AN INAUGURAL DISSERTATION
ON
Pneumoneas Per Se
SUBMITTED TO THE
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Doctor of Medicine.
BY
J. J. Clam
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To
Tho. R. Jennings M. D.
Professor of Anatomy
In the University of Nashville.
In admiration of the high attainments which have justly placed him in the first rank of his profession.
This Thesis is respectfully inscribed.
By
The Author.
Pneumoniae Poste.

Not that I expect in this dissertation to surpass those who have preceded me, or even describe this disease, with that acumen, or accuracy, as those writers who are more experienced than myself, and whose books are silvered over by the frost of many winters. But it being customary and obligatory in all Medical Colleges, for candidates for the degree of doctor of medicine, to write an essay on some subject, which pertains to medicine, is why I now make this feeble effort. And if these lines should be feared by our honored, learned, and most worthy Professors, we hope they will make due allowance for the writings of a novice in the healing art; and also one who is not accustomed to wielding the pen.
There are several varieties of this disease. The inflammation may occupy a considerable extent of the lungs, continuously embracing a whole lobe more or less, or even a whole lung. This is the general form of the disease, and is called, simple pneumonia. The inflammation is more frequently confined to one lung, though it sometimes involves both, and in the latter case is denominated, double pneumonia. In some instances however it seems to affect the air cells, which is called vesicular pneumonia. The inflammation is sometimes found in the cellular tissue, which intervenes between the air vesicles, or between the lobules, and this is called, intervesicular or interlobular pneumonia, most commonly it oc-
cupis all of the constituents of
the parenchyma, which compose
the pulmonary apparatus, the
smaller bronchial tubes, the air cells,
the intervening cellular tissue, and
the vascular ramifications. There are
three stages in acute pneumonia; 1st that of congestion, 2nd that of
inflammation, and 3rd that of suffocation. It generally comes on with
a chill, followed, with fever, with a difficulty
to breathe, cough, and great pain
in the side, or back part of the chest; sometimes the fever and
local symptoms come on without
the chill, preceding, and sometimes
the local symptoms go before the
general ones. When fully developed
it is known by fever quickened,
breathing, pain in some part of the chest, cough and a scanty blood expectoration frequently mixed with blood. This blood and rusty colored expectoration is considered the best general sign of the disease, and sometimes indicates the existence of pneumonia when the physical signs fail. The position of the patient is most frequently on the back, with the head and shoulders elevated, though the patient sometimes prefers lying on his side when the plasma is inflamed, opposite to the affected side. Fever nearly always accompanies the disease, and in some cases consists with increased frequency of respiration. The only obvious affection it varies
greatly in degree in some instances so mild as to scarcely be observable, and in other cases intensely high. It is frequently attended with flushed cheek and pain in the head, about the brow or forehead, which sometimes causes the patient to suffer more than from pain in the chest. The pulse is generally full, strong and somewhat accelerated, but sometimes it is very frequent, and in the latter case it is apt to be smaller. Thirst and loss of appetite are almost universal. The tongue is commonly moist and coated with a white or yellowish white fur but is sometimes clammy or dry and red. The physical signs are of
very great importance in arriving at a diagnosis of this disease, which is often very obscure, and before the discovery of auscultation and percussion many cases ran their whole course entirely unsuspected. Cough and pain are frequently absent, and fever with headache and frequent respiration which are common to this and many other diseases are the only phenomena observable. It sometimes happens that the symptoms of the viscid and rusty spites fail. The patient sometimes swallows the matter expectorated as is the case with children, or there may be no expectoration; or the discharge from a predominance of
catasthal or hemorrhagic affection may want the postpraxis which characterizes this state. In many of these cases percussion and auscultation together afford unmistakable, visible signs of the disease. These, however, are not always sure, for it is sometimes the case that the inflammation occupies the interior of the lung, and is surrounded by healthy structure. There is usually a slight diminution of the healthy resonance in the first stage, but not sufficient to serve as a diagnosis. In this stage auscultation is more decisive than percussion. By auscultation it may be discovered that the healthy vesicular murmur has given way to the crepitant rale,
Though the vesicular murmur may sometimes be heard mingling fully with the expiratory rate, before it is entirely lost. The expiratory is heard during inspiration and very rarely if ever during expiration, and a full inspiration will frequently develop the vesicles, when not perceptible in the ordinary mode of breathing. Whenever this sound is heard, it indicates inflammation in the pulmonary apparatus, and its progress can be traced with considerable accuracy by noticing the progress of the attendant sound. In some cases however this sound cannot be heard, even though the disease be noticed from the commencement. As the disease progresses
into the second stage the crepitant rale is lost and no sound is heard, or only that of bronchial respiration, which is one of the signs that characterizes perforation. The bronchial respiration is usually heard quite distinctly and is loudest when the parts surrounding the larger tubes are inflamed as near the root of the lung. In some cases during the passage of congestion into the perforation and before perforation is fully established, the crepitant rale and bronchial respiration are con-mingled together, which produce a sound that has been compared as being analogous to that of the tearing of Taffeta.
