AN INAUGURAL DISSERTATION
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BY

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Rubeola.

This contagious disease of the human system is ranked, at the present day, in the class of idiopathic or essential fevers. It is of the eruptive variety.

Synonyms: This affection has been described under the names, rubelli, petris morbillosa, rubella, saranpion (Spanish), meaules (English), measles (German) and rosalia (Italian).

Frequency: As almost everybody is liable to be attacked by measles at some period of their lives, it may be regarded as a very common affection.

Symptoms: During the progress of measles there are distinct stages
are recognized, the invasion, the eruption and desquamation. Incubation, strictly speaking, cannot be considered as a stage of the disease, as no symptoms are manifested during this stage period. Some authorities fix the period of incubation at six days, some at eight, and others again at ten days. The usual period is about eleven days.

Invasion. Occasionally the invasion is preceded for one or two days by a slight indisposition, consisting of fever and headache, but in a majority of cases it is marked by symptoms of a decided character in the beginning. A sense of chilliness is sometimes the signal of the invasion. A rise or less elevated
heat of skin, with perspiration, either general, or confined to the forehead, acceleration of pulse, flushed tongue, and loss of appetite, are the principal symptoms of the febrile stage. At the same time symptoms of a decided character are observed in the respiratory tract. There is frequent sneezing with a considerable discharge of acid mucus, redness and swelling of the mucous membrane of the nose, and in a word all the symptoms of ordinary cough. The eyes grow red and are very sensible to light. A piercing sensation is also felt in the eyes, and the tears are sometimes acid, like the mucus discharged from the mucous membrane of the nose. A peculiar cough
is noted, presenting a peculiar sound by which, those who have studied it attentively are able to distinguish it with great facility. It is called by the French, "La toux herine." Sometimes this cough is almost incessant, and again it is very mild. There may exist at the same time hurried and difficult respiration. Occasionally the pharynx is inflamed, and together with loss of appetite, as mentioned above, there is more or less thirst. Nausea, vomiting and epigastric pains are not infrequent symptoms of this disease. Constipation and diarrhea are symptoms that have been attributed to this stage of measles. And when this occurs in children...
during the period of first delirium, diarrhoea is very common. The urine is thick and high colored. Its acidity is greater than it is in the normal state, with a marked increase in its solid constituents. These are the principal symptoms that characterize the period of invasion. However, it may be necessary to add that in some cases there is great anxiety, aching of the limbs, insomnium, colicium and micturations. All these symptoms are never manifested in any one case.

Eruption. The rash is characterized by minute red spots, analogous to the pimples of small pox or of typhoid fever. They also resemble flea bites, with this difference, they render
pressure disappear, but return as soon as the pressure is removed. These spots, which are at first distinct, soon become confluent and arrange themselves in irregular groups of a semicircular or crescentic form. Commencing first on the forehead and face, within a day or two, the eruption extends to the neck, chest and extremities. The spots on the face are generally more salient than those on other parts of the body, and this prominence is slightly sensible to the touch. About the time the eruption has attained its highest degree of development, the patient often complains of an intolerable itching.
redness is not the same over the whole surface of the body, but it is brightest where the vascularity is greatest. The general symptoms of the second stage resemble those of the first stage very much. The mucus expectorated by the pharyngeal membrane is somewhat thicker, the dyspnoea remains the same, the cough becomes loose, still retaining its peculiar feature by which it is recognized, the voice is hoarse and feeble, and auscultation reveals symptoms of bronchitis. The face continues a little swollen, the skin is hot and dry, and the pulse remains accelerated. A sense of dryness and roughness is felt in the throat.
and it still retains the redness of the beginning, the cutaneous eruption is accompanied and preceded by an eruption of the olum pendulum palati and pharynx, which consists of small sized spots. From an examination of the matter secreted from the different mucous membranes, writers on this subject have arrived at the conclusion, that all the mucous tracts present an eruption analogous to that of the skin. No-nomenclatures in medicine have given to this mucous eruption the name of lycanthema. The intensity of this eruption is in inverse proportion to the intensity of the cutaneous eruption.
and reciprocallly. Desquamation.

On the sixth or seventh day of the disease the eruption begins to decline and assumes a dull, car- 

pished, yellow color. The same rule is observed in the decline of the eruption that was noted in its progress. Disappearing, first from the face, neck and chest, and lastly from the extremities. But this is not always the case. In some mild cases it disappears very rapidly. This is not the same manner of disappearing as occasionally happens in very severe cases. Then it is called delithescence, of which I will speak further on.

Desquamation takes place sim- 

ultaneously with these phenomena.
It consists of very small, white, dry, furfuraceous scales of epidermis. While desquamation is going on, the general symptoms decline. The fever abates, the ophthalmia and conjunctivitis decrease and the pectoral symptoms diminish. Occasionally instead of the pectoral symptoms diminishing they become aggravated, and bronchitis is developed, or symptoms of pneumonia appear. The cough becomes heavier and easier and there is an abundant expectation of mucus, sputa, or foetid sputa, which is thick, opague, and of a greenish yellow color, floating in a transparent mucus.

Peculiarities, diversities & complications
Occasionally the fever that accompanies the stage of eruptive invasion is of great intensity, associated with delirium and convulsions. At times it is suspended a day or two before the eruption, and returns with much greater violence on the appearance of the eruption. A frequent and abundant epistaxis is present, while bronchitis and erysipelas are very slight or entirely wanting. Sometimes the fever completely fails, and there is no period of invasion, and the eruption is the first signal of the disease. Sometimes the face is completely expanded with the eruption, while the whole body is covered. The contrary rarely occurs. The color
of the eruption offers several anomalies, from a pale tints to a bright red tint. It is very
rare that we see a case of this disease in which the fever, cough and
bronchitis do not exist, nevertheless cases of this kind do occur.
And on the other hand some cases of the disease exist in which all the
symptoms of measles are present except the eruption.

