AN INAUGURAL DISSERTATION
ON
Pneumonia

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BY

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To the Medical Faculty of the University of Nashville. This Dissertation on Pneumonia is most respectfully dedicated by a testimony of respect for their great professional talents as well as their kindness as a friend.

By the Author.
Rheumonia.

As the lungs are the seat of Rheumonia, I will give a description of them, before entering into a Treatise of this disease.

The respiratory organs are bounded by the sternum in front, by the ribs and inter-costal muscles on either side, by the dorsal vertebrae and ribs behind, and by the diaphragm below.

There are two lungs, situated one on either side of the thorax, and are covered by a strong membrane called the pleurae.

Each lung is divided into lobes, the right into three, the left into two lobes. The lobes again divide and subdivide into lobules. The lobules of each lobe communicating freely with each other, but not with the lobules of the other lobes. Each lobule is penetrated by a bronchial tube.

The pulsation of the
Lung is composed of an immense number of aircells, bloodvessels, and lymphatics; and is well supplied with nerves.

Pneumonia is inflammation of the parenchymatous structure of the lung.

This disease may affect both lungs, or only one; or it may affect only one lobe of either lung; and under different names are applied to this disease.

When both lungs are affected it is termed double pneumonia. When one it is termed single pneumonia, and when only one lobe is affected it is termed lobar pneumonia.

This disease most frequently appears in the lower portion of the right lung.

It is very frequently complicated with diseases of the respiratory tubes. It seldom if ever...
occurring unisoned with Bronchitis or Phthisis.

Cause.

Exposures of the respiratory of the weather are the most common causes of Bronchitis. Such as long and continued exposure to a moist atmosphere; exposure of the body to the damp earth; the gradual transition of the body from a warm to a cold temperature. Various other causes of this kind will produce this disease. Disease of the other respiratory organs may terminate in the lungs and thus produce this disease. viz. Bronchitis.

It is a fact worthy of notice that persons who have been affected with this disease are naturally predisposed to this.
Laborers suffer most frequently from this disease as they are more exposed to the vicissitudes of the air than any other class of persons.

This disease most frequently appears in the months of winter and spring, it seldom if ever occurs in the months of summer.

It never occurs in the United States especially in the Northern States, and in all cold temperatures yet seldom occurs in warm climates.

**General Symptoms.**

This disease is most frequently ushered in by a chill, which is followed by a fever, and the fever is prolonged throughout the extent of the disease.

The pulse is very variable, generally...
ally quiet, full and bounding. Q.T. 

Sometimes when the inflammation is intense, it is remarkably small. After the chill has passed off, the fever, in combination with the other symptoms, viz. pain, cough, expectoration and dyspnea gradually make their appearance.

Pain is not invariably yet generally present. The pain may extend over the whole, or only a part of the thoracic parietes; the extent of the pain being in proportion to the extent of the inflammation. This symptom is increased by coughing, changing of position, pressure over the in-

flamed lung. The

The intensity of the pain is owing to the organ affected, the reason the inflammation is to the

pleura; the more intense is the
pain; the pain is generally very slight. When this disease is not complicated with pneumonia, cough is almost invariably present. This is not a rare symptom, yet I am annoyed by it in the patient, often giving him much pain.

Expectoration

There is little or no expectoration at the commencement of this disease, but the sputum in a few days loses its characteristic appearance, and becomes more viscid, and of a slight yellowish color, and this again gradually assumes the characteristic of pneumonic sputum, which is of a dark brown color, and very viscid. As the disease progresses, the sputum again changes its character, becoming more thin and of a deeper hue, and is then called purulent sputum; and if the disease
Reaching the third stage the sputa become of a dirty brown gray color, dark or greenish according as the organization of gangrene of the lungs supervening. The latter has an offensive odor, sometimes filling the room making it extremely unpleasant to the attendants on the patient.

Ophryos is invariably accompanied in severe cases of bronchitis. The respiration is quick and hurried, sometimes increased to one hundred and even one hundred and forty per minute. It is in proportion to the extent of the inflammation, and enables the progress of the disease with unvariable precision.

Delirium indicates the impurity of the blood, causing irritation of the brain. The degree of the delirium is in proportion to the extent of the inflammation of the lungs and apiece in neutralizing the advance of the disease.
Pathological Anatomy.

As the Pathological Anatomy of this disease is very intimately connected with the physical signs, I will give it, before giving the physical signs.

