AN INAUGURAL DISSERTATION
ON Pneumonia.

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Pneumonia.

This is a term used this our day to signify inflammation of the parenchymatous substance of the lungs; and yet some of our ablest writers contend that there are very few cases of uncomplicated pneumonia and that the pleurisy pneumonia is a much better appellation than pneumonia or pneumonitis. For, say they, it is very unfrequent for to see a case of pneumonia, without at the same time seeing one more or less of pleuritis.

But to discuss this question is not my intention and that there are numbers of cases, in which the inflammation is very great.
in the lungs while it is comparatively small in the pleura; no one will doubt, and it is to these kind of cases of which I intend to speak. It is not expected that in an inaugural thesis like this, that I shall treat of the pathological symptoms, or post mortem appearances at any length. To commence them with the physical signs of pneumonia, and I will here say that it is too often the case that the physician does not give himself as much trouble, as is necessary, to get a correct idea of them, he should examine every part of the thorax, turn his patient over, or place him in such a position, that he can examine every part with ease, for while he
may not be able to hear a symptomatic sound, by placing the instrument on one part of the chest, it may be quite audible in another part. But to return there are very few practitioners at this day who are not familiar with the natural sound of the lungs, or to speak technically, the vesicular murmur, and which of itself is a very important as well as welcome sound.

Well then, if I should be called to a patient who had been sick but a few days and upon examination by stethoscope, should be able to hear distinctly the vesicular murmur, uncomplicated. I should feel certain, that the lungs are not were free from disease, but if I
should not hear over any part of the thorax, the first sign of approaching inflammation, viz. the crepitation in the bronchus, I should know that the lungs were affected. If the crepitation, or crackling sound was sufficient to obliterate the natural sound, I should feel confident at once that there was already considerable engorgement in the pulmonary texture and that the lungs were in the first stage of inflammation. But if the patient should have been ill for several days, and upon examination I should hear, no sound of any kind, or only a sound of a blowing character, or rather a sound resembling that produced by gently blowing through a quill.
Brochial sound, a dull sound on percussion, I should know that the lungs were in the second stage of inflammation, as what Pathologist call the stage of hepatization.

Now many able authors speak of a number of other sounds, but they are such as can only be heard by a very acute and well trained ear, and are of little importance to the practitioners compared with those I have described. Those of which I have spoken are the least difficult to understand and yet the most important. I say least difficult, because they are all indistinguishable or different in difficulty and require some experience before they can be heard distinctly, sometimes
it is the case that we are unable to hear but little, or nothing from the commencement and this is our reason why auscultation has been laid aside by some and but little credence given to it by others, for I now recollect to have read not long since the writings of and old and respectable physician of the metropolis says that there is more written than taught about auscultation than understood. But to say the least of it, it requires practice and I contend that we should never visit a patient where we suspect the least pulmonary affection without auscultating him. I now come to the visible sign of pneumonia in a majority of cases the disease is ushered in by a
distinct rigors followed by great heat and increase in the frequency of the pulse, at the same time, or soon after the patient complains of an acute lancinating pain in either side or more commonly over the sternum; except in those cases which come on in the latter stage of continued fever, and then not infrequently there is little or no pain.

The breathing is generally laborious and very much hurried, and an inability to take a deep inspiration.

Decubitus on the affected side if the patient lies on the side at all but this is seldom the case, and it is the dorsal, with the head and shoulders as much elevated as convenience will admit. The tongue is
furred in the commencement moist, and sometimes almost wholly covered, a thick glairy substance resembling the white of an egg. In the latter part of the disease it is often dry, brown, and sometimes crocked. There is in a majority of cases considerable cough which is very troublesome, and which the patient tries to suppress, coughs by jerks and is particularly not to cough deep. (If I may be allowed the expression) but seems to try to confine it to the upper part of the lungs and large bronchi, at first the cough may not be attended with much expectoration, but it soon increases and is at first of a thick tenacious glairy transparent substance which is with difficulty spitted from the mouth often
hopeing for several inches before break
ing as the disease advances it becomes
less tenacious, that is equally charac
teristic, it assumes a dark tawny ap
pearance mixed with blood if there
is much blood expectorated with the
sputa it is usually of a dark glutinous
rusty appearance, and frequently ac
quires a considerable degree of viscid
ity so that it is often with difficulty
that it can be separated from the
vessel when inverted,

