of the rash is properly to be attributed to the use of the lancet, is perhaps not easy to be determined ; the operation itself is calculated to expose the infant to cold, and this circumstance, which cannot always be guarded against, as much as any other may tend to produce the effect ; but whatever may have been the cause, such an occurrence must be looked upon as highly dangerous, and therefore to be treated with that decision and promptitude that proved here so eminently successful. It is satisfactory for us to know, that however alarming the recession of the eruption may be, it is not necessarily fatal, even though it may never be re-established in such a way as to resume the natural course of the disease.

The second point is also of importance, because, on the one hand, we are enabled to take measures for the *prevention* of the pneumonia that so constantly succeeds an attack of croup, and prevents a successful termination to a case that might otherwise have recovered ; and on the other, we are encouraged to attempt to give relief by operation, should our efforts for the cure of the local affection unhappily disappoint our expectations.

*Conclusion.*—I feel that this paper has extended to a length I had not anticipated when I began to write, but I thought as I proceeded, it would lose much of its value were I to deprive it of that completeness it possesses in consequence of its embracing the whole period of the epidemic since its appearance, till the date of the last case recorded in the list. It has since become so mild in its form, and extended to the larger children, that I do not conceive it would be productive of any advantage to pursue the observations farther, especially as my design was simply to give a few practical illustrations of the disease as it occurs in infancy, a service that I trust will not be unacceptable to the members of the Profession generally.

THE END.



