

AN  
INAUGURAL DISSERTATION

ON

*Pneumonia*

SUBMITTED TO THE  
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AND MEDICAL FACULTY

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BY

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## Pneumonia

The name of Pneumonia is applied to Inflammation of the Parenchyma of the Lungs. There are several varieties of this Disease.

These varieties are founded upon the different portions of the Lungs or the different Constituents of any one portion which may be Inflamed and upon the general condition of the System.

I shall confine myself to Common or Lobar Pneumonia.

This form of the Disease is generally ushered in with a chill of more or less severity followed by febrile

Reaction though this is not  
always the Case some times  
the local symptoms precede  
for a time the general some  
times by general uneasiness  
Lassitude loss of appetite  
with more or less <sup>of</sup> Fever.

When the Disease is fully  
developed we have Cough  
hurried Respiration Pain Fever  
and a scanty viscid Expectoration  
often intimately mixed with Blood.  
<sup>ing</sup> The pain is often very acute  
in the beginning of the Disease  
and is increased by the Patients  
drawing a Full Breath Coughing &c.  
it is sometimes situated only on one  
side but if both lungs are  
affected the Patient is apt to

Complain of Both Sides.

This sharp Pain is usually owing to the Pleura participating in the Inflammation.

Sometimes the acute pain is wanting and the Patient complains of a dull aching sensation or a feeling of soreness &c.

The Breathing may be increased from the natural standard to forty or fifty in a minute.

There are three well marked stages in this Disease. the first is that of Congestion second that of fully Developed Inflammation and the third that of Suppuration. Cough in a more or less degree is almost always present.

It is seldom accompanied by Expectoration at first but it usually

makes its appearance about the second day unless the disease is preceded by catarrhal symptoms.

<sup>the</sup> The expectoration consists of a viscid semitransparent matter that soon becomes more or less stained with blood that gives it a reddish or rusty colour.

<sup>the</sup> These properties of the sputa become more striking as the disease advances.

<sup>the</sup> The tenacity is so great that it adheres to the vessel containing it. This viscid and rusty coloured expectoration has been considered pathognomonic by some authors.

As the disease advances the secretions become more copious until the decline when it generally

become more scanty.

In fatal cases the Expectoration sometimes assumes a dark colour  
Fever is an almost uniform accom-  
-paniment of severe cases it varies  
extremely in degree being sometimes  
so mild as almost to escape notice  
and sometimes in the highest degree  
intense. it often has a remittent  
character it is always accompanied  
by increases of pain cough and  
Bloody Expectoration.

The Pulse is usually full strong  
and accelerated and some times reaches  
one hundred and forty or fifty in  
a minute in the adult.

Blood drawn in this disease is  
almost always sizz and not unf-  
-requently strongly cuped.

<sup>my</sup> The skin is usually hot and dry  
but sometimes it is moist.

It is sometimes the case that the  
disease runs its course without the  
Physicians being able to detect any  
of the above named symptoms.

<sup>my</sup> When the tracheal symptoms are  
absent we can generally make out  
the case by Percussion and Auscultation  
In the first stage or that of congestion  
Percussion affords but little evidence  
of the disease but by auscultation  
we are enabled to detect the disease  
in the first stage.

<sup>my</sup> The crepitant rale which is an evi-  
dence of congestion is easily detected  
by it. as the disease advances  
into the second stage we generally  
find the crepitant rale diminished

and we have in its stead bronchial respiration. Sometimes we can hear the vesicular murmur in one portion of the lung the crepitant rale in another and tubular respiration in another portion of the same lung proving that we may have one portion of the lung healthy one in the stage of congestion while another portion is hepatized in the lung at the same time. Should the disease be arrested in the stage of congestion the crepitant rale gradually cease and the vesicular murmur of health is restored.

<sup>or</sup> When the disease passes to the stage of hepatization should a resolution of the disease take place



the Bronchial respiration and Bronchophony vanish by degrees and the crepitant rale returns in general somewhat modified and assuming the character of the subcrepitant rale in consequence of the more fluid nature of the secretion. It is hard to distinguish the third from the second stage it presents the same flatness on percussion. &c.

The causes of Pneumonia are various. the sudden exposure to cold, when the body is warm is the most frequent cause direct violence - the inhalation of acrid Poisons the excessive use of the voice is all said to cause it. the sudden

disappearance of cutaneous eruptions are ranked among the occasional causes.

It is more common in winter and spring than any other season.

### Treatment

In Persons with vigorous constitutions we are advised to use the Lancing freely.

it is said that no disease bases the loss of blood better than open well developed Pneumonia.

In deciding upon the quantity of blood to be taken we must take into consideration the stage of the disease the state of the Pulse and the constitution of the Patient.

In a vigorous Patient in the

in the first stage of the  
Disease with a strong Pulse  
and before hepatization has been  
fully established we are advised  
to bleed copiously.

It is the Opinion of many authors  
that we may arrest the progress  
of the Disease in this stage by  
desided Measures.

We are advised to bleed again  
and again should not the pulse  
have been reduced nor the Inflammation  
Symptoms decidedly checked.

The bowels should be thoroughly  
evacuated by Calomel in combination  
with Gamboge Rheubarb or ~~Colosynth~~  
but subsequently the bowels may  
be acted upon once or twice a  
day by some of the saline cathartics

after the Bowels have been evacuated and the force of the circulation has been subdued by the Lancet we are advised to use Tartar Emetic in small doses often repeated.

If the skin is hot and dry this may be accompanied with neutral mixture after the second or third day if the force of the circulation has been subdued we may give Opium in sufficient quantity to bring the patient under its influence and we may combine a small quantity of Ipecacuanana and Calomel this should be given at night and the treatment above pointed out being continued during the day.

We will find cups to be beneficial they should be applied over the diseased lung large emollient cataplasm is

Beneficial. Should the disease prove  
obstinate it will be proper to give  
Mercury for its specific effect.  
at this time we may apply a blister  
to the chest. if the case seems threat-  
ening it would be advisable to use  
Mercurial Ointment on the blistered  
surface until the gums become tender.

In the declining stage we may use  
some of the Expectorants with advantage  
such as Syrup of squills <sup>and</sup> Seneca in  
combination with wine of opiac.

In the declining stage it is often  
necessary to support the Patient by  
giving him Carbonate of Ammonia or  
wine whey Milk Punch with nourish-  
ing diet.

If the Disease should assume the  
Typhoid <sup>or</sup> Typhoid type we should resort to

the Stimulants and Tonics early we can not use the Lances as freely in this form as we can in the uncomplicated variety I think many cases are caused to assume the Typhoid Type by the too free use of the lancet.

If the Disease should assume the Billious Type with a tendency to remission I would give Quinine freely with the treatment given above, it may often be advantageously combined with Calomel, Opium and Ipecacuanha, the Quinine should be given in sufficient quantity to prevent a Return of the Paroxysm, when the Patient is in a State of Convalescence he should guard against Cold for cases of Relapse generally proves fatal.