Observations
on
Acute Pneumonia.
by
Robert Adlington.
1854.

Good. Perfunctory. Fair in opinion generally.
23. Depreciates "country" practitioners.
26. May the injurious effects of tobacco of late years arise from increased intemperance? Author supposes an increase in middle ranks, wrong.
27. Refutes the statement.
30. Not rely mainly on the state of the pulse.
43. Dr. Williams on Mercury: No novelty.
46. Variations excepted of chlorides in spittle - but nowhere proved.
Observations on Acute Pneumonia.

The subject I have selected for the following remarks is certainly a most important one, but on that account is not less important to the well-being of the present generation. It is not my intention to trace its progress since the time of Hippocrates; for not only could no such result therefore, but I should only be following the same steps that have been trodden by men of acknowledged eminence; who from time immemorial have been reaping their infirmity to discover the best method of treating this most formidable and (under the most favorable and fatal disease.

I intend, principally in this paper, to content myself with some remarks in the first place on the diagnosis of Pneumonia, and afterwards consider its treatment, concerning which there exists so much difference of opinion even among the most eminent. Not that I flatter myself for one moment that I shall be able to point out the right method—my greatest claim can but be to contrast the methods of
especially by bloodletting (whether to be practised or not). I have Seen so much disparity that I am unprepared to state what is to be done until the two methods are contrasted more impartially, and the modifying circumstances which are numerous, such as age, sex, and temperament of the patient, strength, previous history, occupation, residence in town or country, and last but not least whether the person be addicted to habits of intemperance or not (for these facts will its tolerance in a great measure depend), until then I fear this difficult but very important problem will in all probability remain unsolved. I do not indeed wish it to be understood that I would advocate or practice one, and only one method of treatment in all cases, but I principally wish to impress the necessity of giving the patient the benefit of the doubt in cases in which general blood letting is of doubtful efficacy (and I hope I shall be able to show by cases that such is actually the fact) for it is a remedy that almost all will admit has been, and indeed I fear now is much too lavishly employed; unnecessary, when it might have been well superseded by other and
milder measures; - unwarrantable, when actually no benefit, but bad injury has resulted therefrom. The next subject I intend to advert to so far as my opportunities of observation will permit is the absence of Chloride of Sodium in the wine the particulars of which (so far as I am aware) have attracted very little attention in this country and the merits of which, as an adjuvant to our present very accurate means of diagnosis, have as yet to be further tested.

As to the diagnosis of Pneumonia; on this subject with the exception of its recent addition before mentioned I think I need say nothing as everything connected with the symptoms and physical signs has been so ably described by all the numerous authors on this subject and since the discovery of Auscultation and Perception of which the older Physicians of course were ignorant, the physical diagnosis has been rendered comparatively easy, although by no means to always in its very earliest stage. This comparative facility has I fear too often diverted the attention of the young practitioners from observing carefully the symptoms which ought never to be lost sight of by the
Physician who has the recovery of his patient at heart indeed I think it is an excellent maxim to forget as it were the name of the disease you are treating and treat the symptom, one by one as they show themselves.

In the normal state the urine as it is well known contains Chloride of Sodium or Common Salt as one of its constituents which might be imagined considering the almost universal diffusion of this substance throughout organized nature its presence is indicated by a little of the fluid being acidulated with Nitric or Acetic Acids and a few drops of the Solution of Nitrate of Silver being added a curdy white precipitate of Chloride of Silver is thrown down.

This test is not alone applicable to Pneumonia for there is undoubtedly an absence or certainly a diminution of the Chloride in many inflammations but not in any other so constantly as in the one of which we are now speaking. In Berlin and some other Continental Schools this test as aiding the diagnosis of Pneumonia is almost invariably resorted to, and if more extended investigations should confirm the fact, it will
I doubt not assist us in explaining some of the mysteries of Pathology.

The first published account of experiments to determine whether Chloride of Sodium was absent or not from the urine in cases of Pneumonia was published by Dr. Redtenbacher in August 1850. His physician says that he noticed that the quantity of Chloride gradually diminished until the period of decomposition had occurred when no traces whatever of that salt could be discovered in the urine but that the salt again made its appearance as the solution of the inflammation progressed.

I have myself seen in Pneumonia and other inflammatory diseases, the Chloride very much diminished if not altogether absent, while at the same time the organic constituents are increased in relative amount.

This decrease says Dr. Beale (in a paper on the subject) of the inorganic constituents, may be partly due to the altered diet taken by persons suffering from acute inflammatory diseases. Dr. Redtenbacher certainly appears to have given the diagnostic a tolerable trial, for he recti-
his observations in eighty cases of Pneumonia attended with the same results viz:—That there was no Chloride of Sodium at the exact period of Hepatization. Dr. Blake obtained his results by quantitative analyses, a process which though doubtless more accurate could never be employed by the practical physician and can only supply facts which may eventually lead to the elucidation of the pathology of inflammations generally; while on the other hand if the simple, the somewhat rough, method already described be effectual, or rather, I should say if the rule to which I have adverted prove absolute, then, and only then, will it tend to confirm (along with other means) the Physician's Diagnosis, and thus be beneficial both to Physician and Patient. Moreover, this knowledge may be obtained without any inconvenience; for since the urine has been found to indicate so accurately the state of Nervus in Bright's disease, Diabetes, &c., on the addition of proper reagents, that a watch, stethoscope, and small urine case, are not only his constant companions but are becoming absolutely indispensable.
In all Chemico-Pathological investigations the author last adverted to, very properly remarks that it is a point of the utmost moment that the cases forming the subject of enquiry should be well-marked instances of the particular morbid condition under consideration for upon this fact alone can the inferences drawn from the facts observed depend. It has been remarked that the sputum of persons suffering from Phthisis is loaded with saline matter at the time when it is absent from the urine and I myself have heard patients describe their sputum as being saltish in the taste sometimes when expectorant has been excessive and long continued this salt does not reappear, or at least the normal quantity is very much diminished until the expectoration is somewhat abated.

