No. 233

AN

INAUGURAL DISSERTATION

ON

Pneumania

SUBMITTED TO THE

PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY

OF THE

University of Nashville,

FOR THE DEGREE OF

DOCTOR OF MEDICINE.

BY

William J. Holt

OF

Madison County Ala

1857

W. T. BERRY & CO.,

BOOKSELLERS AND STATIONERS,

NASHVILLE, TENN.

Pneumania

As this is one of the diseases of common in our section of Alabama I have thought proper to say some thing in regard to the cause and the effects of it on the human economy.

The cause of this disease is exparure to the sudden changes as from a warm room into the cold air when the body is relaxed by reason of heat and this sudden change effects the Parenchyma of the lungs and inflamation is the result There is several changes or stages in this Disease the first stage is that of engorgement or congestion the lung is more dence with occasional slight effusion but air still penetrates its vesicles it will float upon water and crepitate on pressure.

The second stage or that of hepatization is characterized by congestion to a still greater extent and effusion into the vesicles and smallest bronchial tubes and into the areolar tissues the matter effused is either blood or fibrine. When the lung is laid open it has a granular apparance and is so very solid that it will sink in water and does not crepitate on pressure

he transition from the first into the
econd stage is very gradual.
he third stage is that of suppuration and
he colour of the lung in this stage of inflam
ation is of grayish yellow; and it is still solid
nd smooth the matter that is contained in
he lung is soon changed in to pus There is
s[illegible] fact connected with this decease tha
he seccond and third stages of this decease ma
e found to exist in the same lung at the
same time and without the closest attention
the Physician may be led a stray. and if
he suppuration be suppered to remain too
long in the lung it will endanger life
by forming pulmonary abcess. This
condition would prove fatal if suppered
to remane too long
Pneumonia may attack [illegible] or both
lungs at the same time It is said by some
Authors that there is no special point at
which the decease commences sometimes
it is found in the center of the lung and
at other times it is found in the lower
lung and then it is also found in the upper
lobe it may therefore be said that it has
no peticular point of attac

of the middle lobe the easyest to cure; Gangreen is apt to result in weakly constitution in same there is a peculiar tendency to it even without any great previous inflamation Sometimes the Gangreen may be diffused; at others it may be in isolated spots.

The term vesicular pneumania or capillary bronchitis is given to that variety of the disease when there is a deposition of pus in the minute bronchial tubes looking like miliary tubercles.

Symptoms. - There is generally a decided chill at first followed by fever; at the same time or soon after. pain more or less violent is experienced in the side breast or back; it is occasionally acute when a complication with pleurisy may be inferred, since the true lung pain is rather dull and is often referred to the epigastrium - or to the nipple on either side; (This I witnessed in one of the cases a lady named the lady - declared that the pane was in the breast and not in the lung and refused to have blood drawn binding that she would not submit I left her for some 12 hours when the pane became so severe and respiration so very difficult that she became alarmed then she

consented to any treatment that would
give relief.) Respiration is quickened; the cough
is at first dry as in low typhoid cases and attended
with bloody expectoration from the first. The
sputa are viscid and tough not very copious and
of a rusty colour; arising from a uniform
mixture of blood, very different from the
streaked appearance of the sputa in acute bron-
chitis though this kind is also seen if the disease
is complicated with bronchitis. Occasionally they
consist almost of pure blood, and in typhoid cases
are of a black colour
The decubitus is usually dorsal, unless there is pleu-
risy. Headache is a very common attendant arising
from a deficient aeration of the blood in the
brain. The flush on the face has a darkish hue
often circumscribed and confined to one cheek
and that is often on the same side that is affected
The blood when drawn presents a decided
cupped appearance
Physical signs - In the first stage, or that of
congestion, there is very soon a slight dullness
on percussion; and diminished respiratory murmur,
but very soon the characteristic crepitant
rhonchus is perceived, especially if there is a
rusty sputum. sometimes it is not heard

except an deep inspiration. On the other parts of the chest the respiration may be puerile. The crepitant rhonchus is caused by the separation of the adherent walls of the vesicles in inspiration, and resembles that caused by rubbing some hair between the thumb and finger According to the teachings of Dr Bowling while this sound is heard it is proof that the disease has not passed the first stage. As long as the natural respiratory murmur predominates over the crepitation, we should infer that the inflamation is slight; on the other hand, when the crepitation prevails so as to mask the respiratory murmur it is a certin indication that the Pneumonia has made progress, and that it has a tendency to the resolution of the disease. These phenomena soon change, either by its making further progress in the disease or in resolution in the latter case the crepitation diminishes in extent and in intensity; the murmur of respiration approaches its natural state; the sound of the chest becomes less dull, and its ~~movements; the respiration~~

