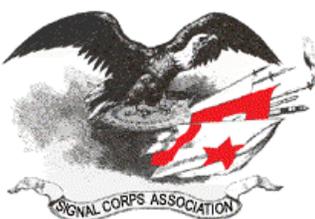


SIGNAL CORPS

1860



ASSOCIATION

1865

New York, Jan 17<sup>th</sup> 1854

Doctor A. S. Myers will please prepare  
in writing a brief extemporaneous description of  
the causes, symptoms, pathology and treatment  
of Pneumonia together with one or more  
prescriptions proper in the case, written out in  
form for the apothecary.



Pneumonia is an inflammation of the parenchyma of the Lungs. Its causes we divide into predisposing and exciting. Among the former rank all things which may tend to depress the vital forces of the patient, preexisting diseases of the Lung or other thoracic viscera or the presence of certain general affections of the system. Prominent among the exciting causes we find exposure to cold operating with equal activity in summer and in winter by the repulsion of the circulating fluids from the surface and their congestion within the internal organs. The inhalation of irritating vapors is cited as a proximate cause of the disease. Inflammation may extend from the minute ramifications of the Bronchi to the whole parenchyma of the Lung and lastly we meet often with Pneumonia produced by and a serious complication of other diseases.

I shall treat of its symptoms as found in cases of uncomplicated Acute Pneumonia of those in which the system of the patient has been subjected to malarious influences and lastly of those in which from previous causes of depression the disease assumes a typhoid aspect. Firstly of the signs afforded by Auscultation as these are common in different degrees to all varieties of the disorder. By mediate or immediate Auscultation we detect in the first stage of the disease, the signs of congestion: the minute crepitation a sign of the greatest value for by it we mark the portion of the Lung

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affected and the degree of its disorder. Elsewhere the sounds may be normal or we find puerile respiration. In the second stage of the disease Auscultation proves to us that respiration is suspended in a portion of the lung. We have Bronchial or Tubular respiration, the sounds of the heart conveyed with more than normal intensity to the ear and the vesicular murmur is absent, the signs of congestion yet exist and may extend if the disease progresses. Respiration is more decidedly puerile over the remainder of the lung. In the third stage auscultation is of little avail. We know by it that a portion of the lung is solidified but whether it is in the stage of Red Hepatization or of Purulent Infiltration we cannot say - In cases where the disease is masked by disorder of the cerebral functions our attention should be given to the careful examination of the lower lobe of the right lung. Of Percussion. In the first stage the Pulmonary resonance may be equal on both sides of the chest or a very delicate ear may detect the slightest dullness - In the second stage there is decided dullness over the affected portion of the lung and the pitch of the resonance is heightened - I should have mentioned that the pitch of the sounds detected by auscultation is also raised over the solidified portion of the lung. In the third stage Percussion like auscultation affords no pathognomonic signs - Percussion and Auscultation are again of value as we watch the resolution

of the disease. By their means we may from day to day <sup>3</sup> circumscribe it and on them base our favorable or unfavorable prognosis.

Of the symptoms general and special of Acute Pneumonia. The patient has fever. The skin is warm the face shows the pneumonic flush: the eyes are suffused: the tongue red, full and covered with a thick whitish fire. He complains of more or less nausea and headache: his bowels are not particularly affected. The pulse is frequent and full unless in those rare cases of terrible danger in which the vital forces sink at once under inflammation of the whole entire structure of both Lungs. He has cough with or without expectoration: this symptom not constant. He has pain in his side which interferes with his respiration and is generally complained of as dull rather than acute: not always present. His respiration is hurried, he may not be conscious that it is so: a very general symptom but even it is sometimes absent. ~~It~~ ordinarily increases in the afternoon and evening. The disease progresses. The patient begins to expectorate the peculiar rust colored sputa of Pneumonia. From their greater or less viscidities we judge of the extent and severity of the affection. The difficulty of respiration is increased. The patient complains yet with no constancy of an uneasy sensation on the side of the affected Lung. Some degree of fever still continues, and if the case is serious the patient may show signs of commencing depression.

