

ROTHELN OR GERMAN MEASLES.

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In February, 1881, W— F—, aged about 35, after feeling slightly indisposed for a day or two, became covered with an eruption somewhat resembling measles, but without the peculiar odour of that disease. He remembered having had measles some years before. Conjunctivæ intensely congested; throat red and sore, but not swollen; temperature 101° ; did not feel sick; would not remain in the house; went about his work the next day with the rash fully out; had no complications nor sequelæ.

This was the first case of an epidemic of Rötheln or German measles, which prevailed in this section during the following spring and summer. On the 15th of the same month I vaccinated a boy aged three years with non-humanized vaccine virus from an ivory point. On the 24th, at the height of the vaccinia, he had a convulsion and the same day his face and body became quickly and thickly covered with an elevated eruption somewhat like measles. The eruption consisted of elevated spots or patches, some round, some irregularly shaped, of a bright red colour. The colour, however, varies a great deal in different patients. The day after the convulsion he was able to be up and about the house, and apparently did not feel very sick. The disappearance of the rash was very gradual and it could be seen at the end of two weeks, whenever he became overheated from any cause. There was violent inflammation of an erysipelatous character in the vaccinated arm, with intense induration around the pustules, in fact almost gangrene.

After these two cases the disease spread rapidly through the village, and we were not free from it until the ensuing autumn. This epidemic was marked by symptoms common to both measles and scarlet fever. The premonitory fever was short and seldom as high as 102° Fah., and was relieved by the coming out of the eruption.

Neither measles nor scarlet fever was prevalent at the time.

Many of the children whom I attended dur-

ing this eruptive fever I had previously attended for measles and since for scarlet fever.

My reason for drawing attention to this epidemic is the fact, that in several instances facial erysipelas occurred as a *sequel* within a week after the disappearance of the rash. In five cases of young ladies between the ages of fourteen and thirty years, who, after the disappearance of the eruption and feeling very well and the weather being unusually fine, had gone out walking or driving, erysipelas of the face appeared immediately and was of a severe type. One young lady died suddenly on the eighth day.

In every case the sequel occurred at the beginning of a menstrual period.

Tinctura ferri mur. was badly tolerated in the erysipelas. Quinine acted well.

SEPARATION OF THE OLECRANON EPIPHYSIS.

BY H. T. MACHELL, M.B., L.R.C.S.E.

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On 5th August last, I was called to see Dolly E., æt. $3\frac{1}{2}$ years, who had received an injury in the neighbourhood of the elbow-joint. About half-an-hour previously she had fallen off a low chair, very little more than a foot high, her arm coming under her. When seen, she was lying on a lounge with the arm extended by her side. There was little or no swelling, but it was so tender, that the slightest touch caused her to scream out and struggle to get away. However, by simply running the finger along the posterior border of the ulna, a transverse groove at the junction of the olecranon with the ulna was readily detected. The pain and tenderness on the least motion were so great, that I asked for professional assistance, and Dr. Cameron saw the case with me. Under chloroform the groove could be easily made out, and the upper fragment pushed down so far as to almost obliterate it. No distinct crepitus was observed, though once it was thought to be felt.

No other injury having been made out, a sole-leather splint extending from the axilla to the hand, covering the anterior and