

AN
INAUGURAL DISSERTATION

ON
Pneumonia.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE

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FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

James, L., Griffin.

OF

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~~Memoria~~
Memoria.

In approaching my Subject
I may remark that, it is not ex-
pected & apprehend, that I should
indite an essay replete with
that practical Knowledge which
is incident to mature years
or that I should exhibit my Sub-
ject in that minute ~~and~~ ^{manner}
which ~~characterises~~ ^{characterises} the writings
of Experience men.

The
term Memoria is applied
in, rather a latitude sense
in Southern practice. It is
used in the South to designa-
te all acute affectings of the
Pulmonary Organs.

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Lun Scientific circles there
are many subdivisions of this
disease, without much practical
bearing we imagine. Thus
we have Lobar Pneumonia, Lob-
-ular Pneumonia, Vesicular Pneu-
-monia interlobular Pneumonia
et cetera. These names are
derived from the particular
portion of the Lung which
is attacked, and in our estima-
-tion is not of much practi-
-cal utility.

Pneumonia is
a disease of winter and spring
usually - but no season is entire-
-ly exempt from its inroads.
Pneumonia may be

Simple, Grave, or ^{or} Typhoid.
 These forms may assume an
 acute or Subacute Type. The
 most common Type we ^{see} in the
 South is the latter, or ^{or} Typhoid.
 form.

The above forms of the
 disease may exhibit a frank
 or dry character, or in other wor-
 ds, the expectoration may be
 open and free, or wanting
 or deficient. These char-
 acteristics of the disease
 are conspicuous in the South-
 ern States.

The mode of
 access in Pneumonia is u-
 sually by a chill or Rigor,

in other cases there is no perceptible coldness; but the ingress of symptoms is subdued from the onset -

The patient after the usual premonitory attack, will be apt to cough and expectorate copiously, or otherwise the skin will burn, the pulse become elevated, and full, the face flushed the cheeks red, the head painful breathing deficient, bowels bound or loose; tongue coated with a whitish brown dirty looking fur. The thirst in many cases excessive.

The expectoration will

be 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 crack-
 -ling noise, like the sque-
 -ezing of hard leather in the
 hand, this sound is very au-
 -dible to a practiced ear - This
 may be called the first stage
 of Pneumonia -

The Sec-
 -ond stage of Pneumonia
 may be known by the changes
 in the color of Expectorations.
 The modification of other
 symptoms, and the stethoscopic

Signs - This is the stage of
 Solidification, usually known by
 that unattractive name Hæmopto-
sification. The expectoration in
 this stage changes according
 to the change in the diseased
 structure of the Lung. It may
 assume a wholly bloody cast or
 only partially so, it may be
 clotted or not, it may be cop-
 ious or scanty - usually the
 former. The sounds here
 are dull, The pulse becomes mo-
 re accelerated, The cough pain-
 ful, dyspnoea, great, head pain-
 ful, the skin hot, tongue dry
 and coated; in short a gen-
 eral acceleration of the Sym-

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ptoms of the first stage.

After an indifferent time the third stage supervenes, unless it should be arrested. If the affection is suspended the constant Remains of the first stage Returns; if not the disease runs into Suppuration, or Abscession of a diffused or concentrated character. The Symptoms of this Stage are less deficient than the preceding. The Sputum may be purulent, and offensive, or it may be Acrid and foetid, or of a greenish character, in agreement with the character of the disease, condition of the Lungs.

If the Suppuration is diffused
 the Physicas Signs are obscure;
 if an abscess has formed the
 Caremous Respiration, and a gurgling
 Sound will be Apparent.

The
 Ordinary Symptoms of the third
 Stage, are very uncertain; gene-
 rally speaking there is an increa-
 sed debilitated Condition, Good
 Surface, joints pulled, Coughs.

The pain in the Side, ceases
 partially, or wholly; and there is
 general prostration.