Delirium is a symptom which
frequently occurs in the course of
Pneumonia and is much to be
dreaded, for it is plain proof that by
the lungs not being able to recover
the blood, and give it its amount
of Oxygen the blood vessels of the brain
have become engorged. The prognosis in this disease is always unfavorably. Auscultation will enable us to judge more correctly as to the issue of the case so long as the vesicular murmurs is unanswerable the case is to be considered of doubtful character, and increase in the expectoration. The change from bloody rusty appearance to that resembling the spits expectorated. The attack of violent catarrh, a gradual diminution of the pains, a copious flow of a sedentous urine, the breathing becoming more easy, and natural. The pulse coming near the natural Standard, and the tongue assuming a more healthy appearance, are all to be held as
favorable signs. On the contrary an increase of all the symptoms for the worse are unfavorable, also a sudden diminution of all pain or cough, more especially when Hataar Emetic has been given according to the Russian plan an exceedingly copious perspiration diarrhoea an ability to expectorate anything although the cough may continue Dehimi and coma are all to be looked upon as unfavorable symptoms and yet cases do get well when all hope seems to be lost whilst others die apparently convalescent. I now come to the most important part the treatment of Rheumatic until within a few years the great remedy
in Pneumonia was bloodletting and now when the disease is of an inflammatory character not accompanied with Typhoid symptoms no one will doubt the propriety of drawing blood freely but that more than two thirds of the cases that have occurred in the Southern country within last two years are of a low Typhoid character, unable to bear much depletion in one form is beyond a doubt and that a Physician who has bled most freely has had the misfortune to have the greatest number of long lingering cases. To say nothing of the death. Now I am not condemning blood letting in Pneumonia I have as high opinion of efficiency as any one.
But I do condemn its use nearly because the case is Pneumonia for I feel certain that I have been eye witness to cases of Pneumonia which recov’d without senescence and which would undoubtedly have sank under almost any plan of depletion and I will here take the liberty of making a quotation from the Southern Medical Journal abstracted from a Medical Journal of Vienna,

“This is a memoir Dietz containing an account of all the cases of Pneumonia treated in the Hospital at Vienna from 1847-50 without excluding any except those of secondary character, superinfecting upon acute or chronic diseases such as Bright’s disease, Syphilis etc. No. patient
Has been used in this Hospital since 1877, the treatment is limited to draughts of Gun powder, Opium & Expectorants. During the last three years there have been seven hundred and fifty cases of Pneumonia treated in this Hospital upon the Expectant plan, none of which were of these one hundred and forty cases were complicated, with other acute diseases and two hundred and forty-nine with chronic. Of the seven hundred and fifty cases treated, six hundred and eighty were recovered, and sixty-nine died; no fatal case was except from complications. The average duration of the disease was twenty days. In five hundred and fifteen cases the
Dyspncea was very great. It is beyond a doubt that the abscission of blood diminishes the oppression, but the relief is only temporary. The author admits however that when the disease is abandoned to the expectant plant, from the embarrassment of the respiration is almost intolerable. This, he adds, is an inconvenience for which the rapid convalescence more than compensates. I have not made this quotation to prove that it is not necessary to draw blood in pneumonia, but only to prove that the disease, as we have found it, for last few years in a majority of cases can be successfully treated without, as by resection. Though I am free to acknowledge that if the report
from the above named Hospital, be sure, that the success has been greater than I have been able to procure under any plan of treatment. The local abstraction of blood by cupping I am very partial to, for independent of the quantity of blood taken directly over the inflamed organ, it acts as a powerful revulsive, and I have frequently, by cupping, have a very beneficial effect.

