AN INAGURAL DISSERTATION

ON

Pneumonia

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BY

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Pneumonia

As this is one of the diseases of common in our section of Alabama, I have thought proper to say something in regard to the cause and the effects of it on the human economy. The cause of this disease is exposure to the sudden changes from a warm room to the cold air where the body is relaxed by reason of heat and this sudden change effects the Parenchyma of the lungs and inflammation is the result. There are several changes or stages in this disease. The first stage is that of engorgement or congestion. The lung is more dense with occasional slight effusion but air still penetrates its vessels. It will float upon water and capitale in pressure. The second stage of that of liquefication is characterized by congestion to a still greater extent and effusion into the vesicles and smallest bronchial tubes and into the external tissue; the matter effused is either blood or phlegm. When the lung is laid open it has a granular appearance and is so very solid that it will sink in water and does not capitale on pressure.
The transition from the first into the second stage is very gradual.

The third stage is that of suppuration and the colour of the lung in this stage of inflammation is of greyish yellow; it is still solid and smooth. The matter that is contained in the lung is soon changed in to pus. There is in fact connected with this disease the second and third stages of this disease may be found to exist in the same lung at the same time, and without the closest attention the physician may be lead astray. If the suppuration be suffered to remain too long in the lung it will endanger life by forming pulmonary abscesses. This condition would prove fatal if suffered to remain too long.

Pneumonia may attack either or both lungs at the same time. It is said by some authors that there is no special point at which the disease commences sometimes it is found in the center of the lung and at other times it is found in the lower lung and then it is also found in the upper lung it may therefore be said that it has no particular point of attack.
of the middle lobe the easiest to cure. Gaseous is apt to result in weakly constitution in some there is a peculiar tendency to it even without any great previous inflammation. Sometimes the gas may be dispersed at others it may be isolated spots.

The term necrotic pneumonic or capillary bronchitis is given to that variety of the disease when there is a deposition of pus in the minute bronchial tubbs looking like miliary tubercles.

Symptoms. There is generally a decided chill at first followed by fever; at the same time or soon after pain may be violent is experienced in the side heart or back; it is occasionally acute when a complication with pleurisy may be inferred; since the true lung pain is rather dull and is often referred to the epigastrium or to the nipple on either side. (This I witnessed in one of the cases a brave man named the lady declared that the pain was in the heart and not in the lung and refused to have blood drawn finding that she would not submit I left her for some 12 hours when the pain became so severe and respiration so very difficult that she became alarmed then she...
tended by early treatment that would aid
his relief? Respirations are quickened: the cough
is at first dry as in low typhoid cases; and attend
with bloody expectoration from the first. The
sputa are thick and tough; not very copious
with a rusty colour, arising from a uniform
mixture of blood, very different from the
streaked appearance of the sputa in acute bron-
hitis though this kind is also seen if the disease
is complicated with bronchitis. Occasionally they
transmit almost of pure blood: in typhoid cases
are of a black colour.

The decubitus is usually dorsal; unless there is pain.
Headache is a very common attendant arising
from a deficient action of the blood in the
brain. The flush on the face has a darkish hue
often circumcised and confined to one cheek
that it is often on the same side that it affects.
The blood when drawn presents a decided
upper appearance.