Chloride of Sodium is always present in increased quantity whenever the Transformation of Tissue depending on cell development is going on and the more we investigate this subject the greater reason have we for believing that the pathological metamorphoses which are observed under these circumstances are governed by
and take place in accordance with the same
fixed laws which regulate certain physiological
phenomena, but acting under different relation.
I think the subject in connection with the
increase or diminution of the salt in the secretion,
or its varying quantity in the same secretion under
the modification of disease, especially as it is
in my opinion the most important, as well as
most abundant saline constituent, in the body
and its more attention at hands of physicians
and pathologists than it has hitherto received.
The high diffusive power of common salt, says
Professor Graham, the readiness with which it
permeates animal tissues—its great solubility
in water—its preservative power—its wide
distribution over the surface of the earth, and
throughout the whole organic kingdom—the avidity
with which it is sought after by man and
animals, which for a time have been deprived
of it, and its abundance in growing corn—
byonic tissues, which in their mature state
contain only traces of it—all point to its im-
portance as a constituent in the living organism;
and the study of the different quantities of salt
existing in the various tissues, in a state of health, as also under certain morbid conditions, appear to me to be likely to exhibit some interesting points, in reference to the especial part performed by the salt in cases of cell growth and multiplication, and the importance of the salt to reparative action suggests the propriety of supplying our patients with a sufficient quantity in cases of disease. The absence of salt from the urine so far as I have been able to observe is peculiar to inflammatory diseases as experiments were performed on the urine of persons suffering from diseases of all kinds to the number of between forty and fifty in the Hospital here without a single exception; in a woman suffering from Pneumonia after fever the rule still held good, as her urine when examined presented either a total absence or at least a great diminution. In a Diabetic patient we might probably (alas! I do not know that such would be the case) find a great diminution of the salts generally, and this salt amongst the rest would be relatively so, that in a given quantity of urine—but still the salt might be in normal quantity as contained in the whole of the除外
daily evacuation. The physical signs and symptoms of this disease (Pneumonia) are now I think in this enlightened age of our art so thoroughly understood, as I have previously remarked; that I have no intention of increasing the prolixity of this paper, or causing unnecessary trouble to the Professor into whose hands it is consigned, by so doing; and more especially as these will be fully detailed in the appended list of Hospital cases for illustration, which have been taken on that account with tolerable exactness. I shall next proceed to make a few remarks on the Chemical and other character of the Pneumonic Sputum as some have termed it, and thus bring my observations on diagnosis to a termination. I am led to say a few words on the characters of the Sputum, under the belief that the young physician is too apt to rely solely one one method of investigation, than which nothing can be more fallacious. It cannot in my opinion be too strongly urged upon the young medical practitioner never to draw deductions from one class of signs or symptoms, but only after a careful comparison and analysis, aided by every appliance which modern science has provided.
It is a fact known to all of us, that there is no rule without its exception, and hourly experience has demonstrated the fact that this is doubly true in medicine; and these exceptions are only to be learned by experience, and that we must be seriously imprudent with the difference between the healing art and the art of art. Mistakes in the former may be both serious and irremediable — may hurt or spoil the goodly and precious medicine they are intended to deliver. But to return after this slight digression — as an instance from this interminable list of exceptions, I may mention the one most appropriately which is under our notice, and therefore called for in these remarks viz.: The Spirometer, which is almost invariably present, and is by many much relied on; but still there is occasionally a well marked case in which there is none whatever, but it is much and justly trusted as indicating with tolerable accuracy the nature of the occult cause. As pneumonia is generally accompanied by bronchitis — indeed the latter is often the precursor, as is proved by the red color of the mucous membrane in large and small divisions of the bronchial tube, so we find the Spirometer in the early history of pneumonia...
Bronchitic or Catarhal; when further advanced it is rusty, that is consisting of mucus intimately combined with blood, and in this respect differs materially from the sputum of Bronchitics when containing blood, which is not inseparably mixed but as it were "streaked". The proportion of the admixture of blood will of course cause the shade of color to vary from yellow to gray, or even a decided red. The sputum then in the first place will almost always be catarhal, passing on to rust or orange colored, which is exceedingly tenacious, and adheres closely to the inverted vessel—this is very characteristic of the second stage, and very frequently continues to the end in fatal cases; but in favorable ones is gradually changed, becoming less viscid, and ultimately again assuming the Catarhal type.

When Pneumonia advances to Gangrene (a condition which is exceedingly rare) then the expectoration is readily detected by its offensive odor. Sometimes again the expectorated matter is purulent, occurring in connexion with circumscribed abscess of the lung, but this occurrence is as rare as the one last mentioned. Further, in regard to the Pneumonic Sputum, that...
during the time that the Chlorides are absent from the urine, that deficiency is compensated for, in a substitute supplied by nature viz. - the expectoration.

This seems to be a general law; for we find that there is a considerable increase of the solids in Atrophic Bronchitis, the reason of which appears to be the following.

