

AN
INAUGURAL DISSERTATION

ON

Pneumonia.

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Pneumonia.

This is a term used this our day, to signify inflammation of the parenchymatous substance of the lungs; and yet some of our ablest writers contend that there are very few cases of uncomplicated pneumonia and that the pleuro-pneumonia is a much better appellation than pneumonia or pneumonitis. For, say they, it is very unfrequent for to see a case of pneumonia, without at the same time seeing one more or less of pleuritis.

But to discuss this question is not my intention and that there are numbers of cases, in which the inflammation is very great.

in the lungs while it is comparatively small in the pleura no one will doubt, and it is to these kind of cases of which I intend to speak. It is not expected that in an inaugural thesis like this, that I shall treat of the pathological symptoms, or post mortem appearances at any length. To commence then with the physical signs of pneumonia, and I will here say that it is too often the case that the physician does not give himself as much trouble, as is necessary, to get a correct idea of them; he should examine every part of the thorax, turn his patient over, or place him in such a position, that he can examine every part with ease, for while he

may not be able to hear a symptomatic sound, by placing the instrument on one part of the chest, it may be quite audible in another part. But to return there are very few practitioners at this day who are not familiar with the natural sound of the lungs, or to speak technically, the vesicular murmur, and which of itself is a very important as well as welcome sound.

Well then, if I should be called to a patient who had been sick but a few days, and upon examination by stethoscope, should be able to hear distinctly the vesicular murmur, uncomplicated, I should feel certain, that the lungs as yet were free from disease, but if I

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should hear over any part of the thorax, the first sign of approaching inflammation, viz, the crepitant roushus, I should know that the lungs were affected, If the crepitant, or crackling sound was sufficient to obliterate the natural sound, I should feel confident at once that there was already considerable engorgement in the pulmonary texture and that the lungs were in the first stage of inflammation, But if the patient should have been ill for several days, and upon examination I should hear no sound of any kind, or only a sound of a blowing character, or rather, a sound resembling that produced by gently blowing through a quill

Brochial sound, a dull sound on percussion, I should know that the lungs were in the second stage of inflammation or what Pathologists call the stage of hepatization,

Now many able authors speak of a number of other sounds, but they are such as can only be heard by a very acute and well trained ear, and are of little importance to the practitioner, compared with those I have described, those of which I have spoken, are the least difficult to understand and yet the most important, I say least difficult, because, they are all, attended with more or less difficulty, and require some experience before they can be heard distinctly, sometimes

it is the case that we are unable to
hear but little, or nothing from
the commencement and this is
our reason why auscultation has
been laid aside by some and
but little credence given to it by
others, for I now recollect to have read
not long since the writings of an
old, and respectable physician of the
^{south} who says that there is more written
than taught about auscultation than
understood but to say the least of
it, it requires practice and I contend
that we should never visit a patient
where we suspect the least pulmonary
affection without auscultating him,

I now come to the visible signs
of pneumonia, in a majority of
cases the disease is ushered in by a

distinct rigors followed by great heat and increase in the frequency of the pulse, at the same time, or soon after the patient complains of an acute lancinating pain in either side or more commonly over the sternum; except in those cases which come on in the latter stage of continued fevers, and then not infrequently there is little or no pain.

The breathing is generally laborious and very much hurried, and an inability to take a deep inspiration,

Decubitus on the affected side, (if the patient lies on the side at all) but this is seldom the case, and it is the dorsal, with the head and shoulders as much elevated, as convenience will admit. The tongue is

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furred in the commencement moist,
and sometimes almost wholly covered,
a thick glairy substance resembling
the white of an egg. In the latter part
of the disease it is often dry, brown,
and sometimes cracked; There is in
a majority of cases considerable cough
which is very troublesome, and which
the patient tries to suppress, coughs
by jerks and is particular, not to cough
deep, (if I may be allowed the expression),
but seems to try to confine it to
the upper part of the lungs and large
bronchi, at first the cough may
not be attended with much expec-
toration, but it soon increases and
is at first of a thick tenacious glairy
transparent substance which is with
difficulty spit from the mouth often

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ropeing for several inches before break-
ing as the disease advances, it becomes
less tenacious, ~~but~~ is equally charac-
teristic, it assumes a dark tawny ap-
pearance mixed with blood if there
is much blood expectorated with the
sputa it is usually of a dark glutinous
rusty appearance, and frequently ac-
quires a considerable degree of viscid-
ity, so that it is often with difficulty
that it can be separated from the
vessel when inverted,

