

AN

INAUGURAL DISSERTATION,

ON

Rubella.

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

G. A. Brown.

OF

Tennessee.

1855.
CHARLES W. SMITH,

BOOKSELLER AND STATIONER,

NASHVILLE, TENN.

Rubeola.

^cRubeola or measles, the rageole of the French, the morbilli of Sydenham and other old authors, is an exanthematous disease. Measles is a seven days fever. During the first three days we have the catarrhal symptoms. After the third day the eruption. It runs its course; generally receding on the fourth day from its appearance. This eruption consists of minute confluent papulae or spots slightly elevated above the surface of the skin. As the catarrhal 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 Bowdler and the best writers upon the subject. A person who has once had this disease is forever unsusceptible of a second attack. Rubella 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 strove 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 Rubella we find it 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 princeps" on small-pox. He wrote early in the ^{Tenth} 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, Rubella, 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 exanthematous disease now known as scarlatina. Morbilli is a term of ancient origin and was

used to express every variety of exanthemata which was accompanied by effluorescence 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 Sennertus 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 small-pox. He also contended that an individual who had had small-pox was generally unsusceptible of measles. 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 we know, from what we have read and heard in the lecture rooms, to be false. Sydenham, who ^{carefully} restricted the term morbilli to measles, also separated small-pox 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 scarlatina. They were thought to be the same disease, produced by the same miasm. Morton, even twenty years after Sydenham's description of measles believed them products of the same miasm and that they bore

the same relation to each other as distinct and confluent small-pox. Hence we have morbilli confluentes, 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 regulares 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 at 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 thus 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 catarrhal 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 initiatory fever of measles, are sneezing
red and watery eyes, a dry cough and hoarseness.
These phenomena denote that there is simple en-
gorgement 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 mistake
for true measles. This is what authors now term
febrile lichen. It was termed by old writers, rubella
sine catarrho, rubella 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 ninths of the cases, (if not all) that stand recorded as second attacks of measles, are nothing more nor less than febrile lichen.

Although it resembles ^{measles} 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 eruption. In the disease under consideration the rash appears first upon the forehead, chin, nose and cheeks; while in febrile lichen it appears over the whole surface of the body at once. We never have here, as in measles, catarrhal 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, croup, rheumatism 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 on 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 antiphlogistic treatment. But the objection to this method is the great danger of carrying it too far. Moderate warmth during the initiatory fever is necessary. This may also be carried too far. The ordinary treatment consists in a moderately cool temperature, diluent and mucilaginous drinks, Emetics if administered at the commencement will prove beneficial. Of the Emetics Ipecacuanha 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.