After the coagulable portion of the exuded plasma (says Dr. Black) has solidified on the denuded surface of the basement membrane a continual supply of alkaline fluid from the blood is required to effect its resolution, before it can be assimilated into the growth and development of cells. This supply of alkaline fluid regularly taking place for some time after all inflammatory excitation has ceased, must necessarily lead to a relative increase of salts as compared with the organic matter of the spura, which appears to be an established fact. If this in Pneumonia as in Bronchitis, we consider the absolute increase of organic matter and salts, as well as the greatly increased quantity of spura, we shall have some idea of the drain on the blood which is constantly going on from this cause alone, and if we further bear in mind the waste produced by all the other
secretions, as well as by the effect of medicines, and also the almost total abstinence from food, we shall be able to see how it happens that the size and weight of the body are so rapidly decreased in disease. Thus then we frequently find the sputum as it were "rarefied" of some other secretion under the modification of disease—so in Pneumonia when the Chlorides are absent from the urine, which is the normal channel for their elimination. Cases are recorded in which a peculiar diathesis was present in conjunction with some part of the pulmonary apparatus being the seat of inflammation, where distinct evidence of that particular diathesis was manifested in the sputa. The following cases happened to a medical man with whom I am acquainted—A man aged 55, of nervous-sanguineous temperament and intimate habits, was seized with articular rheumatism in 1852. The attack commenced in the ankle joints, and affected the large joints in succession. The patient became affected with pulmonary inflammation the following day, at which time there was not much expectoration, but the urine threw down on cooling a copious sediment of urate of
Ammonia. Expectoration now became somewhat copious, and the urine was discharged with the sputum, whilst its discharge by the urine was totally suppressed, but on the Kidneys resuming their function there was not only a speedy resolution of the pulmonary affection, but also a rapid convalescence from the Rheumatism. The case next to be related was that of a Student of Medicine aged 20; of a tuberculous constitution and nervously enervated temperament was suffering from an occasional sharp, cutting pain in the livers, followed by a discharge of very bright, amber colored urine, which became extremely turbid on cooling. He stated that he had thus suffered for three months, that the pain generally affected him very suddenly, and that it was so lancinating and acute as to cause him to flinch involuntarily from it.

On the urine being examined by the microscope, numbers of the usual crystalline forms of urine of ammonia and beautiful octahedral crystals of oxalate of lime, crooked by light colored bands, after being under treatment for a fortnight, he took cold from incautious exposure, and pulmonary inflammation supervened.
On the establishment of the expectorant stage the sputa were daily examined, the result of which proved the occasional presence of the above cells, particularly at the time when they were being eliminated by the kidneys in small quantity, and when in consequence, their accumulation in the blood was taking place.

The next case of a woman aged 36, sanguineous temperament, married, and mother of six children, was attacked with jaundice about three weeks before her last confinement, which happened on Oct. 27, 52. Medical attendance was not requested until five days after the labour, when, in consequence of having taken cold on the previous day, the complained of cough, straightened breathing, together with a sense of weight and unsatisness in the left scapular and subscapular region. Pulmonary inflammation supervened with its usual symptoms, and on the establishment of the expectorant stage the sputa viewed under the microscope plates of cholesterin were present.

The above cases render it evident that the bronchi-pulmonary membrane becomes at times the outlet by the sputa of the morbid products.
of the particular disease or disease with which pulmonary inflammation is associated. But the eliminative action appears only to be manifested when the secretory action of the kidneys was insufficient to prevent an accumulation of morbid products in the blood, and it invariably ceased for a time directly after the appearance of an unusual quantity of the above salts in the urine. The "occasions" elimination of such products, shows the conservative tendency of the system at large, and the disposition which exists between structures of a similar nature to sympathise with each other and to assist, by a compensatory action dissimilar to their own, any part or structure, the functional activity of which is for the time unable to prevent the undue accumulation of injurious products in the blood. I think then it must appear that the occasional discharge of the salts of the blood by the sputa when they are suppressed by the ordinary channel deserves some attention at least in a pathological point of view. The appended cases show that this is pretty constantly the case and many more well marked examples might have been added, had it been my object.
to swell out these pages to a greater extent.

I must then close this part of the subject, by
strongly recommending to some one who has
more time and greater ability than myself
to work out this pathological mystery, and
I doubt not that he will be rewarded for his
trouble by not only still further simplifying
the physician's diagnosis, but perpetuating
his name in the annals of medical science.

Treatment.

The first remedy on which it is necessary to make
some remarks, and one which has been employed
since the time of Hippocrates in general bloodletting,
and as the result of such treatment is the only
proper way of appreciating it, I shall take the
liberty of introducing in this place the following
case in illustration.


He appeared to be a strong, robust man, never having
known what it was to suffer from illness, states that
on Saturday the 24th in the morning, after having been
exposed to cold and wet the whole week in following
his occupation as a drainer, he was seized with
defects, cough, and sharp pain in the right side
lop of appetite, and great thirst.

Examination—On percussion there was appreciable dulness over upper half of right side, and over the space there was marked tubular breathing, with slight prolongation of expiration. Evident vocal resonance, with an occasional crackle of crepitation. He has a dry hard cough which causes much pain in the right side. No sputum. Pulse 106, full and of good strength, but not hard; tongue clean, dry: no edema—Bowels constive.

Dec. 27th. Feels much easier today; he vomited last night. Leeches bled freely.

