"Rothenia as a Specific Disease"
with notes of cases.

Alex. J. Brownlee, M.B. c.M.
The epidemic from which the cases are drawn, occurring as it did along with an epidemic of measles, but quite independent of it, offered good opportunities of contracting measles with Kheleen, and of proving it to be a disease by itself, having no relation to either measles or scarlet fever.

One of the first facts noticed in support of this was, that an attack of Kheleen in no way protects for either of these diseases, the converse being also true. Thus of the 50 cases, three

\[\text{rj: 8, 83, 36} \]

had measles previously at 6 yrs 14 days and 3.5 yrs respectively, while ten other cases were followed shortly after by measles.

\[\text{rj: 1, 2, 3, 5, 6, 7, 23, 28, 37 50} \text{ at 39 days 3 who 3 mos, 2 mos, 2 mos, 1 month, week 5 who, 3 who, and 5 who respectively.} \]

As regards scarlet fever, six of the cases had previously suffered from it \[\text{rj: 8, 9, 14, 18, 42, 48} \text{ at 2 yrs, 2 yrs, 1 yr, 1 yr, 5 yrs and 3 yrs respectively. From these numbers, occurring out of a total of 50 cases, it will be seen, that, especially as} \]
regards measles, there is no protection either way.
In none of the cases did a relapse occur, nor had
any of the cases suffered previously from the disease.
All of the patients were young, the oldest being
Eleven years, while the youngest was only six months.
In those cases which were attended through their
attack of measles, shortly after the attack of
Kochlin, the various points of contrast were
especially well marked, but this will be
best understood after a short general
description of the disease, compiled from
the various cases, following which the
different points, will be treated separately.
"General Description."
This disease, occurring principally in the young, and running a very mild course, with few or no manifestations, proved itself to be very infectious, and to a lesser degree contagious also, as in many instances only one child of a family was affected. Perhaps without any prodromata, or almost a slight sickness at bed-time, the patient wakes in the morning with the eruption appearing. This begins generally in the face, and spreads downwards over the rest of the body, the parts worst affected being, the back of the neck and across the shoulders to the extensor surfaces of the arms, and over the lower part of the back and buttocks. It consists of numerous, small spots, of a colour intermediate between deepest brown and measles, being neither so lined as the one, nor so brilliant as the other, each more of a pink or rose-red. These spots which were not raised above the surface, were invariably set on a clear skin, unless in a few cases on the face, which was flushed and where the
only tendency to confluence was noticed, for though often occurring in groups on the body, in no case did they show that tendency to run together as noticed in measles.

Two different forms of the eruption, both of which disappeared on pressure, were noticed. One, the smaller or sprinkled variety consisting of numerous spots about the size of a pin-point, often beginning as white, passing gradually to the red colour, which is bright, than that of the larger form, and then fading off through brown to white again. With this form, which is often patchy and confined to places, a slight itchy sensation, erythema of the skin may be observed giving rise to the idea of a local fever.

In the other form, the spots are larger, and slightly darker in colour, and greatly resemble measles, differing from that however, in being more circular in outline, and not raised above the surface.
of the skin, and dies in the absence of the
recovery, feel 2 characteristic symptoms. The
colour too, though lighter as a whole than that
of measles, was not uniform, being darker
round the edges than in the centre; and often
the larger form of eruption did not seem to
develop from the smaller, though both
may be found on the same patient. In
either form the colour was brighter on
the lower half of the tody than on the upper.
The development of the rash is rapid, seldom
exceeding 24 hours and often taking only half
that time. It seldom remains for longer
than four days, two days being a common
time, and disappears about as rapidly as
it came, leaving a characteristic brown
marking for a day or two longer.
As regards the pyrexia, some cases, and among
them those with a copious rash, ran their
entire course without any fever. The
highest temperature recorded, in the notes,
in any uncomplicated case did not go above 103°, and even in them, the general discomfort of the patient was not nearly so great as in any other disease with a similar temperature.

Among the most constant of the accompanying symptoms, was a well marked enlargement of the cervical, submental and subauricular lymphatic glands, on one, and generally on both sides of the neck. In some cases this enlargement was noticed several days before the appearance of the rash and is therefore of magnhotic value.

