

## GENERAL EMPHYSEMA COMPLICATING MEASLES.\*

BY

DAVID J. EVANS, M.D.,

Lecturer in Obstetrics, McGill University.

Harry, aged four years, was admitted to the isolation ward of the Montreal Protestants' Infant Home on July 7, 1900, suffering from measles. The rash was apparent on face and chest. His temperature at noon was 102° F., respirations 30, and pulse 148. His general nutrition was fair; there was no evidence of rachitis. Examination of the chest revealed the presence of moderate bronchitis, and the heart was normal. He had a discharge from the left ear, which had been present for some weeks before admission. The disease ran a moderately severe course; the cough, while troublesome at times, was never severe or paroxysmal.

Five days after his admission, the respiration became rapid and shallow but no pneumonic areas could be detected in the chest. On the sixth day the nurse called my attention to a diffuse swelling, which had appeared that morning in the left supraclavicular region. On palpation the tumour was soft, not crepitant and evidently painless. There was no discolouration of the skin. No swollen glands could be felt in the neighbourhood, so that I was at a loss to account for the nature of the swelling. It was noticed that the child had lost his voice. Next morning the swelling was found to have extended in all directions, though chiefly downwards over the sternum as far as the fourth rib. On palpation distinct crepitation was obtained. The child's respirations were rapid and shallow, his face swollen and somewhat cyanotic. Movement of the left arm seemed to give rise to pain. Crepitation could be obtained over the whole head, back, abdomen, and left arm, and extended down the left thigh as far as the knee. By percussion a hyper-resonant note was obtained over the chest and back. It was impossible to hear the breath sounds on account of the crepitation when the stethoscope was applied to the skin. The child seemed anxious and devoted his whole attention to breathing. He took small quantities of liquid nourishment at short intervals, and beyond a slight diarrhoea, there was no evidence of intestinal derangement. His temperature varied between 102° and 104°. The treatment consisted of strychnine and whisky.

On the eleventh day of his illness the general condition of the child was somewhat improved though the emphysema remained unchanged.

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