There is marked crepitation heard over the upper part of right side anteriorly, in the same part where the physical signs were heard last night, with increased vocal resonance. At the apex of the lung anteriorly there is harsh inspiration, with some pro-
- longation of expiration. Vocal resonance increased over the whole of right side. Posteriorly, inferiorly, there is dulness on the right side, with marked Bronchophony and no crepitation. Cough is considerable.
and very painful. The sputum is frothy and tenacious, and mixed through and through with blood. Bowel opened freely in the night, and he has been a good deal sickened by the medicine. Pulse, 96 weeks, but not much under the natural strength. He vomits a little this morning, and the pains over the body are much diminished. I take 1/2 grain of Antimony every hour.

Dec. 28th. From the apex of the lung anteriorly, to just below the nipple, there is distinct dulness on percussion; on auscultation distinct crepitation is heard, and the vocal resonance is very much increased:—below the nipple there is no dulness whatever on percussion, nor any crepitation on auscultation in the part where it was heard yesterday—this is on the right side—on the same side posteriorly, there is slight dulness at the lower third of the lung—at the apex there is none—the breathing below is tubular, and vocal resonance over the right side (the whole of it) is increased. Breathing hurried—sputum frothy and rusty. Pulse 120, strong and full. Tongue dry, and he complains of thirst. Urine of high color, sp. gr. 1020. No chlorides present on the addition of Nitrate of Silver to the acidulated fluid.
Dec. 29th. Feels much better today — there is returning
crepitation all over the right side — vocal resonance
degraded. Posteriorly there is pleural respiration
over the left side, and slight crepitation over the right.
Auscultation is not so rusty — Urine still contains 20 Chlorides.
Pulse 110 feeble. Dose of Antimony doubled yesterday evening.
Dec. 30th. Tongue moist and dirty. There is harsh tubular
breathing at upper two thirds of right lung anteriorly,
with considerable bronchophony. On left side slight
incidence of the vocal resonance, and low down and
laterally on that side there is some crepitation.
Urine still contains no Chlorides.
Dec. 31st. A distinct friction murmur is heard
low down at the antero-lateral part of the left side.
On right side superiorly, there is loud tubular breathing,
and still perfect dulness anteriorly superiorly.
Respirations hurried and 46 in a minute.
Pulse 96 weak — Tongue moist and foul — Sputum
more fluid and abundant — Urine shows a trace
of Chlorides today. So have a blister to the right side
2nd. The blister rose well, and he feels much
better — the dulness on the right side can scarcely
be made out. Anteriorly and superiorly at the upper
two thirds of right lung, there is some tubular breathing.
and the expiration is prolonged, and there is still increased vocal resonance. On the left side the lung is healthy superiorly, at the base and on the side there is a moist rale on inspiration. Breathing is quiet. Urine contains Chloride in abundance.

Jan. 2d. The dulness cannot be made out, and he is in every respect better. Tongue moist, and very much cleaner. Pulse 80 very weak. Urine contains Chloride in abundance. Sputum frothy and copious, and slightly tinged with blood.

Jan. 5th. He is now convalescent; all abnormal noises have disappeared from his chest anteriorly, posteriorly at the apex of the right lung, there is slight prolongation of expiration. Tongue clean. Appetite good. Urine contains an abundance of Chloride.

The present state.


I think the above is a tolerable specimen of an acute Pneumonia invading a previously healthy man in the most common way, viz:—by cold, as well as a good illustration of a speedy and satisfactory cure being accomplished without vexation.