Another constant accompaniment, was a slight swelling and reddening of the soft palate, pillar, of the fauces, tonsils, and back-wall of the pharynx. This reddening, very soon in the soft palate, had not the stolled appearance of measles, but took the form of a general injection of blood vessels, giving the whole a streaked appearance, which was very constant and characteristic.
Though the throat was thus highly swollen, none of the patients complained of sore throat.

The tongue was generally thickly coated, occasionally in the early stages, none that resembling the strawberry tongue of scarlet fever. Later, however, becoming dry and brown. The most characteristic thing about it was its great tendency to clean in patches, perhaps a half at a time, leaving a raw red surface behind. This was noticed in nearly all the cases.

In no case was the "coryza" or measles noticed to any degree, as evidenced by excessive nasal and lachrymal secretion, though the "Bronchial Catarrh" was perhaps more frequent as most of the patients had a short dry hard cough. This however seemed to arise in great part from the irritation of the throat owing to its swollen condition, and perhaps also, partly, to the presence of enlarged bronchial glands, similar to those in the neck, setting up irritation lower down, so no urgency
The different periods and symptoms mentioned in this general description, will now be gone into a little more fully, with special reference to the cases.

**Incubation Period**

The stage of incubation so far as could be ascertained seemed to be very variable, on the whole being longer than in measles, which is seldom more than 14 days. Thus in Case 10 it was 8 days, in Case 26, 15 days, in Case 4, 7½ days, in Case 19, 19 days, in Case 20, 15+½ days, in Case 21, 14, 15, 16. 15 days, in other cases 12, 18, 20 to 20 1/~ and 15 days, which makes the period very between 13 and 21 days.


3. Clinical Medicine Vol. II.

The variability of the incubation period has been almost constantly noticed so much so as to be regarded by some as of diagnostic importance. Thus Edwards, puts it down about 10 or 12 days. Having noticed it at 6 days and again at 28 days. Related it as at 14 and 21 days, so that it may be anything up to 30 days.

"Invasion Period."

This period, also of variable duration, is almost accompanied by symptoms, none of which are characteristic. Unless in a few cases, where the enlarged glands in the neck were noticed, giving a probable idea of what was coming.

Thus 11 of the cases were entirely without symptoms till the rash appeared, 14 cases had symptoms for the previous 12 hours, 10 cases had them for 1 day, 10 cases for 2 days, 4 cases for 3 days, and one case, each for 4.5.6 or 7 days, which gives 42 cases, or not exceeding 2 days. Comparing this with others, Edwards gives an average of 3 days. Sowerby 1 to 2 days and充分13 days. The symptoms accompanying this
1. Reportus in Batruga Cyclopaedia Vol. Pr
short invasion period were very indefinite, among them were noted slight sickness and vomiting, high fever, inappetence, headache, languor, and a feeling of being out of sorts, vomiting at night, hot skin, chilliness, and a short dry cough. In none of the cases was red watery eyes noticed, and only 1 case had slight running at the nose, while none of them complained of sore throat. This contrasts very much with measles, with its almost constant 4 days invasion period, accompanied by conjunctivitis and photophobia, with marked nasal and bronchial catarrh, and general puffiness of the face. In case 16 restlessness was noticed preceding the rash for 3 days, a similar case being reported by Reuben, but in no case were the symptoms at all so severe as "convulsions" mentioned by Reuben. In none of the cases was any elevation of temperature noticed during this period, which is in accordance with the mildness of the disease.
"Stage of Eruption"

After these prodromal symptoms have lasted a variable period, in the present cases, after two to one week, the rash appears, as already noticed in the general description, first on the face, gradually spreading downward to over the rest of the body. In 11 of the cases the rash appeared apparently without symptoms, the patient going to bed quite well, to awaken in the morning with the rash developed. The two different forms of Rash as described by Kentuck were distinctly noticed. The longer form more resembling measles was noticed in 38 of the cases. The chief distinguishing features were:

