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AN
INAUGURAL DISSERTATION
ON

Phucala

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BY

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Measles or Rubella

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This disease is one of the class of idiopathic fevers. Which was not known to the ancient writers until the ninth 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 a 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 commences with a feeling of uneasiness, chilliness, 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, furred Tongue, and frequently headache. We now have symptoms of irritation of the mucous membrane of the eyes, nostrils, fauces, and larynx, such as discharge of tears, Coryza, some soreness of Throat, hoarseness of voice, and a dry hoarse cough, and sometimes tightness of the chest

and dyspnoea. We sometimes have nausea and vomiting, and frequently constipation of the bowels, in the early stages, 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 running very high, and at this stage we have severe bronchitis or pulmonary disease presented. If the fauces 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, it 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 it 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, some-
times we have but a few
isolated spots and in others
we have a general diffused
redness over the whole sur-
face, In some cases it does not
spread but seems to be confi-
ned 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 fauces be examined
we may find punctuated

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red spots often clustered in
irregular patches, as in the skin,
and red points are seen pro-
jecting above the fur on
the tongue. Neither the catarrhal
symptoms nor the fever declines
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 loose and
the mucus expectorated is
transparent, or frothy. About
the eighth day of the disease
or the fourth of the eruption
the rash, fever, & catarrhal, sym-
ptoms begin to disappear
all about the same time,

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it first disappears about
the face while it is
still red upon the extre-
-mities 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 we have a very
troublesome itching.
When the fever and eruption
begins to fade out the

expectorated matter becomes thicker, and there has been a considerable Strep layed upon the appearance which it sometimes exhibits, it presents a greenish ball like, floating in a flattened form upon a glairy 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 diarrhoea 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 catarrhal fever, but we generally have a loud hoarse cough, and by these symptoms, catarrh and cough, we can detect it more readily, There 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 changeable so as to favour catarrhal affections. The only diseases liable to be confounded with Measles after the

eruption occurs in small-
-pox, scarlatina and roseola
In smallpox the eruption
makes its appearance on the
second or third day of
the fever, which appears
first a red spot then a
pimple then a vesicle
and lastly a pustule.

It may be distinguished
from scarlatina by the
catarrhal ~~in~~ 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 dis-
tinguished from roseola

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by the catarrhal symptoms
and by the rash first
making its appearance upon
the extremities, and by
rascala 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 bear exposure as well as smallpox or scarlatina, in consequence of a tendency to bronchial 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 farther treatment necessary, the ^{remedies} proper ~~x~~ are saline laxatives and demulcent drinks such as a solution of gum arabic infusion of slippery-elm and a decoction of saccharine fruits flavoured 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 pretty freely.

We should use opiates if we have severe diarrhoea and treat other complications according to indications.