AN INAUGURAL DISSERTATION ON

Measles or Rubella.

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BY

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Measles or Rubella.

This is a contagious, febrile, eruptive fever. We have no record showing that it was known to the ancients. The first account we have of it as a distinct disease was given to us by Rhazes, an Arabian writer. He gave us his account during the ninth century. Before this period, it was confounded with smallpox and scarlatina.
This disease is usually ushered in with a chill or rigors; sometimes amount- ing to a pretty considerable chill, succeeded by heat. The fever is almost al- ways pretty high. There is usually headache, soreness of the limbs, loss of appetite, furred tongue, constipation of the bowels, a hoarse, hard and dry cough, with but little expectoration; weak, watery and suffused eyes. Sometimes there is bleeding from the nose, epigastric pains, nausea and vomiting.
Most commonly it has all the characteristics of a regular grade of fever. In children it is very often ushered in with convulsions, especially about the time of teething. These symptoms are not always to be looked for. At times there is nearly or quite an entire absence of all the premonitory symptoms, and the first warning the patient has of the approaching disease is the appearance of the eruption, which first makes its appearance on the forehead and face, and then upon the
neck and trunk; and last by upon the limbs. There is usually a period of two days, between the full development of the rash upon the face, and its completion upon the extremities. The rash is the only true diagnostic sign that we can rely upon. This makes its appearance about the 14th day, after being exposed to the disease; and the 4th day after the catarhal symptoms appear. It is first of a deep red, but soon changes to a dark purple. The eruption is scattered
in every conceivable form: there being no two spots exactly alike, presenting to
the touch a rough—good—flesh-like appearance.
The appearance of the erup-
tion does not cause the
fever, and the catarrhal
symptoms to subside;
but the expectation be-
comes more free about
this time. By the clearness
of sight, and the acuteness
of the tactus eruditus, we
can at times detect this
disease 12 or 24 hours before
it makes its appearance
upon the surface. In some
cases, this disease runs its
Course without any fever or catarhal symptoms; there being no evidence of the disease more than the vesiculous eruption. According to Dr. Willan this form of the disease has no power of protecting the system against an attack of the disease in its more malignant form. I beg leave to differ with the gentleman. I have seen three cases of the disease in this form, securing the patient against a second attack. I was afflicted with the disease in this form in my fifteenth year.
and was the first one, who had it in the neighborhood; and from that it spread, proving it was measles, there being some doubt about it before.

Cause of Measles. They have but one cause, and that is contagion. But through what means are they contagious? Is it through the medium of the atmosphere? Certainly to no great extent— for in order to take the disease a person must approach very near the patient laboring under the disease;
or enter the room, where the disease has been, only a short time previous. In the Spring of 1834, this disease prevailed in the town and vicinity of Manchester. Two families resolved that they would not have the disease, and cut off all communication with their neighbors, who had the disease. They continued in this state until the disease had entirely subsided in that portion of the town; and neither of these families were affected with this disease.
Diagnosis.
There are but two diseases with which measles are liable to be confounded. Viz. - Smallpox, and Scarlatina. From the former it may be distinguished by the occurrence of the eruption on the second day of the fever, instead of the fourth, and the regular, circumscribed, and umbilicated appearance of the eruption; and the subsidence of the fever on the breaking out of the eruption in Smallpox, which is not the case in Measles. From Scarlatina it may be distinguished by the
Occurrence of the eruption in about 24 hours after the fever sets in, and the peculiar red surface, as though it had been rubbed over with red paint, and the more regular appearance of the eruption in scarlatina.

Prognosis.

The prognosis of measles is generally favorable in uncomplicated cases. With proper treatment, and a good constitution the mortality is generally very small. It is usually more favorable in children than in adults, and in summer than in winter.
Treatment. This in its mildest form is simple, there being nothing required but to get up a gentle action of the bowels, with the compound cathartic pill of the United States Dispensary; then give a warm infusion made of Senna 13, Ulva 1/2.3, put into a qt. of water, and a small portion of Spirits: the Spirits being regulated according to the age, and previous habits of the patient. In patients where there seems to be a disposition to take on
pleurisy or pneumonia, and the febrile excitement is pretty high, we should extract blood, both local and general, give Calomel to act upon the bowels. Partarized antimony to excite diaphoresis, and blisters over the seat of the pain. In children we should avoid blistering & leeching, as they are apt to produce fatal consequences; though we should use cups over the seat of the pain, and sinapisms to the extremities. If there be much nervous
excitement, give anti-
shasmonics. I should pre-
fer Camphor and assa-
foetida. If there be thirst
give the effervescing
draught: Gits of nitrous
ether; lemonade, and
orangeade. The patient
should live on a light
diet, principally of a
liquid form, and be
kept comfortable, avoid-
ing cold and damp wea-
ther; but let the patient
take as much of
fresh dry
air as he may desire. If
the tendency to a relapse
will not be near so great.