I. Spot more circular and set on a clear skin.
II. Color being lighter, not so fur.
III. No tendency to confluenve.
IV. Absence of scratch feel.
V. Not raised above the surface.
VI. Individual spots were lighter at the center than at the periphery.
Rep. H. Keeling, Cyclopaedia Vol. 18. 21
As regards the smaller or spriddled variety, which more resembles Connecticut fevers, 19 cases were noted up to 1.7.18 19, 20, 31, 32, 33, 34, 37, 44, 47. This variety, which has a tendency to confined plates, is often accompanied by an interweaving slight erythema which makes its
resemblance to fevers very misleading. In 3 of these cases, y. 44, 47. This was so marked on the face, as taken alone, to make certain diagnoses almost impossible. In connection showing the difficulties and dangers two cases may be cited, both of which diagnosed as fevers, and admitted as such among similar cases, patients subsequently developed scarlet.
The first case reported by J. K. King, in which a girl attacked by H. M. Lett, lasting 5 days, developed scarlet fever 3 days after recovery, having been admitted to St. John's, Ward, and thus exposed to it.
The second case occurred in the Groening Fever Hospital and is reported by Jack, where a child admitted as spraddled was afterwards seen to have red spots and at once removed. Three days after
II. Kratigo Cyclopaedia Vol. II, Pt. II.
admission her temperature went up, and she passed through a typical attack of Measles running the usual course. From these two cases it will be seen that a diagnosis, resting on the rash alone, presents difficulties and isliable to lead to error.

Apart from the hyperaemia above noted, the spots were invariably set on a clear skin, and distinct from one another, the only tendency to confluence noted being on the face, with intense cases a slight grouping on the body. The spots entirely disappeared on pressure, to reappear again on removal, in only one case viz 38 once noticed to become pustular.

The duration of the Eruption was variable, mostly short, especially in those cases where the rash was not general. Thus, in case 1 lasted 1 day, 17 cases 2 days. 18 cases 3 days. 13 cases 4 days and one case 5 days. Measles reports one case 7 days, while Alexander Edwards gives each one lasting 14 days, an average being about 1 to 4 days, or much the same as measles.
This tendency and variability of the fever accompanying
Alopecia is of diagnostic importance, when compared
with measles with its characteristic temperature
chart.
"Fever"

The fever during this period taken as a whole was slight. Thus 25 of the cases on their whole course with 1.5 hours 1 day's fever. 7 had 2 days and 3 cases had more than 3 days, two of these last cases being accounted for by complications. The highest temperature recorded was 103.5. Thus the experience from these cases was of slight fever, details which are found accompanying each case, and unless where the particular epidemic happens the severe, this is the normal condition.

"Enlarged Glands"

Enlargement and induration of the auricular and post auricular glands was the most constant symptom, and was noticed in all of the cases unless 1834, where they were absent. Sometimes a whole chain was affected, in others only one or two glands, and in these last cases the case was taken to eliminate from or prevent local exciting causes. Their duration was
longer than the Brown motting following the rash, but in about a fortnight they had assumed normal. In those cases developing measles shortly after, the glands which had been so marked in the previous disease were merely to be found in the latter, though all of the cases were pretty severe, which is a marked contrast and a good guide to diagnosis. In none of the cases did the glands assume the type of the "Blue Neck" of Decalutaud though one such case is reported by Macphail. Enlargement of the glands of the axilla and groin were found in a few cases but not to such an extent or to the extent of diagnostic value.

"Condition of Throat"

A slight swelling and reddening of the throat was also constant, the reacted condition of the soft palate being especially characteristic, as compared with the spotted condition of the sores, and the general bluish spotted fever. Though the throat was thus slightly
Sore throat was not complained of in many of the cases, though a few had a slight difficulty in swallowing. This condition of the throat also seemed to partly account for the short cough from which about half of them suffered, as nothing could be found in the chest to account for it.

Coryza and Catarrh

In the present cases the symptom was almost nil, and when it did occur was of the mildest type. Thus only in cases showed slight congestion, mostly of one eye only, and without the least approach to photophobia, while 3 others had a slight running at the nose. As regards the cough 2 of the cases had it in a greater or lesser degree, in one of the cases being noted as considerable, and in another as croaky, but all of them without physical signs in the chest. 

Then as regards diagnosis, this symptom must be taken as a negative one.
if present at all, being only so in a slight degree, and not in anything like the severity of Meconia.

"Pulse"

The Pulse was noted to be invariably increased even in those cases where the temperature stood at normal, though its ratio to respiration was always normal. No beat to the

Minute was a very common pace, but at high o. 140 was noted. None of the cases showed any signs of Heart failure, though in several of the usual course recurring at the same time, this was observed to a marked degree.

"Tongue"

The tongue showed nothing characteristic in the early stapes, at times resembling the

Strawberry Tongue of scarletina, none of the

being purplish and white, and occasionally dry and brown. The only characteristic thing about it was its tendency to clean in
patches, leaving a raw red surface behind. 