Second stage — The second stage of Pneumonia is that in which the lung presents that

change which is called by some Authors red hepatization. in this condition the cells being obliterated while the large tubes remain perviaus; dull resp on percussion bronchial respiration; and a loud resonance of the voice are produced; the extension or intensity of these signs furnishes within certain limits an accurate measure of the extent or intensity of the disease. The bronchial respiration specifically marks the second stage of Pneumonic inflammation; often at the same time, the crepitant rhonchus may be heard in the adjacent parts

If the patient recovers from the second stage and the infiltration diminishes so that the air is again admitted to the minute tubes and vesicles this is announced by a return of the small crepitations which is of course favourable.

Third stage In the third stage; the diseased lung becomes infiltrated with a purulent matter which is generally consistent at first but soon acquires the consistency of common pus. In this stage, a peculiar muco crepitating rhonchus is heard; at first in some points then in the whole of the affected part. It is usually announced by the recurrance of the chill and the expectoration of sputa

Convalescence commences by the end of the first week if the disease has not progressed beyond the first stage; at the end of the second or third week, if it has advanced to the second stage; and, if it has proceeded to the third stage, the period of recovery will depend altogether upon the strength of the constitution, and the amount of time involved. When an abscess forms in a hepatized lung the passage of air through the liquid will be indicated by the gurgling or cavernous rhonchus; and when the cavity has been emptied of the pus by expectoration, pectoriloquy and the cavernous respiration will be added to the sign. Pneumonia may also terminate in gangreane; but this is nearly as rare a termination as abscess. The distinctive physical sign of gangrene is the fetid odour emitted from the diseased part in respiration and cough; and the expectorated matter is also extremely fetid. This change is usually attended by a collapse of the features and great prostration of the vital powers. Occasionally the inflamation may be so confined to the centre of the lung, as not to be evident by the physical signs: in such a case, the rusty sputa became a valuable indication

In the Pneumania of old persons the crepitant rhonchus is not heard, because the effused matter is not tough enough to afford the sound; but it is replaced by a submucous and subcrepitant sound. The signs of lobular Pneumonia are not always certin. it may be presumed to exist if the inflammation occurs in a child; especially after bronchitis. A submucous sound is first heard throughout, followed by some crepitent and bronchial respiration.

Pneumania is occasionally complicated with hepatitis, especially where the lower lobes are involved; in such a case, there would be tenderness, we presume, under the ribs, and some yellowness of skin. If associated with miasmata, it would assume a paroxysmal forme.

In in typhoid Pneumonia, ~~there is copious~~ ~~an expectoration of~~ pure blood, or else of a very dark matter, General feebleness, — dry tongue, sordes, no crepitant rhonchus, but a subcrepitant and submucous sound These are some of the leading features of — Pneumania in its various formes and stages

Treatment In the first stage if the patient is in a plethoric condition free bleeding is thort to be the best and if the pane does not yeald to the first it may be repeted if this

be postponed till branchial respiration occurs - it will be best to dispence with the use of the lance and in the approach to the second stage the use of the lance will not do much good I think that more good can be gained by cupping then the local blood letting then actor purge and after this laxatives will suffice you may then use the anti monials say 1 eighth of a gr of tarter emetic - every hour if the skin be hot you may use the refrigerant diaphoretics and after some 2 days of such treatment a large dose of Dovers powder - combined with three or four grains of calomel - shall be be given at night

In the second stage general bleeding should be dispenced with and the cups used freely and if this failes then the Blisters may be - used to good advantage then the mercurial plan should be commenced by combineing calomel and dovers powder and given in small doses every three hours untill salivation is produced then the stimulents expectarants may be used say tartarentic and opium in small doses this cause of treatment I think will be a very safe one I find that it has proved good in my hands and I think I will continue to use it untill I am advised dispersantly by