Delirium is a symptom which
frequently occurs in the course of
Pneumonia and is much to be
dreaded, for it is plain proof that by
the lungs not being able to recover,
the blood, and give it its amount
of oxygen the blood vessels of the brain

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have become engorged. The prog-
nosis in this disease is always
unfavorable, auscultation will
enable us to judge more correctly
as to the issue of the case so long
as the vesicular murmur is un-
dable the case is to ^{be} considered of
doubtful character, and increase
in the expectoration the change
from bloody rusty appearance to
that resembling the sputa expecto-
rated the attack of violent catarrh,
a gradual diminution of the
pain, a copious flow of a serometous
urine, the breathing becoming more
easy, and natural the pulse coming
nearer the natural standard, and
the tongue assuming a more healthy
appearance, are all to be held as

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favorable signs, On the contrary an increase of all the symptoms for the worst are unfavorable, also a sudden diminution of all pain or cough more especially when Tartar Emetic has ^{been} given according to the Russian plan an exceedingly copious perspiration diarrhoea an ability to expectorate anything although the cough may continue Delirium and coma are all to be looked upon as unfavorable symptoms, and yet cases do get well when all hope seems to be lost whilst others die apparently convalescent, I now come to the most important part the treatment of Pneumonia, Until within a few years the great remedy

in Pneumonia was bloodletting and now when the disease is of an inflammatory character not accompanied with Typhoid symptoms no one will doubt the propriety of drawing blood freely but that more than two thirds of the cases that have occurred in the Southern country within last two years are of a low Typhoid character, unable to bear much depletion in any form is beyond a doubt and that a Physician who has bled most freely has had the misfortune to have the greatest number of long lingering cases, to say nothing of the deaths. Now I am not condemning blood letting in Pneumonia I have as high an opinion of efficiency as any one.

But I do condemn its use nearly because the case is Pneumonia for I feel certain that I have been eye witness to cases of Pneumonia which recovered without resection and which would undoubtedly have sunk under almost any plan of depletion, and I will here take the liberty of making a quotation from the Southern Medical Journal, abstracted from a Medical Journal of Vienna,

"This is a memoiry Diétt containing and account of all the cases of Pneumonia treated in the Hospital at Vienna from 1847-50 without excluding any except those of a secondary character, supervening upon acute or chronic diseases such as brights diseases, Dysplis Etc, Non patient

has been used in this Hospital since 1874, the treatment is limited to draughts of Gum water, Opium & Expectorants; During the last three years there have been seven hundred & fifty cases of Pneumonia treated in this Hospital upon the Expectant plan, none of which were of these one hundred & forty cases were complicated, with other acute diseases and two hundred & forty nine with chronic, Of the seven hundred & fifty cases treated, six hundred and eighty are recovered, and sixty nine died, no fatal case was exempt from complications.

The average duration of the disease was twenty days, In five hundred and fifteen cases the

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dyspnoea was very great it is beyond
a doubt that the abstraction of blood
diminishes the oppression, but the relief
is only temporary. The author admits
however that when the disease is a-
bandoned to the expectant plan the
the embarrassment of the respiration
is almost intolerable. This, he adds
is an inconvenience for which
the rapid convalescence more than
compensated I have not made this
quotation to prove that it is not
necessary to draw blood in Pneumonia,
but only to prove that the disease
as we have found it, for last few
years in a majority of cases can
be as successfully treated without, as
by resection. Though I am free
to acknowledge that if the report

from the above named Hospital,
 be ture, that the success has been
 greater than I have been able to
 procure under any plan of treatment,
 The local abstraction of blood by
 cups I am very partial to, for indi-
 pendent of the quantity of blood taken
 directly over the inflamed organ
 it acts as a powerful revulsive,
 and I have frequently dry cupping
 have a very beneficial effect,

About three years ago our
 attention was called to a new
 mode of treating all inflammatory
 diseases without venesection
 and I must confess that I was
 as sanguine on the subject,
 as any one could have been
 I caught at the idea like a