Excoria in opposite of this symptom has been 

almost constant.

Urine

during the age of the patients and other 
difficulties. This could only be obtained in 
11 cases viz cases 2, 4, 9, 10, 13, 14, 17, 21, 28, 39, 40, 41, and in all of these cases failed to 
give any evidence of albumen with the usual 
tests, even on June 91, who a short time 
before had passed through an attack 
of acute nephritis. Various cases are 
reported in Haines' Cyclopaedia showing 
slight albuminuria, but there seems to be 
the exception, and one probably be accounted 
for by the exceptional severity of the attack.

De-quantamation

This was distinctly noted in 8 cases 
and in a 9th or slight as to be doubtful. 

Thus, in case 19 = distinct Dequant of face 8 
- = slight Dequant of face.
In Case 35 = Slight Branny deposit on face of nose & cheeks face & upper chest

40 = Marked = face, & hair on the body.

44 = Slight = face

47 = Slight = nose & chin

39 = Doubtful = on face

In all of these it will be seen that the skin came off in Branny or furfuraceous scales, not affecting the whole surface of the body, being more general about the face. Being so slight its duration could not be accurately determined, but in all of the cases it was over in a week, and in some of them in 3 days.
"Complications"

The complications noted in the present cases were very few, and with the exception of three of them, of little or no account. The principal were those connected with the respiratory organs, for though there were a great number with lower trouble, still they were very amenable to treatment and gave little trouble. There were 9 cases with complications viz.

1. 2 cases 40 yrs, 3 Broncho-Pneumonia
2. 4 cases 19 yrs, 38 yrs, 44 yrs, Diarrhoea
3. 1 case 10 Esotropia
4. 1 case 16 Urticaria
5. 1 case 14 Meningitis

The two cases of Bronchitis with limited patches of Pneumonia were by no means severe, each keeping the temperature up for nearly a week after the rash had faded, as will be seen on referring to the cases. The case of Tuberculous meningitis occurring in Case 42 was of course fatal. The patient dying
Within a fortnight after the rash had left Edwards, in speaking of the complication records one case and regards his life once as unique.

“Relapse”

A relapse was not noticed in any of the cases though several went through a typical attack of measles shortly after their present illness.

“Prognosis”

Judging from the record of those 50 cases, this seems to be very good, only one case, i.e., that of Tuberous meningitis remaining.

“Diagnosis”

From the foregoing it will be seen that to form a correct diagnosis it must be based on the different symptoms taken together, no separate symptom being so character as to count as an infallible guide.

Among the most important aids to diagnosis
To make the differential diagnosis, begin with the examination of the glands and lymph nodes.

In a patient's chart, the main point of occurrence may be noted.

Diagnosis may be made upon a careful examination and interaction with the patient.
<table>
<thead>
<tr>
<th>Disease</th>
<th>Contagiousness</th>
<th>Incubation</th>
<th>Invasion</th>
<th>Catarrhal Symptoms</th>
<th>Glands</th>
<th>Eruption</th>
<th>Character</th>
<th>Tongue</th>
<th>Albuminuria</th>
<th>Desquamation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola</td>
<td>Infectious, highly contagious</td>
<td>variable, 4 to 6 days</td>
<td>short, often absent, 3 days to 1 week</td>
<td>slight, generally about</td>
<td>enlarged below angles of the jaws, collar, neck</td>
<td>first to appear, spreads rapidly, duration 3 days</td>
<td>minute points</td>
<td>coated, cleans in patches</td>
<td>absent</td>
<td>slight, brownish</td>
</tr>
<tr>
<td>Measles</td>
<td>Contagious</td>
<td>variable, 4 to 6 days</td>
<td>short, often absent, 3 days to 1 week</td>
<td>slight, generally about</td>
<td>enlarged below angles of the jaws, collar, neck</td>
<td>first to appear, spreads rapidly, duration 3 days</td>
<td>minute points</td>
<td>coated, cleans in patches</td>
<td>absent</td>
<td>slight, brownish</td>
</tr>
<tr>
<td>Scarletina</td>
<td>Contagious</td>
<td>variable, 4 to 6 days</td>
<td>short, often absent, 3 days to 1 week</td>
<td>slight, generally about</td>
<td>enlarged below angles of the jaws, collar, neck</td>
<td>first to appear, spreads rapidly, duration 3 days</td>
<td>minute points</td>
<td>coated, cleans in patches</td>
<td>absent</td>
<td>slight, brownish</td>
</tr>
</tbody>
</table>