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 The second stage is fully formed. In this stage the patient may sink from depression or from deficient aeration of the blood - Pathologists doubt whether there have been recoveries from the third stage of Pneumonia. We can form no certain diagnosis of its existence. If the case is to terminate fatally, the patient sinks in either the second or third stages. The symptoms are those of depression. The surface is cold, bathed perhaps with a clammy sweat. The pulse is very frequent, gaseous, yielding instantly to pressure. Respiration is much hurried. Tongue is dry covered with a dark fur. Sordes collect upon the teeth. There is subcutaneous tenderness, relaxation of the sphincters. Delirium from debility &c. Commencing recovery is marked by amelioration of all the symptoms and improvement of the physical signs -

Bilious Pneumonia affords us signs of Hepatic Disorder and evinces in its symptoms that peculiar tendency to remission the concomitant of all disorders of malarious origin. We have a yellowish tinge of the conjunctiva perhaps of the whole surface - The tongue covered with a yellowish fur. More nausea more marked than in acute pneumonia, perhaps vomiting of bilious matters. There is generally greater disturbance of the bowels either from depression or deficiency of the bilious secretion -

Lymphoid Pneumonia gives evidence of depression from the outset. It is this variety of the disease

which requires the most careful physical examination to detect this latent pneumonia. It is held by some Pathologists that there is a peculiar tendency toward purulent infiltration in this affection.

I have spoken of the different stages of Pneumonia reserving their descriptions to fall under the head of Pathology. In its first stages by the death itself most of the evidences of inflammation are removed. We find the congested portions giving but slight signs of their congestion, by redness or turgidity of its vessels and by the presence within the ultimate air vesicles and minute bronchi of a frothy mucus colorless or slightly tinged. The second stage affords on dissection the appearance from which it has taken its name. A section resembles one of the liver. The vesicles and bronchi are filled with coagulable lymph, a fibrous and bloody effusion. The lung is friable and sinks in water. In many cases a purulent fluid is present. Around the margins of the solidified portion are evidences of congestion, inflammation &c. In the third stage portions of the lung seem to have been broken down and its entire tissue resolved into Pus. Cavities are sometimes found, but rarely.

Treatment. In the first stages of uncomplicated Acute Pneumonia the most decided antiphlogistic course is indicated. If the patient is of good constitution and has been subject to no cause of depression

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we resort to venesection until the pulse by its diminished frequency and force or the symptoms by their alleviation show its effects. Repetition of the venesection may be called for. If the bowels are constipated we open them with Saline Cathartics or if we are led to imagine that a mercurial impression will be ultimately necessary we give a mercurial Cathartic. If there is much nausea or vomiting we clear the stomach by an emetic. After this preliminary relief of the bowels it is advisable to procure one evacuation daily by mild cathartics. The Opote may be given at night combined, if need be, with a mercurial. We may resort also to the sedative and diaphoretic influence the Sarsate of Antimony and Potassa. In slight cases we may depend upon this remedy entirely. We use it also when we fear depletion. It should be administered with caution when we fear intestinal inflammation. In the second stage we should abstain from the use of the lancet. We endeavor to check the spread of inflammation by local depletion and arterial sedatives. The principal indications are to sustain the strength of our patient and to trust to the mercurial impression to check effusion and to promote absorption. The third stage as it cannot be easily distinguished from the second so is similar in indication. Our efforts are directed principally to sustaining measures. It is well to remark that by prompt treatment we may hope to check the disease at its inception. Bilious Pneumonia does not bear depletion so well as uncomplicated acute Pneumonia

Mercurials and the use of Linnia are indicated - In  
Typhoid Pneumonia we sustain the patient from the  
commencement

Mercurial Cathartic

Rx Calomel & Jalapae aa gr x.  
To be taken in Syrup.

~~Saline Cathartic~~

Rx Magnesia Sulphat. ʒij.  
Auk of Potassae Tart. gr ij  
Aqueae ʒij

Two ounces to be taken every  
half hour until Cathartic effect.

Opium with Calomel

Rx Opii gr j  
Calomel gr xij

Siack chartulas ~~xll~~  
One each hour.