About three years ago our attention was called to a new mode of treating all inflammatory diseases without resection, and I must confess that I was as sanguine on the subject as any one could have been I caught at the idea like a
rowing man at a straw I felt that a great discovery was made, but like all other new remedies it had won more laurels than it was able to bear, I allude to Veratum beride. That we are much indebted to Dr. Norwood for the great discovery he has made in the Therapeutical properties of this plant, and that it is a medicine which I should not like to be without. I frankly acknowledge, yet with sorrow I confess that it is far from coming up to what I was led to anticipate when I first commenced dealing with the article, I thought that my lance might long lain aside, and that I,
should use it often to open abscesses than veins, but I found that,
just too enthusiastic and like many others, medicines, while it exerted
a considerable influence over one person, it had but little effect
on others. The first few cases in which I give the Bertram it acted
like a charm, the pulse was controlled as by magic and I was
perfectly carried away with its effects but as I said. Before, I
soon learned that it would
controul the pulse in one patient
without producing Emenesis, that it
was necessary to produce Emenesis in
another to get its good effects, while
in another Emenesis produced no affect
on the pulse, and in another it.
would not have any effect whatever, although given in teaspoonful doses, and have finally come to this conclusion that it will or will not, it will either control the pulse without producing Emetic or by producing Emetic, and if it produce Emetic and the pulse are not controlled, I at once stop giving it for I know that it is true and medicine thrown away. I said that sometimes it produced no effect and I will give a case in which I used it to prove what I have said. In a negro girl about 12, Asthmatic, she was babbling under a violent attack she was so very bad off that her master feared she would die, it had been on
her for about four days, I was called to see her, every thing that had ever been used before had failed, besides having seen it recommended for Asthma. Immediately thought of what a very relaxing effect it produced when it produced Emma, and I concluded to try it. I commenced by giving Xgtt, saying that in ten minutes would give her X more. I walked to the dwelling and in ten minutes returned, and to the great astonishment of myself and her master, she was as apparently as well as she ever was her master was perfectly charmed with its effects, requested leave some with others how to use it for he thought.
he had found a key to the disease,
I left about 3p with directions
to give X gtt every ten minutes
increasing one drop every dose
until three doses were taken
or until it produced Emetics,
about eight days she had another
attack, the directions were carri-
ed out and she took five portions
without producing any effect,
I was then sent for and imme-
diately gave XX gtt, in about half
an hour gave XXX, and in
about another half teaspoonful,
it produced no Emetics, no dimin-
uition in the pulse, nor no vis-
ible effect what ever. I know
that the preparation was a good one
Dr. Norwood's own, this I have reported.
to show the uncertainty of the medicine, now I do not wish it understood. That I am trying to cry it down far from it, I believe it to be a good medicine, but at the same time I think it requires much care and judgment to give it, and that if it is preceded or given at the same time tartar emetic is given or if nausea has been produced it is very apt to produce violent emesis with prostration threatening fatality. I believe the best method of administering it to be that recommended by Dr. Naylor watching its effects close and discontinuing its use as soon as it is found not to reduce the pulse or produce hiccups, and
continuing it when it has a good effect, what it will do in a variety of cases I would therefore recommend it strongly in pneumonia to be given by the physician himself or some intelligent nurse.

Saffron Emetic is another great remedy in pneumonia. Every physician has his own notions about the quantity to be given, some giving it in small doses and in conjunction with Nitrates of Potash, while others take the Rasorin Plan and give as much as a grain every hour or two. I have myself often from X to XII go in as many hours with the happiest effect and without its producing any effect on the stomach or bowels. Dr. Bowlin of Alc. recommends it to
be given by enema and gives good reasons for so doing, that his patient are never troubled with diarrhoea in the latter part of the disease if the stomach and bowels will tolerate it. I prefer it to almost any other medicine I have used in the disease.

Calomel in union with Opium is another good remedy when the expectoration becomes it tends very much to increase it, at the same time it allays the pain and cough, when the expectoration is copious and the tongue not dry it is better to give Opium in union with Tartar Emetic, Blisters. I think are one of our most valuable means of subduing Pulmonary inflama

Now I generally make use of a
them with mercurial or Tartar Emetic pincident. Expectorants are useful the latter part of the disease, such as Sencha tea sweetened with honey. The Butterfly and Squills may either be used, in the latter part of the disease. I have found considerable advantage from warm poultices applied over the whole chest, and I have found nothing to equal them in enabling the patient to raise the Spueta when it seemed to be impossible for him to exposturate anything although the cough was very troublesome, during the whole course of the disease the bowels should be kept in laxative state and yet drastic measures are to be avoided. Should Typhoid symptoms supervene the are to be kept as much composed as the nature of the case will admit.