- Character: Rapidly running yellow
- Albuminuria: Present
- Desquamation: Brown
- Tongue: Strawberry, almost always
- Eruption: Brown, red
- Glands: Enlarged below angles of the jaws, collar, neck
"Appendix of Cases"

   4/9. Quite well 20th. Slightly out of sorts this morning. Rash appeared toward evening on the face.
   4/11. Rash almost gone from face. Some new spots on legs.
   4/12. Pulse normal. Other wise well.
   Note - No enlargement. Glands normal.

   4/9. Quite well throughout day. Skin hot at night.
   Ears slightly red. Tongue slightly dry. Throat shows streaked palate. Throat slightly enlarged.
   11th only a mottingle to day. Throat better. Other wise well and running about. No past never in Bed. Glands normal. No enlargement.

Went through typical attacks of Measles from 4th. 10th. Some red colored symptoms were present. Glands normal.
3. **Rogie Hodgson**

- Age 50
- Metastatic cancer
- Headache
- Fatigue
- appetite loss

Symptoms:
- Headache appeared first, spreading to the body progressively.
- Small circular red spots no where running together.

Examination:
- Palms no enlarged glands, Throat normal.
- Fading on face, more on body.
- Only a wasting of fit, fluids less.
- Well no diagnosis.

Went through typical measles June 24th 4th day resolution, purpura over both cheeks. Case 4 followed. Fluids normal.

4. **Andrew Rodger**

- Age 48
- Kidney cancer
- Headache
- Fatigue
- appetite loss

Symptoms:
- Headache first 3 days after symptom. Case 9.
- Without any indigestion. Headache appeared 3 days after spreading to the body very little going on eyes 30 yrs. Quebec.
- Fluids enlarged. Severe prominence of papilla on tongue. Otherwise normal. Throat normal.
- Fading, tongue cleaner. Otherwise well.
- Clog more wetting only.
- Well. Remained.

**Case 4** is the case of tuberculosis meningitis.
5. Matthew Fleming 1834 by 2. Died 1864. Reported measles or scarlet

29th April 1864. 1st seen at the door. Would not be heard or moved. Small, circular pustules on face & buttocks.

23rd Spotted over the body. Throat. Throat well marked. Disease normal.

25th Well only slight brown, nothing in lungs.

3rd Treated with needles July 5th with 4 days of fever and extreme constitutional symptoms. Look of death.

6th Pneumonia.

6. John Fleming 1836 12 years. Never had measles or scarlet

3rd Came yesterday. Nose thin, sores on gums.

5th Came yesterday. Nose thin, sores on gums.

6th Came yesterday. No disease seen.

11th Came yesterday. No disease seen.

14th Came yesterday. Fading, body.

15th Fading, well. No disease seen.

Typical measles July 8th as in Case 5.

Y. Robert Fleming 1836 12 years. Never had measles or scarlet.

29th Sought nurse's aid with a little running of eyes.

29th Sores and rash on face. Rash on face. Rash on face.

3rd Sore on face. Rash on face. Fading and body.

3rd Rash only. No disease. Phantoms normal.

Had typical measles June 25th.


10. Rash burn, c. 9, 7 yrs. ago. Fever, 3 yrs. ago. Has had recurrence.

10b. Rash appeared 19 yrs. after earlier. 2 yrs. ago.

12b. Rash gone, normal. No desquamation, except prolonged.


12d. Rash gone, normal. Throat body, Tr. Ph. normal. No desquamation.


11e. Rash gone, normal. Throat body, Tr. Ph. normal. No desquamation.


11g. Rash gone, normal. Throat body, Tr. Ph. normal. No desquamation.

11h. Rash gone, normal. Throat body, Tr. Ph. normal. No desquamation.

11i. Rash gone, normal. Throat body, Tr. Ph. normal. No desquamation.


9. Rash all over body. Improvement better. As before.


May 10th. After slight indisposition for previous 3 days. Rash appeared on face this morning. Spread rapidly. Face was flamed and eyes slightly red.

13. Extra small rash of deep rose pink spots on chest et cetera.


May 9th. Only slight stuffiness of nose. Previous evening, today headache and slight vomiting. No cold. Small red rash on face. Converting to the dorsal aspect.