In Typhoid Pneumonia the
 Symptoms are not materially dif-
 ferent from those forms which
 we have just described. It is

A low form of the disease, characterized by all of the Phenomena common to other Affections which afford a Typhoid fever. A general continued, and low febrile state of the patient, is an abridging of the more prominent acute Symptoms.

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

Diagnosis.

The Diagnosis of Pneumonia is not difficult to an experienced Man. It might be taken for Pleurisy

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but the lancinating pain, and
quick rise of pulse in Pleu-
-risy, together with the Physical
Signs precludes such an error
in this age and time.

Some have supposed it capa-
-ble of being confounded with
Bronchial disease, Phthisis, Oed-
-ema of the Lungs &c. We appreh-
-end no one at all skilled
in ordinary Diagnosis would
with a Stethoscope in hand
commit this error. We therefore
dismiss this part of our sub-
-ject.

Prognosis.

The Progn-
-osis of Pneumonia under good

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Management is good and favoro-
ble. The mortality of the disease
often depends upon the treatm-
ent, we have known some Medi-
cal Men to loose nearly all, others
to loose all. Epidemic Diseases
are often fatal in their progress,
until you strike their course, and
then almost universally favorable
to restoration. We knew our
own Preceptor, Dr. Ramsay, once
to meet Epidemic Pneumonia, he
happened to strike its true Cha-
racter in the beginning, in 1770
Cases of original practice, he lost
but one. Since that time he has
lost many Cases, and has speaks
of his Success in that Epid

-emic as a feast of good luck.

This fact is palpable and can be abundantly verified.

We say then, the Prognosis of Pneumonia depends much upon its treatment, and the character of the prevailing Disease.

There are many symptoms regarded as unfavorable, but the worst of cases in any disease sometimes get well, while some of the simplest die.

The best plan is to hold on; if the patient grows in-crease, our energy and perseverance and never yield him up until dead.

We hope to see the time when Prognosis will be

blotted, from our works of refer-
-ence, and let every man depend
upon his judgement, and Legitim
etc deduction be the enduring
application of good remedial
agents -

Causas.

The Causas of
Pneumonia is generally attributed
to Cold, Atmospheric changes, me-
-chanical Causes &c. ^{My head says}
all induce it, and doubtless af-
-ter do. We find it in the South
frequently following those Jous
-itis who have had most Intermitt
-ents. It is the opinion of
Dr. H. A. Ramsay of Ga, our
preceptor, and we are inclined

to think it original with him,
and in this we are backed by

D^r Larock, of Philadelphia,
in the Sept. No. of the Charles-
-town Medical Journal, that Pneu-
-monia is of Malarial origin.

We do not design to enter into
a controversy upon this point,
our limits forbid it, but all
observing men in our section
of Country endorse our position.

The Rivers Creeks and other
places subject to Malaria are
most affected in our part of
the South. On the Coun-
-ties of Burke and Jefferson
where they have annual visits
of Intermittent fever in the

Summer, from Malarial inundations, they have Pneumonia in any quantity during the winter and fall, if we are rightly informed - In these Counties where the planters do not live on water courses they make large quantities of Mowm by rolling leaves & near their houses, and the same thing occurs. We are decidedly of the opinion that Malaria is the most prominent cause of Pneumonia in the South-

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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 opinions previously expressed
 upon the character of the affec-
 -tion, that we will deprecate gen-
 -eral bloodletting - We know much
 depends upon the application
 of this agent upon the Spora-
 -ic and Epidemic nature of
 the Malady. We are induced
 to think there are some
 cases of the former, in which
 the prudent and judicious
 application of the lancet
 would be productive of much

benefit, which in the latter we
 are inclined to believe it of dou-
 -btful efficacy, under any circum-
 -stances. The application of
 cups in the early period of
 the disease over the affected
 sides, - indeed, we may say at
 any period of it, when the
 pulse is full and voluminous,
 other circumstances being right,
 will be attended with manifest
 benefit - and a marked reduction
 of excitement. After cupping
 we would say give an emetic
 Cathartic of Calomel and
 Spicac, - the dose suited to the
 age &c of the patient. Let
 the patient pulse free and