In this case the man was pronounced convalescent.
on the twelfth day after he was seized; which in point of time is certainly under the average, and in six more days was discharged quite strong. If this man had consulted a country practitioner, especially if he had been one of the old school, almost to a certainty he would have bled him and perhaps largely—how much would it have retarded his cure? I have no doubt that it would have entailed on him weeks of debility, which is sometimes of great importance to a working man who may have a family solely depending on his exertions, setting aside his own personal sufferings, as well as by so much advancing our art towards a greater degree of perfection which ought at all times to be our study. The experience of Hospital Physicians, now I believe is, that this disease at best formidable is rendered doubly so by misconduct and consequently is rarely resorted to in these institutions. Dr. Bennett relates a case in the Edinburgh Journal of Medicine in which a man was received into Hospital on the 14th day after the attack, which was double Pneumonia; and during which time he had been bled from the arm,
twice blistered, and purged with benefit at the time, which was followed by a relapse, for which he applied to the Infirmary—be was still in the house weak all the convalescent, forty one days after the attack. This case he mentions as contrasting strongly with another case which is that of a short and previously healthy man, very similar to the one I have detailed, in which the man was treated with Osmotic Balsam and was discharged well on the seventeenth day. These two cases are quite in accordance with the observations of Linnæus, for he remarks that treated as the former of the two cases was, he had noticed that the patient generally suffered from one or more relapses, which necessarily retarded the cure, as well as from long and excessive debility which too often accompanies convalescence. My own limited observation quite coincides with the comparison I have briefly quoted, for when living with a practitioner in a poor and populous part of Lancashire, where Pneumonia is not uncommon, I have in almost all cases seen patients weak and debilitated for six weeks as the shortest time, after the former mode of treatment.
Although no rule can be universal in medicine, I do think that practitioners would confer great benefit on mankind by never bleeding in this disease, instead of making it a rule to bleed in every case, if they must fall into one of the two extremes. A very analogous resolution has of late years taken place in the treatment of syphilis. Formerly these cases were all treated with mercury indiscriminately and the "foul wards" of our hospitals, as they were termed, were well worthy of the epithet; fully displaying the penalty of the vice. Now the opinion is fast gaining ground that mercury in the great majority of these cases not only does not do good but has been productive of the worst consequences, by inducing diseases more intractable and destructive than the one for which it was administered as a remedy. Not so horrible are the chain of consequences induced by bleeding, but still the purple stream is a vital fluid, and ought not to be lavishly shed. It is the opinion of most of our Physicians of Eminent, who have practiced their profession for some years, that bleeding is not now nearly so well borne in inflammatory affections as formerly. How can we account for this?
It is difficult to understand how the constitution of the blood can have undergone change—how the effects of vicissitudes of climate can have been altered by lapse of years; but from the experience and acumen of those who have related it as the result of their observations, we are bound to acknowledge it to be true. It is difficult, I say, to account for this, unless we take into consideration the debility arising amongst persons in the higher walks of life, from too frequent and too great excesses at table—the debility occurring in the middle ranks, from a modification of the same causes;—and in the lower ranks, the same takes place, from excess of the worst kind, by the imbibition of ardent spirits—a vice which they resort to alike in prosperity and adversity. This debility, together with the non-application of the generality of persons for advice, whether in hospital or private practice, until the second stage has set in, to which may be added its extreme difficulty, of diagnosing in its very earliest stage, ought I think, how its pathology is better understood, to deter us from resorting to so potent a remedy without mature deliberation.
Intemperance in alcoholic drinks (a vice which appears to be daily gaining ground) certainly pro-
disposes to the vicissitudes of climate, and under its influence an easy prey to this, as well as other
ailments; and is acknowledged especially to contra-indicate blood letting generally—this being
taken into account and contrasted with the comparatively simple habits of our forefathers,
may in some measure account for this change of type as some have designated it; and unless
some such method of reasoning be resorted to, so to endeavour to assign a probable cause to this
effect, it is not easy to see how this disease can differ from its progenitor a thousand years
ago. Before the art of percussion and auscultation was known, that nice distinction between this
and some other diseases with which it is very frequently complicated, was not easily made
out, and therefore medical men being somewhat in the dark; made it a general rule to bleed
toujours and wherever inflammatory symptoms showed themselves. This great change which is
constantly gaining conquests, and obstructing itself on the reasoning powers of every scientific practitioner,
is mainly to be attributed to our more accurate knowledge of the physical signs, and a conviction from our more extended knowledge of Physiology and Pathology, that when hepatisation has taken place, bleeding must necessarily retard its removal. Some men, otherwise estimable, have minds so constituted, that are resolved on condemning, or at least not admitting a fact, when that fact is as it were, under their own observa-
tion; so it is I believe in this instance. Some practitioners still say that they very frequently find resection useful, nay indispensable. How is this? I think this may in a great measure be ascribed to their unwillingness to depart from their old established customs, and unable to appreciate any new method, in consequence of their minds being already filled with prejudices. As examples of the unwillingness of persons to shake off old prejudices, and to admit what would appear demonstrable to the senses of all, I may instance the violent and long continued opposition to the spread of Vaccination when first introduced by Dr. Jenner, (and indeed long after) - than which scarcely a greater boon has ever been conferred.
on mankind, as youth and beauty can very cost
attest; and also to chloroform more recently, which
is likely to prove not less beneficial to suffering
humanity. Now although I have dwelt so long
on the abuses of bloodletting and their consequence,
still I have generally noticed that persons in
our profession, however eminent, who have held
extreme notions on any one subject in their art,
have in the course of their experience almost
invariably been led to modify those opinions;
so I for one would endeavour to avoid the rock
on which they have split, and to admit that there
are cases doubtless, in which a delirium
if it could be made out within two days after
the attack, which it is always by no means easy
to do, might be effectually cut short by anaesthesia
and in such cases we should be highly culpable
not to have recourse to its powerful aid.
If then we admit that this remedy is only to be
employed in the very earliest stage— and admittig
its propriety with more or less rapidity—we must
necessarily be led to the conclusion that the cases
that require it must be few and far between;
and must we not then deplore the fate of
Thousands who have been and still are being
debilitated by its unwarrantable use. The aspect
of this discussion is much changed within the last
three or four years;—for then it was whether one
or a series of bleedings should be resorted to, and
that in all stages of the malady;—now it seems
to be whether it should be employed under any
circumstances, and if it should its utility
is only recognized in the first stage, for in the
subsequent ones it is acknowledged to be
positively injurious. It may be asked how
are we to judge, and by what sign or signs ought
we to be guided? I think this question cannot
be answered in the present state of our
knowledge, but must be left entirely to the
discretion and judgment of the unbiased
practitioner, who must compare all the signs,
and therefrom draw his deductions; and not
rely mainly as was formerly, the custom, on
the state of the pulse, as it is found not to
constitute a good guide to the treatment by
venesection. The skilful Physician ought then
to treat this as well as all other diseases
almost, after a minute and careful Examinat
of all the signs and symptoms, the previous history and modifying circumstances of the individual case before him, being taken into account, and setting aside all preconceived notions, draw his conclusions from that, and from that alone. I shall quote the following beautiful passage in confirmation of what I have ventured to advance. I have lived long in hospital (say Dr. Mautner of Vienna) and can speak from an eighteen years' experience, and know, that when in a great hospital, notwithstanding considerable occasional variations, the average mortality shows a fair proportion between the cures and deaths one is usually apt to approve of the practice adopted in that hospital—not so the practical physician. He regards each individual case as an entire study; he cannot content himself with the reflection, that a certain number of his cases of Pneumonia are cured; he must seek to heal every case which occurs in his practice, by every means at his disposal. The greatness of the practical man consists in individualising not generalising.
Pneumonia is very often complicated with Pleurisy, Disease of the Heart &c. and in these complications experience has taught us that phlebotomy may be performed with marked ad-
vantage, although in the latter the prognosis is by no means favorable. Before the use of the Stethoscope was known it was not easy to diagnose a Pneumonia from a Pleurisy, nor to say with certainty when the two were co-existing: indeed the distinction between one chest affection and another was involved in much confusion and obscurity; and hence it probably was that bleeding at a venture (for venture it must be, when the object for which it was intended was not satisfactorily determined) was thought to be beneficial, for it must be confessed by all observers that whenever there is distressing dyspnea in connexion with other symptoms, and when the strength of the patient would seem to warrant it, bleeding is of marked temporary advantage, but almost invariably followed by a relapse. Some authors have employed it when the symptoms were urgent assigning as a reason that relief was obtained
and time allowed for the action of Cmetic Jastor or some other remedy, to be developed; now in the case of the Antivenin: Part. This procedure would appear to be unnecessary, as it is a remedy that acts with great rapidity in the generality of cases since its sedative action on the circulation, as witnessed by the pulse and relief of the dyspnea manifests itself generally in a very short time, and as we all think it an advantage to obtain what we desire at as small a cost as possible in a pecuniary point of view—so in like manner of tenfold advantage must it be to us, or rather to the patient, if we can procure for him what it is his vital interest to attain viz.: a sedative result under these circumstances, with as little expenditure of his life blood as we can to which the pecuniary saving bears no com-

