AN INAUGURAL DISSERTATION
ON
Pneumonia.

SUBMITTED TO THE
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OF
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Pneumonia.

In approaching my subject I may remark that it is not a subject I am familiar with. That I shall need much of practical knowledge which is incident to mature ages or that I should exhibit my subject in that minute characterizes the writings of experience, now.

The term pneumonia is applied in rather a perfunctory sense in Southern practice. It is used in the South to designate to all acute affections of the pulmonary organs.
In scientific circles there are many subdividing of this disease, without much practical bearing we imagine. Thus we have Lobar Pneumonia, Lobar Pneumonia, Vascular Pneumonia, Interlobar Pneumonia, Interstitial Pneumonia, etc. These names are derived from the particular portion of the lung which is attacked; and in our estimation is of much practical utility.

Pneumonia is a disease of winter and spring usually; but no season is entirely exempt from its invades.
Simple, Grave, or Syphilitic. These forms may assume an acute or subacute type. The most common type within the South is the latter, or syphilitic form.

The above forms of the disease may exhibit a frank or any character, or in other words, the symptoms may be open and free, or wanting or deficient. These characteristics of the disease are conspicuous in the Southern States.

The mode of access in pneumonia is usually by a chill or rigor.
in other cases there is no fever, 3ceptible coldness; but the ing of symptoms is abrupt and
The patient at first may have a usual febrile action, will be hot to touch and expectorate coughing, or otherwise the skin will burn. The pulse become elevated and full. The face flushed, the cheeks red, the head painful, breathing difficult. Bowels bound or loose; tongue coated with a whitish, brown, ting looking film. The thirst in many cases excessive.

The expectoration will
he rusty like plum juice, or gently streaked with blood, if the lungs be examined with the stethoscope at this point, it will generally yield a true ringing noise, like the opening of hard leather in the hand. This sound is very audible to a practiced ear. This may be called the first stage of pneumonia. The sec-

and stage of pneumonia may be known by the change in the color of the ephelides, the modification of other symptoms, and the stetho-

sco
Signs—This is the stage of calcification, usually known by that unattractive name. Evisceration. The effusion in this stage changes according to the change in the altered structure of the lung. It may assume a wholly bloody cast or only partially so. It may be cloaked or not, it may be covering or denuding usually the former. The sounds here are dull. The pulse becomes more acceleration. The cough, pain ful dyspnoea, great heat, pain ful, the skin hot, tongue dry and coated; in short a general acceleration of the sym
Stages of the First Stage.

After an indifferent time the third stage supervenes, unless it should be removed. If the affection is suspended, the constant running of the first stage returns; if not the disease may spread into suppuration or abscessing of a diffused or concentrical character. The symptoms of this stage are less offensive than the preceding. The patient may be frantick, and offensive, or it may be along and quiet, or if a greenish character, in agreement with the character of the disease, condition of the lungs.
Of the suppuration is allured
the Physical Signs are, unless
if an abscess has formed the
causing Respiration, and a gurgling
sound will be apparent.

The
ordinary Symptoms of the third
Stage are very uncertain; gene-
sally speaking, there is an in-
creased debilitated condition. Of
Surfac, furious pulse, coughs.

The pain in the side ceases
practically, or wholly, and there is
general saturation.

In Typhoid Pneumonia the
Symptoms are not materially dif-
f erent from those from which
we have just described. It is
A low form of the disease characterized by all of the phenomena may commonly be of a lingering nature, which appear a subdued type. A general continued and low febrile state of the patient is an attendant of the more prominent acute symptoms.

This form of the disease is very common in the South among the Blacks, and has been frequently fatal in some. Reeling

Diagnosis.

The diagnosis of Phrenomia is not difficult to an experienced man. It might be likened to Pneumia
but the lancinating pain, and quick rise of pulse in Pleurisy, together with the Physical Signs including shortness of breath, all in this age and time.

Some have supposed it capable of being confounded with Bronchial Disease, Phthisis, Oedema of the Lungs &c. We apprehend no one at all skilled in ordinary Diagnosis would with a Pneumoscope in hand commit the error. We therefore dismiss this part of our Subject.

Prospecting.

The Prognosis.

The Progress of Pneumonia under good
Management is good and favorable. The mortality of the disease often, depending upon the treatment, we have known some medical men to lose nearly all. Thro’ the loss of all, Epidemic Disease are often fatal in their progress, until you observe their course, and then almost universally favorable to restoration. We knew our own Preceptor, Dr. Ramsey, once to meet Epidemic Pneumonia, he happened to strike its hard character in the beginning. In 1780, many cases of original practice, he lost but one. Since that time he has lost many cases, and has to thank of his success in that Ende
emic as a proof of good luck.
This fact is palpable and can be abundantly verified.

We beg them the Prognosis
of Pneumonia depends much
upon its treatment, and the ch-
acter of the prevailing Disease.

There are many symptoms
regarded as unfavorable, but the
worst of all in any Disease some-
times get well, while some of
the sanest die.

The best plan is to hold
on; if the patient grows in
energy and forecast,
and new fields turn up until
dead. We hope to see the
time when Prognoses will be
clotting from our sources of reference, and let every hand defend
wrist his judgement, and legitimate
the deduction be the enduring
philosophy of good remedies
agents.

Causes.

