Some Account of the Measles as they appeared in Boston in the year 1825.—BY GEO. HAYWARD, M. D.

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THE Measles prevailed to a greater extent in this city during the last winter and spring, than they have been known to for many years before. The first cases occurred as early as the latter part of January, and there were a few remaining ones in the latter part of July; by the first of August the disease had almost entirely disappeared. It attacked persons of all ages, many adults, who had been before exposed to it, and who believed that they were not susceptible of the contagion, became affected by it.

No abatement was discoverable till the early part of June, when it began to yield pretty rapidly, rather I should think from the want of subjects than from the approach of hot weather. Though it spread so extensively and continued so long, it was marked by no symptoms of peculiar violence or malignancy, and on the other hand it was not of so mild a character as I have seen it. I should not therefore, have thought it worth while to have made this communication, had it not been for a few circumstances connected with it.

There was a stronger disposition to sloughing in the integuments on the application of blisters, both during the eruption and after it had subsided, than I had ever before seen. This appeared to be in no way connected with the length of time which the blister was continued on; in the most severe case that came under my notice it remained applied but four hours, when it was removed every particle of the flies was carefully washed off, the surface was dressed with simple cerate, and yet the whole integuments, which had been vesicated, sloughed so as to leave a part of the pectoral muscle on each side exposed to view. The patient, however, did well. The parts were covered at first with a poultice, in which was mixed a large quantity of yeast and powdered charcoal, and as soon as the sloughs began to separate, a dressing with equal parts of powdered bark and charcoal was applied. This was continued till the surface became clean, and then the edges were approximated as much as possible by straps of adhesive plaster. It was many weeks, however, before the ulcer was perfectly healed.

From the extreme suffering in this, and a few other cases of a similar though less severe character, I should I confess feel some hesitancy in resorting to the same means, under similar circumstances, though I know not what substitute there can be for vesication, in all cases in which its use may be indicated.

It has been suggested, that the same effects would not follow the application of a blister, which was continued for twenty minutes or half an hour only ; but I should apprehend that if it were applied sufficiently long to produce the desired effect on the surface, that is vesication, the danger of sloughing would be equally great, as if it were continued the usual period, for it is obvious that the blister ceases to irritate the integuments, the moment the effusion has taken place.

Another circumstance worthy of notice, perhaps, came under my observation. A child of five or six years old, had the disease with perfect mildness, the catarrhal symptoms were not severe, and the eruption was not greater or deeper coloured than it usually is in the mild species of measles. The day after the eruption had begun to disappear, and the small scales were falling from the cuticle, the cheeks became suddenly of a purple colour, approaching nearly to black. It had precisely the appearance of a deep coloured ecchymosis and the blood must, I think, have been effused from the capillary vessels. The appearance was singular and novel, and would have alarmed me extremely had it been attended with any unpleasant symptoms ; but so far from that being the case, the child appeared to be in other respects perfectly well, without the least fever, and with a good appetite. Under these circumstances I directed merely a light diet, a mild cathartic, and a spirituous application to the parts. The appearance gradually subsided, and in the course of three or four days was entirely gone.

The disposition to pneumonia, after the measles, was greater, I thought, this season than usual. This might not have been the case throughout the city. I am inclined, however, to think it was. The affection of the lungs was generally obstinate, and in some instances severe, but its mildness or severity appeared to be wholly independent of the character of the previous disease. Some of the worst cases of pneumonia which I saw succeeded measles in the mildest form.

The remedies which were chiefly relied on in the management both of the primary and secondary diseases were emetics, blisters, the warm bath, the inhaling of aqueous vapour, mild expectorants and cooling drinks. Even cold water was freely allowed, and I could not discover the slightest inconvenience in a single instance from the use of it ; on the contrary it was preferred by the patients, particularly when some vegetable acid was added to it, and its good effects were frequently very striking. This circumstance is particularly noticed, because a very popular writer, Dr Good, is of opinion that the drink should be warm, which is given during the measles.

The measles as well as the pneumonia that follow were certainly much more fatal in former times, than they are at pres-

ent. 'Dr Morton* relates that in the year 1672, this distemper was so terrible, that in London there died of it 300 every week.' The epidemic that season, however, was of a highly malignant character. Sydenham in speaking of the pneumonia which so often succeeds the disease, remarks that 'this disorder attacks children upon the departure of the measles, and proves so fatal, that it may justly be esteemed one of the principal ministers of death *destroying greater numbers than the small-pox.*'