10. Rash well marked on face body. Converting to the dorso-lumbar aspect.

In. Pts. still slightly sick vomiting. Glands marked both sides.

11. Tongue pink white fur with minute red points. Throat through.


13. Ear normal. Otherwise as before.


15. Tongue better. Tongue clean altogether. Throat better though palate still slightly stection.

May 23rd. After a slight chillness on the previous night a rash of small darkish discrete spots appeared on face today with a low fever. Face a flushed. 100° P. Pulse. Palpable. Tongue white. Tonsils streaked. Throat normal. Right conjunctiva & mouth no eruption. Urine normal.

Rash spreading. Spredly on the buttocks, where are a few groups and not running together. 100° 6 P.M. Tongue brown ecommerce in front, otherwise as yesterday. Sore from face and some parts of the body. Tm. Pm. Tongue clean and red. Cough gone. Well.

Morning only. Otherwise well. No diagnosis.

May 24th. After slight chillness for previous day a faint brown rash on the spots appeared on the face with a few on the body. 100° 1 P.M. Glands marked. Tonsils streaked. No other symptoms.


May 25th. After suffering from numerous intestinal motions, with accompanying sickness since 10, a slight of faintness and coldness on the face today, mostly on the face. 100° 1 P.M. Glands marked. Tonsils streaked. No other symptoms.

Sore from face to day still on body. Tm. Pm. Tongue clean. Well.


14. Rash was developed all over body when the spot approach the measles color. Back it up shape. T99.7120. Tongue dry in the, raw red, throat cough better. Well.

15. Rash fading. Th. 100. Well.


17. Nelson Murray and 13. Age Treatment. Derma 14 ago. Died. tied in museum. No rash appeared 10 days after death. caused by a virus being out of sorts for a week without any symptoms faint rash appears to drop in face and body of small pale red spots in a clear skin. Th. 71.20. Throat raw, no cough coruja or conjunctives. Palate streaked.

20. One from face. Falling on body. He marked on the knees. Well unless for slight cough.


27. Gone. St. diarrhea. Still well.

10. Bonnie Murray age 4. SGF Nov. Never had measles or scar-
             well. Out of sight since June 12. Still no definite symptoms.
14. John had red rash 9 minutes after baths. Th. Pr. glands
             mark. Palate streaked. No cough or coryza. Front
             normal. Slight conjunctivitis.

11. David Fleming age 5. St. Helens. Never had measles or scar-
             still taking aspirin for the cough.
15. Fever. Scarlet rash on chest, beginning on face, but mostly
             on body & back. Spirit of various ages, with grouped
             T 102. P 140. Glands marked, slight cough. No coryza
             or conjunctivitis. Tongue changed red through a
             milk of white shelf. Soft palate streaked. Front normal
             voice normal. Precious acet. Riften.
22. Rash more on back than before. T 104. P 130. Cough slightly
             better.
23. Feeding. Th. Pr. cough better. Tongue clearer red.

12. Andrew Fleming age 5. St. Helens. Never had measles or scar-
             red eyes since the 14th. Hard cough. Yes coryza. Tongue
             T 102. P 130. Rash at night.
23. A red abundant rash of pink the color of butter. Slight
             already beginning to fade. T 99. P 130. Glands little enlarged
             Front normal. Tongue normal. Better.
24. Morting. Th. Pr. almost well
23. Andrew Fleming at home. Sicker now. There, had meade or Skord.

May 24

- Fading of face. Glowing on body. Small pink spots on arm, chin.
- Fading of face. As before.
- Only a matter. Well.
- Perfectly well. Diminished. No desquamation.
- Had typical measles. June 5th.


Out by 20th for 5 or 6 days.

May 24

- Fading of face to right.
- From day to day. Pink discrete spots not thickly set.
- Throat: glands well marked. Desquamation described.
- Quite cough. No other symptoms. Running about.
- Raw very mild cases. Today entirely gone.
- No desquamation. Well running about.


Both mild cases.

June 8

Without any preparatory symptoms. Ears slight anorexia
or 9th. A fine rash appeared on face today.

Throat: no other symptoms.

9th

Knew all over today. Fine pink spots. Pretend in buttocks
or arms. Throat: glands marked. Fine cough.
Pallette slightly streaked. As before.

10th

Fading on the face. In state goo.

11th

Nothing only. Throat still. Glands not quite.