This disease is properly divided into three stages. The first is that of engorgement, the second is that of nodularization, the third is that of gray hepatization or gray softening.

In the first stage the lung is engorged with bloody serum. The pustules of the alveoli are covered with viscid amnion, but are not entirely obliterated. The affected portion of the lung is of a purulent hue, and if cut a foamy serum will escape. It is much heavier than when in a healthy condition, yet does not like readily in water.

In the second stage, or that of hepatization, the lung
is solidified. The aircells are perfectly occluded. The cut surface has a transparent appearance, resembling the skin in appearance, hence the term depapillation. It is felt fibrous and much heavier than it is in its natural state, and readily sinking in water.

In the third stage of that of gray depapillation, the subjacent portion of the lung is perfectly disorganized. Its cut surface is of a grayish color. Hence the term gray depapillation.

Physical signs.
Of the ear be applied to the chest of a person in perfect health, a pulse is heard, which assembly that produced by the rushing of air through the top of the lung. This is the respiration pulse. If the ear or stethoscope be applied to the chest of a person.
in the first stage of pneumonia
a sound is heard differing much
from the resonant sound. It
assembles the sound produced by
rubbing coarse hair between the
fingers close to the ear, or the
cradling sound produced when
salt is thrown on fire. This sound
is termed expiratory. The pain
of the air cells are covered with
a viscid mucus, which causes
them to adhere to each other, and
the air during the act of respira-
tion, in moving the passage
through the cells, causes them to
separate, and thus produces this
sound termed expiratory.
There is but little evidence given
by percussion in this stage of the
disease. There is a slight diminution
in the resonance.
In the second stage of pneumo-
nia, the sound produced on per-
-cussion is dull. If the ear or stethoscope be applied to the chest, a sound is heard which differs essentially from expiration. The sound heard during that which is produced by blowing through a tube. The lung is engorged with bloody serum, which prevents the air from entering the lungs; and thus during the act of inspiration, the air in passing through the bronchial tubes, produces this peculiar sound, termed Bronchial inspiration.

The sound produced on percussion in the third stage differs but little from that produced in the second. It is still dull, but more flat than in the second. The sound heard by auscultation, resembles any sound that may be produced by blowing through a tube into a vessel containing a fluid of variable consistency. Any of the wind or air may be heard in this stage.
Terminations.

This disease may terminate by resolution, by diffuse suppuration, by abscess or by gangrene of the lungs, or it may run into the chronic state.

In the first stage when this disease terminates by resolution, the physical signs change; crepitation lessens, and the vesicular respiration is again heard. The sputum is changed from a thick, dark color to a yellowish mucus, and gradually becomes of its healthy consistency. The general symptoms gradually disappear, and the patient in a few days is convalescent.

When this disease terminates by resolution in the second stage, similar changes take place to those described in the first stage. Bronchial respiration is changed to crepitation, and finally to vesicular respiration. The sputum is changed from a thick to a thin mucus.
color, and is gradually deprived of its color until it assumes the natural char-
acteristics.

The termination in the third stage is by diffuse suppura-
tion, by Abscess or by gangrene of
the lungs. The lung becomes disorganized
and may be easily reduced to a pulpy
mass. The expectoration is of a gray
ish color. Abscess of the lungs is of
every rare occurrence, and also gangrenous
when the latter occurs the expectoration
emits a very offensive odor. The Dys-
phoria is often very great; the patient
sometimes dies from suffocation.

Chronic Pneumonia is of
very rare occurrence, it may exist
either with or without expectoration.
Some of the general symptoms
of acute Pneumonia are invariably
present. The breathing of the patient
is generally much oppressed.
This disease may exist for months and even years without undergoing much change; and yet patients may appear profound its effects.

Treatment.

The treatment of pneumonia provided it be adopted at an early period of the disease is simple, but if the disease be allowed to wind into the second and third stages it is often very difficult. I consider it however amiss spary to enter into a lengthy treatment. That is the treatment of the different stages. I think it sufficient to state that the antiphlogistic treatment should be adopted. Things bloodletting, both local and general, emetics, aperients, opium, blistering, stimulants, expectorants &c.
I have gone through with what I intended to lay to you to
morning. I ought have written much more on a subject so unimportant, and
one which should claim the special attention of every physician. But as
I have no experience, and will therefore
have to ask the Faculty to extend the
lacunose manner in which I have
dispensed with this subject, and es-
pecially the treatment. This is respect-
fully submitted.

[Signature]

[Name]