AN INAUGURAL DISSERTATION
ON
Rubeola.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
University of Nashville,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
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OF
Tennessee.

1855.
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"Rubella or measles, the exanthem of the French, the morbilli of Sydenham and other old authors, is an exanthematus disease." Measles is a seven day's fever. During the first three days we have the catarhal symptoms. After the third day the eruption. It runs its course; generally needing on the fourth day from its appearance. This eruption consists of minute confluent papulæ or spots slightly elevated above the surface of the skin. As the catarhal symptoms subside the eruption appears; unless the case be a severe or irregular one, in which case they may be continued into those of pneumonia. Eberle, Home and others taught that an individual was susceptible of a second attack of measles. Eberle records a case from Home in which he says the first attack was followed by an enlargement of some of the lymphatic glands and that after the lapse of
six months the glandular swelling subsided and
the patient, a second time, became the subject
of measles. This I do not believe. And in support
of this assertion, I am sustained by Professor Buist
and the best writers upon the subject. A person
who has once had this disease is forever
unsusceptible of a second attack. Pox was
not known to the ancients. It is nowhere to be
found in the writings of the Greek and Roman
authors. They therefore knew nothing of it as a
separate and distinct disease. Though Dr. Willan
struggled hard even as late as the year eighteen
hundred and twenty one to prove its existence
among them. Measles is therefore of modern origin.
In reading the history of this disease we find
it had its origin with small-pox. We learn
also that it existed in the same countries which
first gave birth to small-pox. In tracing back
The origin of Rubeola we find first upon the shores of the Red Sea, the coast of Arabia and Abyssinia. It made its appearance at these places about the fifth or sixth century. Though some authors date its origin after that of small-pox, Rhazes, an Arabian physician, was the first, who taught correct views concerning measles. He is, by Gregory, termed the "auctor principis on small-pox," the "writer early in the century." He was succeeded by Hali-Abbas and Avicenna. They were distinguished authors of the Arabian school. Hence we have 'Hasba, or Alhasbet, the Arabic name for measles. After this, Rubeola, the term by which it is now known and recognized, was introduced by the Latin translators of Hali Abbas. This term was by some also applicable to the exanthematic disease now known as scarlatina. Morbile is a term of ancient origin and was
used to express every variety of exanthemata which was accompanied by efflorescence of the skin. It was used in this sense by Morton, during the fourteenth century. Sydenham carefully restricted the term Morbilli to measles. The Arabian authors thought that small-pox and measles were closely allied to each other. They believed them pathologically associated. Avicenna thought that measles was a bilious small-pox. A question was proposed by Daniel Servetus in the year sixteen-hundred and forty, why this disease at sometimes and in some constitutions appeared in the form of small-pox and at other times in that of measles. Another Arabian writer supposed them one disease presenting a different appearance under different circumstances. This distinction consisted in the difference between the matter generating measles being thinner and not so dry as
that generating smallpox. He also contended that an individual who had had smallpox was generally unaffected by smallpox. He thought that it was owing to this fact that young persons were so frequently attacked with this disease. But, such, we believe, and such are we know, from what we have read and heard in the lecture rooms, to be false. Sydenham, who carefully restricted the term \textit{morbilli} to measles, also separated smallpox from this disease. And it is said that he even at this early period of the disease described it with singular acuteness. There had been no distinction made up to this time between this disease and scaling. They were thought to be the same disease, produced by the same \textit{miasin}. Marton, even twenty years after Sydenham's description of measles believed them products of the same \textit{miasin} and that they bore
the same relation to each other as distinct and
confident small-pox. Hence we have morbilli
confuentes. This brings us up to the year
seventeen hundred and seventy-nine. It was about
this time that physicians learned to make the
distinction between the two diseases. They no-
longer believed one miasm capable of producing
both diseases; but that persons having had the
one were equally with others susceptible of the
other, such is the history of measles as let down
To us by our predecessors. Having given a description
of the early history of measles, I now propose to
describe it as we find it in the fifty-fourth
year of the nineteenth century. Measles in its mildest
and most simple form constitutes the morbilli regularus
of Sydenham. It is produced by a miasm or morbid
poison. But of this poison we know nothing; except
that, when it is received into the system which
may be, either by contact or infection, produces a disease which is termed measles. From the time the poison is received into the system or from the time of actual contact to the time the first impression is made, is called the period of incubation. This period is generally reckoned as from twelve to fourteen days; but may be varied even to a shorter or longer period by favorable or unfavorable circumstances. During this period the patient may be entirely well; wholly unconscious that he has within his system a poison for which there is no antidote, except that of nature. But, this is not always so. There may be danger during the whole period of incubation. After the first week (for the period of incubation is not always the same) we have the cataleptic symptoms. A chill or chilly sensations, pain in the head, back, and limbs with a white tongue and quick pulse. Then comes the eruption which appears on the third day or in seventy-two hours after the first rigor.