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drowning man at a straw I felt that a great discovery was made, but like all other new remedies it had won more laurels than it was able to bear, I allude to *Veratrum veride*. That we are much indebted to Dr Norwood for the great discovery he has made in the Therapeutical properties of this plant, and that it is a medicine which I should not like to be without I frankly acknowledge, yet with sorrow I confess that it is far from coming up to what I was led to anticipate when I first commenced dealing with the article, I thought then that my lancet might long lay aside, and that I,

should use it oftener to open abscess-
 es than veins, but I found that
^{it was} too enthusiastic and like many
 other medicines, while it exerted
 a considerable influence over one
 person it had but little effect
 on others. The first few cases in
 which I give the Veratrum it acted
 like a charm the pulse was con-
 trolled as by magic and I was
 perfectly carried away with its
 effects but as I said before I
 soon learned that it would
 control the pulse in one patient
 without producing Emesis, that it
 was necessary to produce Emesis in
 another to get its good effects, while
 in another Emesis produced no effect
 on the pulse, and in another it

would not have any effect whatever, although given in teaspoonful doses, and have finally come to this conclusion, that it will or will not, it will either control the pulse without producing Emesis or by producing Emesis, and if it produce Emesis and the pulse are not controlled, I at once stop giving it for. I know that it is time and medicine thrown away.

I said that sometimes it produced no effect and I will give a case in which I used it to prove what I have said. In a negro girl about 14, Asthmatic, she was laboring under a violent attack. she was so very bad off that her master feared she would die, it had been on

her for about four days, I was called
 to see her, every thing that had
 ever been used before had failed;
 besides having seen it recom-
 mended for Asthma I immediate-
 ly thought of what a very relaxing
 effect it produced when it produ-
 ced Emesis, and I concluded to
 try it, I commenced by giving
 ℞gtt, saying that in ten minutes
 would give her ℞ more. I walked
 to the dwelling and in ten minutes
 returned, and to the great astonish-
 ment of myself and her master
 she was as apparently as well as
 she ever was her master was per-
 fectly charmed with its effects,
 requested ^{me to} leave some with direc-
 tions how to use it for he thought

he had found a key to the disease,
 I left about 3p with directions
 to give X grt every ten minutes
 increasing one drop every dose
 untill three doses were taken
 or until it produced Emesis,
 about eight days she had another
 attack, the directions were carri-
 ed out and she took five portions
 without producing any effect,
 I was then sent for, and imme-
 diately gave XX grt, in about half
 an hour gave XXX , and in
 about another half, a teaspoonful,
 it produced no Emesis, no dim-
 inution in the pulse, nor no
 visible effect what ever. I know
 that the preparation was a good one
 Dr Norwood's own, This I have reported

to show the uncertainty of the medicine, now I do not wish it understood that I am trying to cry it down far from it, I believe it to be a good medicine, but at the same time I think it requires much care and judgment to give it, and that if it is preceded or given at the same time Tartar Emetic is given or if resercol has been produced it is very apt to produce violent Emesis with prostration threatening fatality I believe the best method of administering it to be that recommended by Dr. Hanwood watching its effects close and discontinuing its use as soon as it is found not to reduce the pulse or produces hiccup, and

continuing it when it has a good effect, what it will do in a variety of cases I would therefore recommend it strongly in Pneumonia to be given by the physician himself or some intelligent nurse,

Partur. Emetic is another grate remedy in Pneumonia every Physician has his own notions about the quantity to be given, some giving it in small doses and in conjunction with Nitrate of Potash, while others take the Rosovian Plan and give as much as a grain every hour or two I have myself often from X to XII grs in as many hours with the happiest effects and without its producing any effect on the stomach or bowels
 Dr Bowlin of Ala recommends it to

be given by enema and gives good reasons for so doing, that his patients are never troubled with diarrhoea in the latter part of the disease if ^{the} stomach and bowels will tolerate it.

I prefer it to almost any other medicine I have used in the disease,

Calomel in union with Opium is another good remedy, when the expectoration scanty it tends very much to increase it, at the same time it allys the pain and cough, when the expectoration is copious and the tongue not dry it is better to give Opium in union ^{with} Tartar Emetic, Blisters I think are one of our most valuable means of subduing Pulmonary inflammation I generally make use of a one at once, and if necessary dress

them with mercurial or Tartar Emetic
 ointment. Expectorants are useful
 the latter part of the disease, such as
 Seneca Tea sweetened with honey
 The Butterfly and Squills may either
 be used, In the latter ^{part} of the disease
 I have found considerable advantage
 from warm poultices applied over
 the whole chest and I have found
 nothing to equal them in enabling
 the patient to raise the Sputa when
 it seemed to be impossible for him
 to expectorate anything although the
 cough was very troublesome, during
 the whole course of the disease the
 bowels should be kept in lax-
 ative state and yet drastic puga-
 tives are to be avoided, Should Typhoid
 symptoms supervene they are to be kept
 as much compared as the nature of the case will admit