parison whatever. In any inflammation before you are guided by the hardness or frequency of the pulse you should if you can make out what is its average state in the patient before you: it may be also estimated differently by different observers, not in the number of beats, but in the quality this difference might not be scarcely
appreciable excepting to the experienced touch. The standard pulse of some persons apparently in perfect health is ten or fifteen beats quicker than in another person of the same age &c. &c. &c. in like manner some persons go on for three or more days habitually without having an adequate evacuation, and that in perfect health; so that we can scarcely say that they are constipated because that is their healthy standard.

I think I have now said all that my time will admit concerning the treatment of Acute Pneumonia, by general bleeding, and may sum up my remarks with a few words on the subject of local depletion; this end may be best attained either by leeches or cupping; they have both a derivative action, and tend to relieve local congestion of the part, without materially diminishing the quantity of the circulating fluid and thus avoiding the inevitable subsequent debility. These are many cases in which local depletion is attended with marked benefit; and is especially found to be an admirable adjuvant to other remedies in the treatment of the inflammation now under our consideration.
The good effects of this combined method of treatment, I have myself witnessed in not a few cases, and would strongly recommend it in combination with Emetic Sarsaparilla in those cases which seem to require a small amount of depletion; and I can justly say that I have seldom seen an uncomplicated Pneumonia resist this admirable coalition. Thus then I close my very imperfect remarks on the treatment of Pneumonia by Blood letting, both general and local, but I will take the liberty afterwards of adding a short recapitulation of what I have endeavour'd to describe under each head, and will now pass on to the subject of Antimony.