In some cases inflammation of the mouth with swelling and
ulceration of gums has been noted. It is probable that this stomatitis
is due to the invasion of the fibril movement and mucus
eruption. And also, perhaps to the state of the blood.
Inflammation sometimes attacks the larynx and assumes the character of pseudomembranous croup. Bronchitis—though it has been detailed as one of the ordinary symptoms of measles—when it attains a certain degree of violence may be considered as a complication.

Pneumonia occasionally occurs as a complication of measles. Pneumonia is a complication of any cause occurring.

Diarrhea is a frequent concomitant and sequel of measles. The convulsions of measles is universally admitted. The inoculation of the blood, tears, saliva, and lymph from the
small resiles of the repetition has
communicated the disease. "Though
the circumstance that these experi-
ments have been made during the
prevision of epidemics, when all
not protected are liable to the dis-
ease, may throw some doubt on the
subject, yet the cases of asserted suc-
cesse are so numerous and varied, as
to make the affirmative of the question
greatly preponderate in the balance
of probabilities.

Measles is a disease that afflicts
persons only once. However the excep-
tions to this general rule are not
sure, for it has proved beyond
the shadow of a doubt that persons
have been attacked twice or a
second time.
The epidemic character of this disease is too well known to be insisted on.

No age is exempt from the disease. It attacks the infants as well as persons who have arrived at a good old age.

One set seems to be as liable to be attacked by measles as the other. It exists of times in cold than in warm weather. Thought occurs at all seasons.

As the anatomical characters are very obscure I well pass over them.

Diagnosis. In all cases it is very difficult to distinguish measles during the period of invasion. Nevertheless, when the disease is regular and attacks a patient.
who is not laboring under another affection, we can by the coryza, by the redness of the eyes, by the "loup fœtide," and by the tracheitis foresee the eruption. But we cannot always be perfectly certain. Whenever this has made its appearance, if the disease is simple and regular, the diagnosis is very easy. The diversities, irregularities, complications, and malignant forms of measles, necessarily present difficulties of diagnosis. I will not endeavor to detail these difficulties. The diseases with which measles is most liable to be confounded are small-pox, scarlet fever, and roseola. In distinct small-pox the subsidence of the fever is a sufficient diagnostic sign. In the confluent, when the fever
persists, there may be some doubt at the moment of eruption, but in measles the rash is less observably prominent and hard under the fingers, and the question is very soon decided by the stationary character of the rubor, or the rash, which, while the varicose is rapidly becoming vesicular and umbilicated. From recent fever it may be distinguished, by the occurrence of the fever eruption on the third, instead of the first day of the fever, by the cutaneous symptoms, by the absence of the characteristic anginose affection, by the peculiarity of the rash, which is less punctuated in the beginning and less uniform at last, and lastly by the crescentic ur-
treatment of the eruption. Measles are distinguished from pox due to the cutaneous symptoms.

Prognosis. When the disease makes its transit regularly through its different stages, when the febrile symptoms are not very violent and the pleural symptoms are mild the prognosis is favorable. When the eruption disappears very suddenly accompanied with internal irritation, when the fever is unusually violent, when the dyspnea and other symptoms of pulmonary inflammation are considerable, when there is great restlessness, anxiety and coma, when the fever, cough and dyspnea are continued after the decline
of the eruptions and the disease assume symptoms of a malignant character, such as a dark color of the rash, weak pulse, hemorrage and petechiae, the prognosis is unfavorable. The occurrence of pseudomembranous crust is very fatal. Measles is more severe on old, than young persons and in the winter than in the spring and summer. It is usually very severe when it occurs in advanced stages of other diseases. And is aggravated by delirium, pregnancy and the febrile state.

Treatment. Measles is a disease that pursues a regular progress which our Therapeutic skill is not able to limit, or arrested.
Therefore, when the disease progresses regularly through its different stages, the treatment consists in the employment of very simple hygienic means.

Rest in bed, abundant drinks, a mild temperature, well regulated diet, a few grains of divers powders if erysipelas and ben-athes are troublesome, are all the means necessary to be employed in regular, uncomplicated cases. When the eruption is superficial, if it is not necessary to call it to the surface unless some unattended symptom coincides with its divers phenomena. But, when wide views of internal inflammation appear, it then becomes
necessary to interfere promptly, and the eruption, if possible, should be called to the surface. The means generally employed to reproduce the eruption, are warm drinks, hot and vapor baths, heat, stimulating medullaria, sudorifics, warm affusions and anticholism.

The complication ought by all means to excite in a high degree the solicitude of the physician.

Diarrhoea is apt to occur during convalescence, and if not too severe, is useful in checking the tendency to thoracic disease. Should it, however, proceed too far it may be treated as though it were an ordinary case of diarrhoea.
Bronchitis and pneumonia must be managed as though they had occurred independent of measles. Pneumonitis, however, though it is treated as though it had occurred sporadically, the convulsions that occur in children than hot, stimulating sedatives and warm baths. But if they are persistent and repeated, cold applications to the head and venesection may be resorted to. Malignant measles are treated by stimulants internal and external.

During convalescence, reference to cold should be guarded against, and in inclement weather the patient should remain in his room.

The prophylactic treatment consists of inoculation solution. Loxos.