Perfect, running about. Desquamation.
37. James Miller age 6. Pneumonia, P. He had measles or scarlet fever.

May 28. Pauved and sick to day. Sputum with night diarrhoea in evening.
Eyes, mostly milled and a little red. Pink rash on chest.
Fingers marked. Sputum highly treated. Tongue white and thick.
No other symptoms.

9th Yeping. Th. P50. Tongue clearing up patches. As before.


9th Well. No diagnosis. Prescribed.

49. John Richardson age 2. 10th. He had measles or scarlet fever.

May 8. Previous day quite well. Wrote the morning with rash present.
Face and nose on body. All skin pink. No blisters.
Stomach clear. Th. P90. Rash on chest. No eye red
swelling. No cough or chest. Throat white and quiet.

19th Only a faint patching left today. No illness for a little.

20th Well. Left in back is well running about.

No diagnosis.


Followed 3 days. Physician and rash.


20th. Rash now much better on clear skin. Stomach clear.

20th. Rash almost gone. Cough slight. face flush.


21st. Beautiful morning. Diagnosis in face.
Major, James H. McLean. 2nd R.I. Red Month Officer.

30. Vomiting all night during which he was restless.
31. Rush slightly out on face ships.
32. Rushed to camp. Rush third pink spot to various sizes more
very distant. Palate red and obstructed. No abnormal
infantile. Felt quite well. No coughing.

Daniel McCay, act 3. 20B. 2nd H. Never had measles or cough.

Angled pencil writing:
11. Increased today. Rush appeared all night on back.
12. Rush increasing. Otherwise well.
13. Rush of its height. Small pink spots when clean thin, all
over. Body leg 2. Arms back of hands, little or none on the face.
Throat P. 330. Glands distinct both sides. Tongue clean. Throat slightly
red with soft palate injected. No other symptoms. Well running about.

Bella Buchanan, act 4. 14/4/17. Never had measles or fever.

Angled pencil writing:
11. Fever running for first time tonight.
12. 3:00. Throat. Erythema on cheeks. Tongue clean. Throat slightly
red. Palate a little enlarged. Considerable cough.
Glands marked. Palate streaked. Tongue the key, cleaning
in patches. Cough few times of right apex.
14. Rush still coming out but sparse. Throat better. Rolls gone
through better.
16. Rush gone, only a molllten. Well. Light bronzy appearance
on the face.

After being attended through typical measles a fortnight ago he showed 10\(^{\circ}\) fever and depression daily.

Latter noticed a few pink spots on back, without any accompanying symptoms.

Typical spots still seen on cheeks, with a mottling in other places.

Fever distinct, not so in his previous attacks. Elsewise perfectly well. Never in bed. No diagnosis.

Robert Bute, aged 6 mos. 35 Front row. Never had measles or scarlet.

May 5th, here in the morning. Slight redness of eyes.


May 12th, almost gone. Slight cough since last night.

May 18th. Rash gone. Well.

W. E. Stevenson, 10 years. Never had measles or scarlet.

May 12th, slightly out of sorts at night.

Slight rash on body to day. Slight cough.

May 14th. Frequent rash on face. Body legs and arms of rose color.

Rash never running to gather. Over the back of the shingles to rose and petechial T: 109\(^{\circ}\). Pulse may be marked. Throat red and not swollen. Tonsils freely infected with red edges. Slight cough. Tongue indefinite.


June 14th. Activity decreases, interface only. Well.

Mr. A. Brothe and sister both had typical measles at the same time as the case had the attack of both.
36. Welie Wilt developed a cough that worsened. There was fever.

Dry cough for a day or two without congestion.

41. Rash appeared on face and arms.

42. Rash spread over the body. Pink spots on the neck and shoulders. Red spots on the face. The hands were red and swollen. The face was red and swollen.

43. As yesterday.


48. Joseph Wilt as of 3/9 at 8:30 the row. Never had measles or smallpox.


53. Rash appeared today (3/9). On the face spreading on the body. Some red spots on the clear skin. The hands were red and swollen. The face was red and swollen. Bowels still loose.


58. Nottom only today. Tongue clean. Throat normal.

59. Slight allogramation about nose and cheeks.
39. Samuel Horst on 6.16 Scarlet. Never had measles or scarlet.


Sonia Sutton on y. Feb. 9. Developed measles or scarlet.