Emetic Sarsaparilla, by far the most important of the preparations of Antimony, as indeed one of the most important in the Pharmacopoeia has been employed for the cure of inflammation of the lungs now for so long a time, and with such eminent success, that it is necessary for me to say something concerning its virtues. It acts as a Haemostat, Emetic, Cathartic, and Diaphoretic. It may be given in cases of acute
inflammation in doses of half a grain, one grain, or even more at first, and gradually increased, for such is the peculiarity of this remedy, that you may cause excessive nausea, vomiting, or surging after the administration of the first two or three doses, but after that there will be a "tolerance" established which will enable you to increase the dose two or three times, without any risk of such a recurrence; and generally with a speedy resolution of the inflammatory products. It is to the success of this remedy principally that the modern treatment is to be ascribed, and regarding the operation of which so many theories have been proposed. Some workers have thought that this salt possesses a peculiar attraction for the products of the excitation — however this may be it acts as a powerful sedative on the circulation, as witnessed by its rapid and permanent effect on the pulse; as well as rapidly diminishing the number of respirations. M. Pechier of Geneva gives the following surprising account of its success. His mode of using it was, to dissolve six, twelve, or fifteen grains in six ounces of
water, and to give a tablespoonful every hour, day and night, adding occasionally according to circumstances. Atten, Pitts, orincture of Opium. He usually began with the smaller dose, increasing it daily by three grains, but never exceeding fifteen grains in the twenty-four hours. In this manner he had treated all his cases of Fluorise and Pneumonia for the preceding five years, and according to his account had cured almost all of them in a short space of time, without bloodletting, and generally without even blister. In the case of John McDonald already given, it had the effect with the addition of a few leeches of reducing the pulse to ten beats per minute by the next day, being only given in the dose of half a grain every two hours:—although he had been a good deal sickened by the mixture on the first night of administration, he expressed himself as being much better the next morning, when it was ordered to be given every hour, and after that it was doubled, with the effect of subduing the symptoms, and leading on to a satisfactory cure. This case also illustrates the mode of operation of this drug, for although half a grain
Every two hours caused considerable nausea, and on the "tolerance" being established, it was not only given us more frequent doses, but the dose was afterwards doubled; and although when Gastric irritation is a concomitant of Pneumonia it may sometimes increase that irritation, still no alarm need generally be excited by its causing vomiting and paroxysms; for when nausea unites with one or both of these phenomena presents itself, I think it is a good sign that the medicine is diffused throughout the system, and that you may speedily expect its therapeutical action to be developed:—something like the action of Mercurial Emetic Tartar may be given in somewhat large doses in the acute stage without exciting nausea, and this tolerance seems to be much influenced by the intensity of the inflammation. I think the advantage of giving large doses is somewhat doubtful; although Larinee seems to have adopted this notion, for he says that in considerable dose, it is less Emetic than Small. I have observed that at most in a dose of one grain. Every hour
doses it should be given, and whether it should or not be preceded by blood letting. Dr. J. Jansen, Physician to the Hôtel-Dieu at Dantes, adopted the following method with only a mortality of one in thirty, or 3\% per cent. His plan is to commence with blood letting, repeated according to circumstances, and not to administer the Anthony, unless the first bleedings have produced no marked amelioration of the symptoms. But if the inflammation occupies both lungs at the same time, or if it have already reached the stage of heparization; in other words, if the physical signs and general symptoms indicate the presence of a disease so severe as to threaten an unfavourable outcome, he prescribed the tartar emetic from the very beginning, and in imitation of Rasori proportion, his doses to the severity of the disease. Some weeks like circumstances have given it as an emetic frequently repeated, with marked success. M. Dumas, Physician to la Charité, scarcely ever combined blood letting with it, and yet his practice was quite as successful as that of Corvisart, who bled much in this disease. But administered in this way, the remedy is
an evacuant, and its good effects may consequently be attributed to the derivation operated by it on the intestinal canal. A great deal more conflicting testimony might be adduced if need be, on this subject; for like all powerful remedies, it has been at different times, the subject alike of commendation, as of reprobation, equally unmeasured. It seems indeed inexplicable how it happens, that after so long a use of it, no definite rules have been established relative to its effects. This may be partly attributed to the enthusiasm of the statement, of its partisans, not sufficiently accounting for the effects of other simultaneous remedies, and not having attached due importance to the severity, stage, and other circumstances of the cases:—while on the other hand, its opponents have too much overrated the ill effects which it may have had in some instances on the digestive organs. An extended series of experiments made in some Hospital under the direction of a body composed of an equal number of persons holding opposite tenets in this respect, and having only for their object the advancement of science—might perhaps settle
The question in dispute. The cases that I have added to this paper are a few taken without selection from a number that have come under treatment in the Royal Infirmary this winter, and in which I think its operation was clearly manifested, and from these and numerous recorded cases it must be evident in the first place, that although in its action when there is no tolerance it is powerfully irritant, yet when that tolerance is established, as in the case of Acute Inflammations, I have seen it may be given in large doses without displaying any of that characteristic irritation on the gastro-intestinal mucous membrane as a general rule; and secondly that when given alone, or in conjunction with bloodletting, it is of undoubted efficacy in Acute Pneumonia. Having said this much of the effects of Antimony I may in passing say a few words on Calomel which was also its advocates in the treatment of this disease - I think I have been Calomel of signal service in hospital practice this winter, after Antimony had been given without inducing its ordinary therapeutic effect,-
the notes of one of these cases I have before me, in which Calomel was given combined with Cretic Saffron and Opium, according to the formula I have already given, with the effect of bringing down the pulse in one night from 118 to 98.

Most Physicians of experience I believe admit, that although it is inferior to Antimony as a general rule; yet there are cases occurring now and then, in which it has been administered with signal advantage. I may quote the following judicious remarks of Dr. Williams, which I find in The attention of the young practitioners: The efficacy of this combination with Opium, depends in a great measure on its being given to such an extent as to affect the genus; but its beneficial operation is often manifest before this effect is produced, and in some cases especially of children, where it is not induced at all.

But there is seldom that obvious improvement from the first doses which is often apparent in the exhibition of Saffron Cretic; the operation of Mercury is more gradual, and, as may be expected, when once the system is under its influence, the effect is more permanent.
It is therefore especially adapted to the advanced stages of the disease, in which the continued operation of a remedy is required to resolve a consolidation of a lung, and in effecting, and in preventing those remains of inflammation which lay the foundation for destructive chronic disease, mercury is pre-eminently serviceable. After having endeavored to give a brief outline of the action of mercury in Pneumonia, I shall pass on to spend a few minutes on the consideration of opium as it is administered generally in combination with calomel. It seems to act chiefly as an anodyne, by subduing the pain and cough, and relieving in a marked manner the asthenia, and nervous irritability, which constitute the reaction after blood letting. Both calomel and opium seem to have their beneficial effects, each by its own influence and by modifying the action of the other. The only caution that seems necessary in the administration of opium is, that its effect must be watched, otherwise it might have a tendency to interfere with the expectoration. I have been quoted from a German Journal.
an account of the employment of Chloroform in
the treatment of Pneumonia; and before I close
these remarks as the subject is somewhat curios
I will take the liberty of giving a brief outline of
it, so far as my memory will enable me to do so.
This practice says the Journal has been advocated
in this country, with the most strikingly beneficent
results, and with a mortality decidedly under
the average. The method was, to give a dose of
about a drachm, put on a little cotton, or on
a handkerchief, and inhaled into the lungs for
the space of about ten or fifteen minutes, and
to the extent of about six such inhalations daily,
(but this I suppose would be much regulated
by the severity of the case) so as to produce only
partial analgesia, which is all that is nec-
cessary. By this method alone was the cure
performed in the cases recorded, without any other
treatment whatever. This method, which so
far as I am aware, is entirely new in this country,
and on that account I shall not be able to say
anything about it; never having seen it— but I
think it may be useful by influencing the circulation
through the nerves system, and thus in certain cases
acting as an adjuvant to some of our well-known remedies.