In a note to page 244 of Dr Willan's work on Cutaneous Diseases may be found a statement which will enable us to form some opinion as to the fatality of the measles at a more recent period. After remarking that some had supposed from reading Sir W. Watson's account of the disease as it appeared in the Foundling Hospital in London in 1768 that 'there must be something amiss in the state of the air, the diet or general management of the children' in the Institution, he observes, that there is no ground for this suspicion. 'The regulations remain nearly the same as first framed by the Governors, yet their active and intelligent physician, Dr Stanger, informs me that the measles, during the last twelve years, have never appeared in any other form than as described by Sydenham, and though frequently occurring there, *that they have not been fatal beyond the usual proportion.*' 'Thus, in the year 1798, 25 boys and 44 girls, had the measles: 6 of the latter died. In autumn 1800, 29 boys, 37 girls were affected, and 4 boys died of the disease or its consequences. In 1794, 28 had the measles, and all recovered. In 1802, 1 died out of 8 children affected.' According to this statement it appears, that during the several years named 171 children had the disease, 11 of whom died, being in the proportion of about 1 to 15 1-2, and Dr Willan informs us that it was not fatal beyond the usual proportion. I have no precise data to which I can refer to show the proportion which the number of deaths from measles in this city bears to the number of cases; it is in fact impossible to have such data, because so many cases occur for which medical advice is never obtained. But I am confident that for the last ten years the number of deaths from the measles and the pneumonia which follows, has not been in this city, when compared with the number of cases, in the proportion of 1 to 171. Every practitioner among us who has seen much of this disease will concur in the opinion expressed, I believe, by Dr Jackson in the New England Med. Journal for January, 1817. 'It is not easy,' says he, 'to find an instance of death from measles, where the patient has

* Mead's Works, vol. ii.

had a fair chance for medical assistance; and very few instances occur of death, from this disease, even where no regular attention is paid to it.*

Are the measles then really a more severe disease in Europe than they are in this country, or is the greater fatality which attends them there, attributable in any degree to the method of treatment? From the time of Sydenham to the present day, remedies of a much more active character have been employed in Great Britain in the management of measles and its consequences than are usually resorted to under similar circumstances in this country. Bleeding has been considered by many of the most enlightened physicians as a remedy of the first importance, not to be reserved for extreme cases only, but to be used in most instances where medical aid is required. They never seemed to doubt the propriety of resorting to it at all, the only question was as to the best time of employing it. Morton recommended it as soon as the eruption was out, Sydenham deferred the use of it till the eruption had disappeared, and Mead thinks it proper at any time, and censures the other two for not employing it more frequently and more freely. Dr Heberden concurs with Dr Mead in opinion as to the propriety of bleeding in every stage of the measles.

The measles, being a disease of a specific contagion, governed by peculiar laws, and destined to go through a certain course, may, one would think, be aggravated by any violent means that should interfere with those laws or interrupt that course. I of course speak of the disease in its simple, mild form; when connected with local inflammation, no doubt active remedies are necessary and are always resorted to in this country. Dr Armstrong, however, and some other English physicians appear to think that there is danger of interfering too far 'with the operations of nature' in this disease and rely in ordinary cases upon regimen and mild means. It is certainly more candid to suppose that the disease has formerly assumed if it does not at present, a worse character in Great Britain than it does among us, and to this cause mainly must be attributed its greater fatality there. The difference in the number of deaths from measles in that country and this is too great to be attributed to any mode of treatment, nor can we suppose that the British physicians who are so enlightened upon all other subjects of their profession should be so much in the dark with regard to this.

It must be admitted, I think, that the diet and regimen have as great an influence on the character of this disease, as on that of any other, not excepting small pox, and upon these very

points great diversity of opinion has existed among physicians. In former times the patient was kept hot, usually in bed, the temperature of the room raised to a high degree, and large doses of stimulating medicines were administered with the view of driving out the eruption and keeping 'the disease from the heart.' At the period when the change took place in the management of the Small Pox, a similar change was adopted with regard to the measles, from a supposed analogy between the diseases. The same good effect however, did not follow the adoption of the cool regimen for the latter disease, that was experienced from it in the former, though it probably was a better course than the one for which it was substituted. The method which I believe is usually pursued here, and which is similar to the one recommended by Armstrong, is to keep the patient if possible in a large, well ventilated apartment, at a temperature of about 60° during cold weather, to confine him to a light diet, with cooling drinks, and occasionally to administer a mild cathartic. This practice is usually sufficient in the mild form of the disease; when severer symptoms appear, other remedies are of course made use of, but even these are not of a very powerful character. In the cases of more than two hundred patients that came under my care with the disease the last season, blood-letting was not employed in a single instance, and every individual recovered, and this will not be considered by those physicians who were acquainted with that epidemic, to have been very remarkable success. How far the disease this season was rendered mild by the regimen, I leave to others to decide.

Dec. 1825.

MISCELLANEOUS NOTICES.

Oil in the Serum of Human Blood, in an extract from a letter of TH. S. TRAILL, M. D. of Liverpool.—Another case of this remarkable occurrence has lately fallen under my observation. The following account of the history of the case transmitted to me, with the serum, by Mr Ashton, a highly respectable practitioner at Prescott, will be interesting.

'Dear Sir,—I dare say you will recollect, when we were in attendance on Mrs B—, that I mentioned the case of a man, the serum of whose blood was cream-coloured. You were so kind as to promise to analyse it, but it had been inadvertently thrown away. He was bled twice on 21st of April, and the serum was of the colour above mentioned. Anxious to procure