AN INAUGURAL DISSERTATION
ON
Tuberculosis

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Measles or Pockeola

This disease is one of the class of idiopathic fevers, which was not known to the ancient writers until the nineteenth century; it was at that time described as a distinct disease. Which is well known to be contagious, it is supposed by some that it may be carried to considerable distance through the medium of the air, this disease seldom ever attacks the same individual the second time. The period of incubation is from seven to ten days.

It generally runs its course in from twelve to fourteen days, though it is variable in its duration.
Symptoms

This disease generally com- mences with a feeling of weariness, Chilling, and aching of the limbs, and with all the usual symptoms of fever. Which is frequency of Pulse, morbid heat and dryness of skin, loss of appetite, furry Tongue, and frequently Headache. We now have symptoms of irritation of the mucous membrane of the eyes, nostrils, Jaws, and Larynx, such as discharge of Tears, Larynx, some sound of Throat, huskiness of voice, and a dry cough, and sometimes tightness of the chest.
and dyspepsia. We sometimes have nausea and vomiting, and frequently constipation of the bowels in the early stage, but in some cases to the reverse. There is a variety of grades in the violence of the early stage. Sometimes it exhibits nothing more than the ordinary symptoms of moderate catarrh with scarcely any fever, while on the other hand we have fever rising very high, and at this stage we have severe bronchitis or pulmonary disease. If the faeces be examined at this stage the soft palate and uvula will be found to have a punctuated redness.
The eruption generally makes its appearance at this stage which is about the fourth day of the fever at first makes its appearance in small red spots but little elevated which will disappear under pressure, and when removed will return to its former color. It first appears on the forehead and neck, then upon the trunk and limbs. The rash is generally formed in clusters with frequently an intervening space of skin but little affected. It has a somewhat rough feel to the hand when passed over at lightly. The rash is generally very red about the face when the
fever is most violent, on account of its great vascularity. The amount of eruption varies greatly, sometimes we have but a few isolated spots and in others we have a general diffused redness over the whole surface, but in some cases it does not spread but seems to be confined to the circumscribed space in which it first appeared. When at the highest stage, which is generally about the second or third day of the eruption, it is frequently attended with an itching, heat and dryness of skin. Of the cases be examined we may find indentified
red spots often clustered in irregular patches, as in the skin, and red points are seen projecting above the jaw and the tongue. Neither the catarhal symptoms nor the fever decline on the appearance of the eruption. They frequently seem to be increased, the eyes become red, the eyelids swollen and also the whole face more or less. The cough is still hoarse but becomes more hoarse and the mucous excreted is transparent as sputum. About the eighth day of the disease or the fourth of the eruption the rash, fever, and catarhal symptoms begin to disappear all about the same time.
It first disappears about the face while it is still red upon the extremities. It generally dis-appears entirely about the fourth day of the eruption but is sometimes at a later period. When the red colour is fading out it changes to a dirty yellowish tint and the cuticle separates in fine scales. The desquamation is not uniform. It is limited by the extent of the eruption along with the scaling off of the cuticle. Here we have a very troublesome itching. When the fever and eruption begins to fade out the
Expectorated mucus becomes thicker, and there has been a considerable increase upon the appearance which it sometimes exhibits, it presents a greenish ball-like, floating in a flattened form upon a greenish mucus, which is considered a diagnostic symptom. Occasionally, pectoral symptoms become aggravated and auscultation reveals all the signs of bronchitis or of pneumonia, this is the greatest danger of measles. We sometimes have diarrhea and when moderate it is considered by some to be a favourable symptom.
Diagnosis. In the early stage of Measles it may be mistaken for catarhal fever; but we generally have a loud hoarse cough, and by these symptoms, catarrh and cough, we can detect it more readily. Then is however some uncertainty until the eruption makes its appearance; and cases in which no eruption occurs, must of course be considered doubtful, especially when influenza is at the time prevalent or the weather changable so as to favour catarhal affections. The only disease liable to be confounded with Measles after the
Eruption occurs as small spots, scarlatina and raseola. The eruption makes its appearance on the second or third day of the fever, which appears first as a red spot then a pimple, then a vesicle, and lastly a pustule. It may be distinguished from scarlatina by the catarhal symptoms and the occurrence of the rash on the fourth day instead of the second. The rash is more in clusters and not so red and not elevated or so rough as in scarlatina. It may be distinguished from raseola.
by the catarrhal symptoms and by the rash first making its appearance upon the extremities, and by measles being non-contagious.

Treatment

The mildest forms of this disease require nothing more than to keep the patient on a low diet and attend to the state of the bowels, and prevent the exposure to cold and damp weather. We should always remember that it will not bare exposure as well as smallpox or scarlatina, in consequence of a tendency to banchial or pulmonary inflammation. Neither should the patient be kept in a very warm room nor should we—
- Keep them too warmly covered, we should keep the room sufficiently ventilated to render the patient comfortable. If however we find further treatment necessary, the proper remedies are saline laxatives and demulcent drinks such as a solution of gum-arabic infusion of slippery elm and a decoction of starchy fruits flaked tea and if the skin is hot and dry we may add a small quantity of antimonial wine. We might also use the neutral mixture with advantage. We may let them use cold water freely. We should use opiates if we have severe diarrhoea and treat other complications according to indications.