Then as a general rule the rash comes out on
the fourth day from the beginning of the fever
and the twelfth or fourteenth from the time of infection
or imbibition of the poison. But the most prominent
symptoms of the initial fever of measles are sneezing
red and watery eyes, a dry cough and hoarseness.
These phenomena denote that there is simple
exaggeration or irritability of the part or membrane and
not inflammation as some authors have supposed.
Though these parts may, while in a state of irritability
be changed into inflammation. Since the separation of
scarlatina and measles authors have described another
disease, which has, no doubt often been mistaken
for true measles. This is what authors now term
febrile lichen. It was termed by old writers, ruber
sim catarrhoe, rubela sine febre, also bastard and
spurious measles. This disease is not produced by the
same poison that produces measles; therefore it can not
be a species of this disease. Eight months of the cases, (if not all) that stand recorded as second attacks of measles, are nothing more nor less than febrile lichen, measles. Although it resembles so much that we can not distinguish it at first sight; yet it may and can always be detected by the length of the fever. If it extends seventy-two hours, we know it to be a case of measles; but if twenty-four or forty-eight, we have febrile lichen. Another pathognomonic symptom by which this disease may be and is distinguished from measles is, the emption. In the disease under consideration the rash appears first upon the forehead, then nose and cheeks; while in febrile lichen it appears over the whole surface of the body at once. We may have here, as in measles, catarhal symptoms; but we do have in this disease, languor, debility, loss of appetite and disturbed intellect, all of which are characteristic of true measles. It has been
said by some writers that this disease never occurs after true measles. Of the truth of this, I am not able to say. But that it does not protect the system against true measles, is the opinion of the best authors. As to the appearance and colour of the two eruptions, authors make but little or no distinction. In Lichen these elevations are said to be hard, sometimes slightly red, but more frequently of the colour of the skin. The diseases that follow measles are many. Those that most frequently occur as sequelae of the disease are, pneumonia, cough, phthisis and bronchitis. But, swellings, tumours and ulcers of the head and neck, though not so frequent in occurrence as those just mentioned, are not uncommon forms of the disease. The prognosis of the simple, uncomplicated form of the disease is always favorable. Although measles is not in general a dangerous disease, yet it may become so, by taking in forms which are much to be feared.
It is to be feared, particularly in cases where it attacks pregnant women. It is also dangerous in individuals who have been exhausted by a previous disease. But of all that has been mentioned, pneumonia and its consequences are the most dangerous. In making out the prognosis we should take into consideration the form of the disease then prevailing, and the organs affected. A premature development of the eruption and its sudden disappearance are always unfavorable signs.

Much has been said in regard to the treatment of this disease. The practice adopted by physicians twenty years ago in the treatment of this disease differs materially from the present mode. Their first object was to bring out the eruption. And to affect this end they resorted to stimulants. They used various stimulating teas, among which, sheep-saffron was the
great specific. Measles is a self-limited disease, therefore it can not be cut short of the time allotted it by The Creator. Some have recommended an antityphoid treatment. But the objection to this method is the great danger of carrying it too far. Moderate remittent during the initial fevers is necessary. This may also be carried too far. The ordinary treatment consists in a moderately cool temperature, different and much aromatic drinks. Emetics if administered at the commencement will prove beneficial. If the emetics Phocaenua ha might be used, should nothing arise in the progress of the disease we have nothing to do. But should any of its sequelae arise we would use the remedies peculiar to that disease.