AN

INAUGURAL DISSERTATION

ON

Pneumonia

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Fifteen years ago, very little was said of Pneumonia in the Southern States. We had a great deal of Pleurisy. & when the Physicians began to talk of Pneumonia, the people thought that this was only another name for their former "Chest disease". There perhaps was some reason for this infidelity, on the part of the people; for it is very probable that Pneumonia had existed with them under the name of Pleurisy, as Physicians then knew very little of percussion & auscultation. Now we are able to distinguish Pneumonia from any other disease, & it does appear that there is less of the disease than was a few years after Southern Physicians first began to talk of it.

Having no exfurience, we haue To rely on the description of authors who haue described this disease. Various nomina haue bun given it according To, the tastes of different pathologists, Pneumonia, Peri-pneumonia, pneumonitis, Lung fever &c, are among the most common. However it merely consists in an inflamation in the parenchyma of the lungs. The varieties are named in refurence to the locality of the inflamation and its extent. When the inflamation attacks a lobe involveing all of its structure, it is denominated according To medical nomenclature, Lobar Pneumonia. The variety which usually attacks the adult. We divide this into three stages according To its progress. The first, is the furiod of congestion: irritation

is first present & Thirty invites, an accumulation of blood To the part. The patient Complains of heat and fullness in the lung; he has Thirst & his respiration is increased. If he should die in This Stage, upon examination, we would find the natural color changed To a deep red, the lung would still crepitate under pressure, Though less than in health, any impression made on it would be retained, showing a loss of the elasticity in its tissues: its density & weight are increased. Though it will not sink when placed in water, it is some what softened & more easily torn than in health. The Second is called the Stage of red hepatization from hepar the liver, which is of the appearance of the inflamed lung when divided.

In this Stage, the color of the lung is said to be changed, to a very deep red, reddish brown, or grayish red color. the lung is very soft and easily torn, does not crepitate when pressed, Specific Gravity is greater than that of water. The reddish fluid which exudes from it when cut & pressed is less in quantity, and much more viscid than in the first Stage. 3y The third is the Stage of gray hepatization. attended either with abscess or Gangrene of the lungs, though the latter is quite rare. Softness & color are changed here; the lung is greatly softer in this than the second period. its color is now of a grayish or yellowish hue, which extends through the Structure. 4y The Lobular Variety next Claims our attention. This is

usually call'd the Pneumonia of children.
This as the former resolves itself in to
three periods or Stages, which have about
the same characteristics. Children from
the age of Six years down to the infant
are subject to its dangers. The inflamatio
n. develops itself in Spots from the size
of an egg. to a Speck scarcely visible. These
Spots are surrounded by healthy Tissue
though sometimes large portions in the
course of the disease become implicated,
& it is finally a case of Lobar Pneumo-
nia. Some writer is of the opinion that
no true hepatization occurs in this
variety, but that there is only a consol,
idation of the parenchyma by the
contractility of the pulmonary tissues.
abscess is very common in this variety
and is truly a dangerous condition.

When the air cells and passages, are in a State of inflamation, it is denominated vesicular Pneumonia or vesicular Bronchitis The inflamed parts are thought very much To resemble Miliary Tubercles, but are not so firm and resisting, &. they contain pus which is another characteristic. When the inter lobular Structure is inflamed, we have another variety, the Inter Lobular, which we deem unnecessary To describe as it is of minor importance compared To the others spoken of. All of these varieties are subject to various modifications according To the intervention of various circumstances, For us to stop here to treat of the Chronic, Typhoid, & Bilious, would certainly make our Thesis Tedious.

The attack begins with a distinct chill
followed with decided febril commotion.
, Pain in the lung or it is refered to
the brain, Epigastrium, or Sternum.
The pain is not darting & keen but of
a dull aching kind. There is difficulty
of breathing, and hurried respiration owing
I suppose to the imperfect aeration
of the blood. The pulse is usually
full and not much accelerated, but
sometimes vice versa. Often the
patient feels badly several days
preceding his attack, Complaining
of weariness, bad cold, lassitude
or relish for food, all which
is attended with some slight
fever; Cough is present during the
whole disease: in beginning it is
dry but in a few days a semi transparent

vica Sputum is expectorated, sometimes mixed with blood. Changing to a grumish or yellowish hue, being tenacious enough frequently to stick to a dish turned entirely bottom upwards. The Sputa will often coagulate like Jelly. The fever is of the remittent type. The exacerbation coming on in the afternoon. To be able to determine the variety and progress of Pneumonia we must understand the physical Signs. By these we find that in the first Stage, the Sound is abnormal on percussion, there is absence of the vesicular murmur and presence of the crepitant rale. This is most discernable when the inflamation is situated near the pulmonary pleura. The respiratory murmur is louder,

just before crepitation which notes the commencement of Congestion. The mucous membrane which lines the small tubes becomes thickened from inflammation, and the parietes of these passages approach each other & thus makes the movement of the air from the vesicles more rapid, producing greater resonance, of the respiratory murmur. In the second Stage the Crepitant rale can no longer be hear, the respiratory murmur is absent. and bronchial respiration is observed and this sound is more readily conveyed to the ear in consequence of the consolidation of the spongy tissue of the lungs. About the time that the first stage passes into the second there is frequently a commingling of the crepitant rale,

and bronchial respiration— frequently both are heard at same time in different parts of the same lung. Bronchophony is present, and difficulty in speaking. The third stage is not easily distinguished when the mucous and subcrepitant rale are absent. When there is abscess a gurgling is heard over the region of its location. When gangrene occurs it may be known by the fetor of the breath and expectoration. The disease is without many important characteristic signs when the patient is advanced in age, owing to the pathological changes in the pulmonary tissue: the mucous sounds confuse the crepitant rale. Percussion reveals dull flat sounds, which with the occasional symptoms will aid us in our diagnosis. We have greater

difficulty in forming correct diagnosis. when the disease occurs in children, the Stools are generally swallowed so that they afford no evidence, Children are subject to Worm fevers, and coughs, and if they have chills, the attendants are often not aware of it. They are also liable to many disorders of the respiratory organs, all of which tend to confuse our judgement. Hurried respiration and a very peculiar groaning of the little sufferer will with other circumstances frequently be of great benefit in forming our Conclusion. There is another Symptom which we consider worth bearing in mind, that is crying of the infant, during which great pain is manifested both in the act, and in the countenance,

"To say nothing of the various Causes of Pneumonia, we proceed to the treatment, - first Lancet, Second Blisters Third, Tartarized Antimony, This is the epitome of our proposed treatment which should be varied according to circumstances. If we should have a plethoric patient with uncomplicated Pneumonia, we would bleed, then use counter irritation or local depletion and begin with the 1/16 grain of Tartar emetic, encreasing the dose until nausea is established. This treatment will often cut short the disease in the first Stage. If any thing unusual should happen we would then treat the disease as all should be, "pro re nata"