is another sign which characterizes hepatisation; another important character of hepatisation is the greater vibration of the walls of the chest, when the patient speaks or coughs, which is made sensible by placing the hands over the affected part. Percussion is a very important sign in this stage; instead of the slight diminution of clearness noticed in the state of congestion, there is a decided dulness and sometimes a complete flat sound in the parts most highly diseased. In some bronchial respiration and bronchophony are absent, in consequence of obstruction at some point in the bronchial tubes entering the diseased portion of the lung, and, then again they may be heard at one time, and
not at another, in the same condition of the disease, this may be owing to obstruction caused by mucus, which is removed when the sound returns, or it may be owing to some other causes. If the disease be arrested in the first stage, the crepitant rale gradually ceases and the respiratory murmur of health returns, after the second stage has been established and resolution of the disease takes place, the bronchial respiration and broncho-phony depart by degrees, and the crepitant rale returns, as a general thing however in a modified state and assuming the character of the subcrepitant rale, in consequence of the secretion taking on a more fluid form. This sound, gives way to the
vesicular murmur, and the return of this sound together with the beat of the heart by resonance by percussion is evidence that the lung is restored to health. Third stage or that of suppuration. It cannot be distinguished by the physical signs, so long as the gas continues diffused throughout the parenchyma, presenting the same flatness on percussion and the respiratory sounds are the same. However, the presence of a mucous exudate upon the bronchial respiration might in some instances lead to the suspicion that the concrete matter with which the cells are filled in the second stage has been replaced by the gas of the third stage. If an
abscess has formed and opened into the bronchio, a gurgling sound is heard if the cavity contain liquid, and postmortem with cavernous respiration, if it be empty. There is no special time after the commencement of the disease for the third stage to set in, usually it happens in the course of the second week. Though sometimes in aged persons as early as the fourth or fifth day, and again in other persons not before the end of the third week. There is no certain sign by which the accession of the third stage can be distinctly known. As a general thing the difficulty and frequency of respiration is so increased that the patient has to lie with his
shoulders elevated, or maintain the half sitting posture; The pain diminishes and sometimes none; The expectoration is not so great or becomes prevalent or assumes the appearance of a dark turbid liquid or ceases altogether on account of the weakness of the patient, from which he is unable to cough up the mucus secreted; The countenance becomes pale and leaggard; The pulse very full and quiet; The skin is coated, in a profuse and cold sweat, and death comes on after the setting of accumulated mucus in the Throat. The return to health is sometimes known by certain discharges as some otherwise considered critical; as free perspiration diarrhoea epistaxis and hemorrhages
of various kinds, cutaneous eruptions especially herpes about the lips, boils and abscesses are sometimes seen. In double pneumonia, the difficulty of breathing is generally much greater than when one lung is affected. The strength of the patient is more depressed and the countenance expresses more anxiety. The pain is often felt only on one side; consequently the case is liable to be mistaken for single pneumonia, but the physical signs will always enable the practitioner to arrive at a proper conclusion. In some instances, the inflammation is situated in the interior of the lung or at the mediastinum, so that it comes in contact with no portion of the external surface. The physical signs...
in those cases sometimes fail from
the fact that there is healthy tissue
intervening between the ear and the
diseased structure. When all the sym-
toms ordinarily, which are common
to pneumonia are present including
the viscid, and rusty sputum, and
excepting only the acute pain, and
where percussion and auscultation
fail to give any signs, we may con-
clude that the disease is in the in-
ternal part of the lungs. Pneumonia
is somewhat modified when it oc-
curs in individuals greatly debilita-
ted by old age. In such instances
there is frequently no acute pain
and but little or no expectoration,
and the matter that may be ex-
pectorated has not the appearance
of that in ordinary pneumonia. The only local symptoms, by which it may be characterized are a little cough; dyspnea, and hurried breathing, with a little fever, and in some cases these symptoms are wanting. Great prostration, a small irregular pulse, sunken features, a pale or livid complexion, and a certain degree of mental derangement, may usually be noticed, but does not afford sufficient data for a sure diagnosis. The expectant sputum is apt to be obscured by mucous sounds, and bronchial respiration from the same cause is lip distinct; but the dulness on percussion, taken in conjunction with the other signs, will be sufficient to characterize the disease.
The treatment in this disease should generally be antiphlogistic; if arterial action be very high bleed the patient sufficiently to reduce the pulse, or it may be carried, as far as syncope. Here are three great antiphlogistic sedatives in this disease. Calomel, Jatarnematic, and Digitalis. Give in combination Calomel and jalap each ten grains, and one grain of Jatarnematic; and, after this has acted well, take mueradage of Gam Arabic one and a half ounces, Digitalis ten drops, and Jatarnematic of a grain - give this night and day every four hours. During this time administer to the patient small doses of Calomel until convalescence takes place.