INAUGURAL DISSERTATION,

ON

Symptoms of Tuberculous Pneumonia

Submitted to the

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of the

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By

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of

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If excuses could supply the place of a thesis, or apologias
meet the requirements of a Medical Student
on becoming a candidate for graduation, I could
"come forward" with more
confidence, and with much
less embarrassment. Knowing
however, that they cannot
answer the purposes allotted
to, I will proceed to offer
something upon Syphoid
Pneumonia, or rather upon
the symptoms of that disease,
not presented to my obser-
vation in the winter of 1833-6;
at which time the disease was
almost entirely absent nev-
Mr. to Mr. We have accounts given of the disease in the United States, as early as 1806 in Haverhill a Town in the State of Massachusetts; whence it spread gradually, Winter after Winter, from one portion of the country to another, until in 1813 it reached Philadelphia, and in 1815 it prevailed in South Carolina. The same disease, probably, though under different names is spoken of by the older writers. This disease seems to have received names, according to the predominance of particular symptoms as is yet the case as for instance in violent
Cases the patient bring suddenly Briggs with a chill, accompanied with marked coldness of the surface. This is denomin- 
ated Gold Plague. Cases in which the head is affected with pain and visceral disturbance, 
before the Pneumonic Symptom and developed, has been called Head Pneumy. In Autumn, in certain districts of Country, 
as Valley of low lands containing fruitful Sources of mala- 
cial poisons, the disease not unfrequnently takes on Symptom peculiar to such Countries, 
then receiving the name of Bilious Pneumy. Notwithstanding 
these names seem to be very
appropriate in many cases—taking into consideration the symptoms of prostration that so frequently attends throughout the whole course of the disease, and the rapidity with which the patient sinks, The term "Sphygmic Pneumonia has been employed as more expressive of the true character of the disease, in its mode of attack, and the general symptoms by which it is ordinarily attended.

There is not much uniformity. Usually, however, it is characterized by a distinct chill of severity and long continuance, the heat of the whole surface being much below the standard.
of health. It sometimes happens that the life of the patient is destroyed in this stage. Motion failing to be established, Nature seems to make powerful efforts for the relief of the sufferer in the establishment of motion which she may partially do. But by a return or renewal of these alarming symptoms, attendants in such cases, as feeling of the pulse, coldness of certain parts, delirium subduing symptoms, the patient expires life violently during the cold stage. The respiration is short and oppressed, pain in one or the other side of the chest is sometimes complained of. Though not always so, pain in the head, back and limbs,
of the most excruciating character. The muscular strength is greatly prostrated, from the very outset - a sense of general uneasiness and great restlessness is exhibited. After a longer or shorter period, reaction ensues, or death does not. The heat of the surface is restored, though not often above the standard of health. The heat is uniformly suffused over the surface, portions being decidedly hot, while others are comparatively cold. Sometimes the skin is hot, dry and hard; at other times, cold and clammy. The pulse when reaction ensues becomes somewhat
fuller - a little quick and frequent. Though in a majority of cases the pulse is not much increased in frequency, and in but very few cases does it acquire any degree of tension, but usually soft and yielding to the slightest pressure. During the fibrino stage, oppression of the chest, and difficulty of breathing is increased, and cough within the first twenty-four hours not infrequently comes on, which tends greatly to aggravate the thoracic symptoms. If the cough be dry and the expectoration scant. On the other hand, if the cough is attended with free expectoration.
The symptoms are to some extent relieved. The matter expelled
and is generally of an ash or dark brown color. The
respiration, besides being
upward, is usually3 hurried
and irregular. The patient
often utters deep and heavy
dights, and a sense of weight
or constriction about the
proscordia, with almost
incessant attempts to revive
himself by changing his
position; raising his shout
slows dumedly with the
object in view of getting
air. There is a peculiar
meniscus, suffused over the
face, distinct from any of the
usual reaction of fever, the face seems to be flushed except around the mouth and over the chin, which seems to be the reverse, unusually pale or white and constricted. The tongue in the first stage of the disease is not infrequently clean, but occasionally particularly about the edges. Sometimes, it is thickly coated with a yellowish-white membrane, which in the progress of the disease changes to a brown or black. The tongue becoming at the same time dry, hard, and rough and very often Chaped. This state of things will sometimes occur at the
Very soon, upon the separation
of this crust, the tongue
presents a bright red glitter-
ing color. This often precedes
the fever. In many cases
delirium is present from
the onset, where there is great
pain in the head. A little
on, in the progress of the disease,
the breath and the whole interior
of the mouth, becomes
colored with a dark color;
scors the breathing become
shorter, and more oppressed;
the strength more prostrated.
The pulse smaller and weaker;
the mucus bluish, with the patient
sinks
into a low muttering
Delirium and the fatal event pretty soon take place.

The duration of this disease is very variable, we have accounts of it having proved fatal in three hours, it is not improbable, though I have never seen this happen.

So far as I have observed the course and duration of this I think about eight days would be near the average duration. Though sometimes protracted considerably over that time but when an early and an appropriate treatment is instituted, the disease may generally be controlled in a few days.
But often when every thing seems to promise a favorable recovery, the patient is suddenly seiz'd by some new Symptoms, or symptoms not anticipated, and for which we are not able to account, as pain in the Region of the Liver, Head, Bowels, or any part, none being exempt. I have seen Persons suddenly cry out with pain in the Hand, Shoulder or the Eye, giving evidence of the most intense suffering. The pain frequently described by the patient as resembling Toothache. But they will say it a thousand times worse. The bursts in some cases are
not much intermitted. In other
instances, and continued with
some difficulty in many cases.
Other symptoms frequently
come up in the course of the
disease, the following are some
of them. Stiffness of one side
of the neck, swelling of the
Jaw, with great difficulty in
swallowing - Various other
lands are occasionally involved.
Sometimes symptoms of genuine
croupous present in the course
of the disease.