and copious, Emesis promotes cuta-
 -neous Transpiration, relieves Dry-
 -ness, discharges the Accumula-
 -tions about the Bronchia, and
 has a Solutory effect upon the
 ailment at large. If this plan
 should not succeed, with the
 intestinal evacuations which
 follow, then the patient must
 be put upon the Alterative
 influence of Mercury combined
 with Specac Nitri and Opium,
 existed with Doctor Emetic in
 Solution or powder as the occa-
 -sion may require, and the ap-
 -plication of Caps renewed with
 the assistance of vesication over
 the lungs if necessary.

If the case be desperate and is speedily put under the influence of this plan, with due caution, not to permit surgery by it extending to such a degree as to fail to recover.

The Mercurial and Tartar Practice appears to exert a peculiar and decided influence over the Diseases of the Lungs, tending and characterized by Inflammations, which we are not able to account for upon categorical Principles, yet experience teaches the Truths of our Declaration and it has been recorded by Thus

We lay it down then as a general rule that Inflammation

Pneumonia will not bear general
 depletion, but Cupping does very
 well upon a few spots, this
 originates from a Typhoid
 observed in nearly all the cases
 in our Latitude. Emetics with
 Spuee does finely and ought to
 be resorted to in all stages of
 the disease when the Lungs are
 oppressed with an undue Sec-
 etion, combined with Calor in
 the beginning so as to give an
 action or two from the bowels.
 It is an admirable practice.

Purgings in Pneumonia will
 not do any better than general
 Bleeding, it cannot be practice
 -d with safety, yet moderate

evacuations every 24 or 36 hours will be serviceable, all things else being fair, but we have known cases to go from 4 to 6 days with manifest benefit.

Blistering at any stage of Pneumonia goes excellently and tends greatly to the relief of the case, and the comfort of the patient - Sometimes they will even sleep under its happy effects.

The Lister Practice of Pneumonia may be carried to toleration with the best effect when the stomach is prepared to receive it - but it will not by any means go in every case,

Yet, there are cases in which it is interdicted from a seeming inapplicability upon scientific and not practical grounds.

A patient with Pneumonia should be kept warm all the while - Cold drinks are not generally allowable and we deem it a very bad practice often permitting the results to indulge it - The proper drinks for a Pneumonic case is warm diluents and demulcents such as Flexaria tea Gum-Arabic - Sage, Comfrey tea - The diet should be bland and nutritive - Having given a general

outline of the Treatment we
 would suggest in ordinary Pneu-
 monia. We may remark there
 is an Intermitent form of
 Pneumonia seen in the South
 among Negroes which requires
 the use of Quinine and Dover
 powder, and it goes excellently
 its curative powers being ac-
 cidental, and conspicuous.

Then we have Suppurative
 Pneumonia: the remedy we
 have seen most successful
 is a series of Poterius given
 frequently with diluents backed
 by counter irritative means.

Again when the Lung is
 Solidified or Hepatized, and

it may remain so for some
 time after the case is up-exter-
 -nal without or probably in
 connection with some Alterative
 internally far Superior to all
 other Modes of Treatment-

We have ~~therefore~~ given in
 detail our plan of Treating
 Pneumonia, we offer it for what
 it is worth - with the reserve
 that Diseases change, and
 Treatment must also change.
 We have seen a man in
 one Season, strike the true
 plan of Treating an Epi-
 -demie Disease, and cure all
 his Cases, in the next loose,
 Mergs all. This is a well

established fact about Epidem-
 ics - We are not sensible of
 putting down in our essay any
 thing prejudicial to fact or
 Science - They are simply our
 views and from our Union
 ago in the professional ^{is} subject
 of cases to many grains
 of allowance, which we know
 will be extended - In con-
 -clusion, we only say, in Trea-
 -ting Pneumonia, never give
 up a case -