Physical signs In the first stage, or that of
congestion, there is very soon a slight dulness
in percussion, and diminished respiratory move-
ment, but very soon the characteristic capillar
shadows is perceived, especially if there is a
rusty sputum. Sometimes, it is not heard
except an deep inspiration. On the other part of the chest the respiration may be
precise. The expirant breath is caused by the separation of the adherent walls of the
respiratory murrin predominates over the crepitation, we
should suspect that the inflammation is slight.
On the other hand, when the crepitation
prevails so as to mark the expiratory murrin
it is a certain indication that the Pneumonia
has made progress, and that it has a tendency
to the resolution of the disease. These phenomena
soon change, either by its making further
progress in the disease or in resolution in
the latter case the crepitation diminishes
in extent and intensity; the murrin of
respiration approaches its natural state; the
sound of the chest becomes less dull, and its
movement to the more regular
Second stage. The second stage of Pneumonia
is that in which the lung presents that
Change which is called by some Authors hepatisation. In this condition the
cells being obliterated while the large-
tubes remain pervious; dullness on percussion
bronchial respiration, and a low resonance
of the voice are produced; the extension or
intensity of these signs furnishes within certain
limits an accurate measure of the extent or
intensity of the disease. The bronchial respira-
tion specifically marks the second stage of
Pneumonia inflammation; often at the same
time, the crepitant rhonchus may be heard
in the adjacent parts.
If the patient recovers from the second
stage and the infiltration diminishes so that
the air is again admitted to the minute
tubes and vesicles this is announced by a resolu-
ion of the small oedema, which is of
course favourable.
Third stage In the third stage, the diseased
lung becomes infiltrated with a purulent-
matter which is generally consistent at first
but soon acquires the consistency of common
pus. In this stage, a peculiar mucous crepita-
rhonchus is heard; at first in some points
then in the whole of the affected part.
It is usually announced by the recurrence
of the chill and the expectoration of opium.
Convalescence commences by the end of the first week if the disease has not progressed beyond the first stage; at the end of the second or third week, if it has advanced to the second stage; and, if it has proceeded to the third stage, the period of recovery will depend altogether upon the strength of the constitution, and the amount of time involved. When an abscess forms in a hepahized lung the passage of air through the liquid will be indicated by the gurgling or cavernous hoarseness; and when the cavity has been entered of the pus by expectoration, pectorilogy and the cavernous respiration will be added to the sign. Pneumonia may also hemmorhage into gangrene; but this is nearly as rare a hemorrhage as abscess. The distinctive physical sign of gangrene is the fetid odour emitted from the diseased part in inspiration and expiration, and the expectorated matter is also extremely fetid. This change is usually attended by a collapse of the patient and great prostration of the vital powers. Occasionally, the inflammation may be so confined to the centre of the lung, as not to be evident by the physical signs: in such a case, the rusty spuia became a valuable indication.
In the pneumonia of old persons the capital
branch is not heard because the effused matter
is not small enough to afford the sound; but
it is replaced by a submucous and subcrepitant
sound. The signs of lobular pneumonia are not
always certain. It may be presumed to exist if
the inflammation occurs in a child, especially
after bronchitis. A submucous sound is first
heard throughout, followed by some crepitant
and bronchial respiration.

Pneumonia is occasionally complicated with
hepatitis, especially where the lower lobes are
involved; in such a case, there would be tender
ness, we presume, under the ribs, and some
greenness of skin. If associated with miasmata,
it would assume a paroxysmal form.

In typhoid pneumonia, there is expectoration of
of the pure blood, or else of
dry tongue, harder, no crepitant branch; but
a subcrepitant and submucous sound.

These are some of the leading features of
Pneumonia in its various forms, and

Treatment. In the first stage if the patient
is in a plethoric condition free bleeding is

Note to the patient it may be repeated if this
be postponed till bronchial respiration occurs, it will be best to dispense with the use of the lance and in the approach to the second stage the use of the lance will not do much good. I think that more good can be gained by cupping then the local blood letting then acting purgative after this laxative will suffice you may then use the antimonial syphilitic and if the skin be hot you may use the refrigerant diaphoretics and after some 2 days of such treatment a large dose of ipecacuanha combined with three or four grains of calomel should be be given at night.

In the second stage general bleeding should be dispensed with and the cups used freely and if this fails then the blisters may be used to good advantage then the mercurial plan should be commenced by combining calomel and ipecacuanha powder and given in small doses every three hours until salivation is produced then the stimulant expectorants may be used say taratantic and opium in small dose. This course of treatment I think will be a very safe one I find that it has prove good in my hands and I think will continue to use it untill I am adviced differently.