The cause of
Pneumonia is generally attributed
to Cold, Atmospheric Changes, the
Chronic Conditions, etc. I read of
all sorts in, and doubtless of
teen any. We find it in the South
frequently following those fam-
ilies who have had that Intermit-
tent, It is the opinion of
Dr. A. H. Ramsay of Le., our
Inspector, and we are inclined
Dr. Lavoisier of Philadelphia, in his work, 'Medical Journal,' states that malaria is of Malayan origin. We do not design to enter into a controversy upon this point, but we acknowledge that in our experience of the county, certain areas such as creeks, rivers, and other places subject to flooding, are most affected by malaria. In the counties of Burke and Jefferson, where they have annual breaks of intermittent fever in the
Some, from Maloria, inundating, they have pneumonics in any quantity during the winter and fall, as we are rightly informed. In these countries where they planting do not like on water courses they make large quantities of manna by rolling leaves to clean their houses, and the same thing occurs. We are decided of the opinion that Maloria is the most prominent course of pneumonics in the Southern

Treatment?

It is not to be presumed that I should
write a mature article upon the
treatment of this disease, my
experience being restricted and
subject of course to many al-
lowances. It will be observed from
our opinion formerly expressed
upon the character of the office-
tion that we value depressions in
oral bleeding. We know much
depends upon the application
of this agent upon the secon-
dic and epidemic nature of
the malady. We are induced
to think there are some
cases of the former, in which
the patient and judging
application of the latter
would be productive of hecik
benefit, which in the latter are inclined to believe it off due
eful efficacy under any circumstances. The application of
caps in the early period of the disease on the affected
side, indeed, we may say of any period of it, when the
pulse is full and voluminous, other circumstances being right,
will be attended with manifest benefit and a prompt reduction
of excitement. Afterlishing
we would say give an ineto
Cathartic of Colame and
Spice, the dose quite to the
age of of the patient. Let
the patient pulse Frey and
And vomiting, Emesis promotes relief in cases of vomiting. In cases of constipation, it relieves Purgative actions are necessary, discharges the Accumulations, and relieves about the Bronchial, and has a salutary effect upon the aliment at large. If this plan should not succeed with the intestinal evacuating which follows, then the patient must be put upon the alternative influence of Mercury combined with ipecac nitric, and opioid with Porter, Emetic in solution or powder as the occasion may require, and the administration of Enemias renewed with the assistance ofpercussion over the lungs is necessary.
Of the law be adopted, and is studied, but mean the influence of this plan, with due caution, not to permit gradually it extending to arise hence fail to return.

The Mercenial and Lenten Practice appears to exert a sub-culture, and decided influence over the diseases of the lungs, tending and characterized by inflammation, which we are not able to account for upon categorical principles, yet experience teaches the truths of our declaration, and it has been seen that thus we lay it down this as a general rule that

\[ J? \]
Phrenmonia will not have been genuine
Depletion, but Cupping does very well allow a fine pulse. This
originated from a right choice
observed in nearly all the cases
in our Latitude. Consider with
Philip who was firer and ought to
be warned to in all stages of
the disease when the lungs are
infested with an endemic dece-
trine, combined with Calamine in
the beginning to as to give an
tonic or two from the bowels.
It is an amiable practice.
Passing in Phrenmonia will
not do any better than genus
bleeding, to count the practice
with Safety, yet Modononw
evacuating every 24 or 36 hours will be serviceable, all things else being fair, but me know know cases to go from 4 to 6 days with manifest benefit. Blistering at any stage of Pneumonia goes exceedingly and was great to the relief of the base, the comfort of the patient—something they will warm their man in hot-water effect.

The better practice that Pneumonia may be come to relation with the best effect when the Stomach is preserved to receive it—but it will cut by any means go in every face,
Yet, there are cases in which it is intercepted from a seeming impossibility upon scientific and not practical grounds.

A patient with Phrenmonia would be kept warm all the while. Cold drinks or hot generally allay. And we have it a very bad practice often dismissing the results to indicate it. The better drink for a Phrenmonic cold is warm diluate and astringent, such as Flexica Tea, Sum-Amoric - Sage, Comfrey Tea - The gut should be blander and antiliric.

Having given a genera
outline of the treatment we would suggest in ordinary pneumonia. We may remark there is an intermittent form of pneumonia seen in the North among Negros which resembles the type of pneumonia and poor fellows, and it goes by the name of its curative powers being acute and chronic.

Then we have Subchronic Pneumonia: The remedy we have been most successful in is Uppers of Peculiar grain, mixed with Almonds and the counters cartridge. Again, when the lung is solaced or the老爸s, and
it may remain so for some time after the loci is an external vent to some degree in connection with some alteration internally for deficiency to all other modes of treatment.

We have therefore in details our plan of treating phrenomea. We offer it for what it is worth with the reserve that phrenomea change, and treatment must also change. We have been a man in one degree, alike the one plan of treating an acute disease, and cure all alike long, in the next line among all. This is a well
established fact about Ecumen
ics. We are not sensible of
putting down in our usage any
thing prejudicial to fact or
Science. They are limited our
bonds and from our union
age in the first foreign
of leisure to many kinds of
allowances, which are known
will be extensive. Our long
relation me our Deg, in Inca-
ling Pneumonia never give
up a case.