25. Rash discrete pink spots on chest. Blotches on face with a few on body.


31. Rash fading on body. Temp 103.5°. Piss. Cause of this= Bronchitis.

32. Otherwise well. Slight dyspepsia.


35. Th. Piss. bronchitis better. Weak.


38. Temp 100°. Piss. Slightly better.


40. Temp 100°. Cough clear. Well.

41. Temp 100°. Cough clear. Well.

The treatment was usual for the disease apart from expectorants, stimulants, antifever, etc.
24th. Sarah Alison auto. 4 throat. Never had mumps, or scarlat.

25th. Sick, slight cough, conjunctivitis and mumps. Epistaxis with a few spots on face at night.

26th. Spots all over body today. pulse pink on clear skin. 103.4°F. 730. Glands slightly enlarged. Throat red. Sore cough. Tongue a little dry. May be scarlet fever.

27th. Much better, and today, no longer spots on the back. Not grouped.
79.5°F. 730. Glands marked on right side, less so on left.

28th. Much better. Eyes now lining = normal.

29th. Pustules from face. Pusding on body above. Mr. P. twice.

30th. Only a slight motting. Quite well. No desquamation.


June 1st. Still a motting. Tongue clean.

2nd. Sick entirely gone. Up + well. No desquamation.


31st. 90° 2 P.M. Hands marked. Throat red and slightly ornamental.

Cough, considerable. Tongue indefinite.

31st. Titus’s neck on cover. Spots on the face one on the flushed skin.

Some spots on the body are larger, and in those parts where fever is so flushed.

T99. 1 P.M.

32nd. Rash fading on face which is now flushed. In 70° 0 P.M. slight

concomitance. Cough considerable vomiting. Tongue white.

Throat indefinite, indefinite.

33rd. Rash fading or body. In 70° 0 P.M. Cough still vomiting, no pains,

other symptoms as before.

33rd. Nothing only. T99. 1 P.M. Slight Bronchitis on left side.

Tongue fever, throat normal. Marked Bronchial congestion on face.

36th. Bronchitis worse spreading to the sides. Slight dullness

and tinnitus. Breathing at right apex. 70° 0 P.M.

Otherwise as before.

37th. Chest better. 710° 6 P.M. Much better as before.

38th. Chest almost clear. 710°.

9th. Well.
44 John Toby sat at 4. Syphilitic. Never had measles or scarlet fever.

Age 35. Height 5'5".


On examination most very like scarlet fever on the face, blisters in the body. Tongue clean. As before.

25th Melting only. Throat desquamation on face. Other wise normal. Well.

45 Weight 130. 45th Year. Weight 135. Never had measles or scarlet fever.

Pain in the right side of the neck during night. Complained of sore neck.

24th Better in the morning. Shivering at night.


No other symptoms.


27th Still a little sick. Not at all better. Throat sore. Tongue dry.

28th Well chewed. No desquamation.
May 30. Sick as yesterday, a few spots on neck.

29° Bright pink discrete spots all over body. Face red and flushed giving the spots the appearance of being confluent. No glands marked. Tongue slightly furred. Slight cough, no other symptoms.


May 31. Sick at night.

31° None so with vomiting at night.


29° Rash on arms today. Fever today. 102° P. 93°. No catarrh. Tongue with prominent papillae.

29° Rash abundant, somewhat resembling measles on the arms.

30° Rash on the face. No accompanying slight erythema. 100.8° P. 91°.

30° Nothing only. 99° P. 90.5°. Tongue slightly dry. Better.

31° Slight congestion on nose. Better.
May 35. Slight cough, sports during day. Face seen at night.
June 36. Pecans were marked. Palate streaked. No other symptoms.
27th: Throat, lesions, reddened. Throat well.

49 James Brennan aged 11. 47 Honora. Fever, headache, or fever.
May 16th: After breathing during the day was sick and inclined to vomit at night.
11th: Rash noticed during day.
18th: Rash all over, discrete pink spots on a clear skin. Throat: Pecans marked. Tongue gone thick. Palate streaked. No other symptoms.
20th: Well. No diagnosis.

10 Bridget McGovern aged 5. 74 Honora. Had measles or scarlet fever.
May 30th: Quite well.
2nd: only a morning today. Well.
3rd: Dismissed. No diagnosis.

Developed typical measles: August 18th. With cough, conjunctivitis, etc. Pecans normal, followed by fever on skin for 1st.