1st. I have endeavored to lay down a few facts, (I could have enumerated more had my time permitted) which have been observed by myself and others in connection with the Chloride of Sodium in the urine, as existing in health and disease; as also its "vicarious" secretion in the expectoration in Pneumonia, where that secretion has been interfered with by the ordinary channel, the kidney; which may have the effect, after more extended observations, of throwing much light on pathological metamorphoses.

2nd. I have made some remarks on the treatment of Pneumonia, and I hope that my meaning may be understood; that I would by no means, as some would, endeavour to expunge or sweep general blood letting from our list of remedies in this disease—but would enjoin mature consideration before its employment, and I think comparatively few cases will repay its powerful interference.

3rd. I think experience will warrant my advocacy of Antimonium in the shape of Tartar Emetic as
a most valuable remedy in the treatment of this disease, and I think is calculated to maintain its place as an excellent substitute for Bloodletting in almost all cases of uncomplicated Acute Pneumonia. It is true, although the power of Mercury in inducing absorption, has been considerably overstated, still, a case will now and then occur in which its exhibition is apparently attended with benefit; after one or both of the measures before enumerated have been resorted to.

The Opium is beneficial under certain circumstances, chiefly in combination with Calomel. Chloroform as a remedy is much extolled by the Germans, and seems to me to be likely to do good under certain conditions, not I think solely as a curative agent, but as an adjuvant to other remedies - but its efficacy has yet to be tested.

I now lay down my pen with regret that my time will not allow me to pursue the subject further, and hope that its many imperfections may be viewed with leniency.
Mr. Smith, laborer. - Age 17, was admitted into the hospital on the 17th of November 1853. He states that he has been affected with a slight cough and feeling of uneasiness for the last ten days, but not to such an extent as to prevent his following his employment, until five days ago, when he shivered a good deal, and complained of a general feeling of soreness over his whole body. His cough was also increased, and was attended with some expectoration, which he says was occasionally of a reddish color.

The day before admission he experienced a sharp, shooting pain below right breast; but this is now almost gone. On examination the lower third of right side posteriorly, is dull on percussion, the dulness at the lower part being absolute; otherwise the chest is resonant. The respiratory murmur over the dull parts, is faint and tubular, attended with very fine distant crepitation. Coarse crepitation heard over the whole of right side posteriorly. Local resonance increased on same side amounting to bronchitis about the middle of chest. Respiration on left side harsh and increased in intensity. Not much cough.

ordered, - Dr Antimonii Ioduri - 3ij
Sol: Muriati Borphirig 3 ij
Aquae ad - Br ij St. Vincent 6 ij - per hora
Nov. 18th: To-day the extent of dulness has increased,
and respiration is almost inaudible on right side, at least
part. Other physical signs much the same. Pulse 80/soft.
Bowels have not been open since admision ordered
a draught containing 3ij of Sulfate of Magnesia
To continue the Antimonial Ointure
20th Physical signs much the same - Pulse 98. Has been
considerably nauseated by the Antimonial Ointure,
which is to be discontinued. The following ordered.
Dr. Vini Antimonii 3 ij
Int: Opii Camph.: 3 ij
Lp: Alchoris vet. 3 ij
Mist: N. Aloe - Br iij Att.
St. take 3ij when the cough is troublesome
21st Symptoms continue much the same - his bowels
have been freely opened - he complained of thirst
Pulse 92. 22nd Cough easier - expectoration less viscid
Pulse 84/soft. Respiration almost entirely inaudible
at lower part of right lung. Physical signs of chest
otherwise unaltered. To omit the expectorant mixture
and have - Mist: Antimonialis Br ij and to take
a tablespoonsful thrice daily - A blister 6 x 4 to be applied
to the side. 24th Breathing easier - Pulse 78. 25th
Mucus somewhat prominent; no perceptible change otherwise.
26th. Quite more decidedly purulent and voluminous; omit the Diaphoretic mixture and take Addison Oil.
28th. Tolerates the oil and is much better.
Dec 1st. Continued to improve - Subcutaneous heard over the whole of the affected side. Expectoration much diminished - appetite good - ordered steak diet. Goes on improving until Dec 23rd when he was dismissed quite well.

Case 2nd:

John Grey estate 37, Turnkey Allon jail, was admitted Jan 6th 1854. A tall athletic man - states that with the exception of a slight cough, which he had for about a week, he was perfectly well previous to the morning of Wednesday the 4th inst. when he was seized with violent epigastric pain in the head, acting in the back and limbs, and extreme lassitude of weakness. He immediately retired to bed, and received some aperient medicine from the doctor, and after a short time the shivering and pain in the limbs stopped, but his languor and weakness continued - he was unable to sleep - suffered much from thirst - lost all appetite for food. On admission he has an anxious confused expression. The surface of his body is pale and cold. His pulse is 112 full and very comprossible. Cardiac
Sounds and dulness normal. Respiration a little hurried. On percussion the chest everywhere sounds normally resonant, and on auscultation the respiratory murmurs appear somewhat harsh; otherwise normal. He has a slight cough, accompanied by slight mucous expectoration, and he complains of a diffused dull pain in the right hypochondriac region. Tongue dry and furred, has an unpleasant taste in his mouth, and no appetite. Bowels not opened since yesterday morning. He makes his water without pain, although it is scanty and dark. No eruption on any part of the body. He had not been subjected to any unusual exposure to cold or wet, nor to any risk of catching fever from any one previous to his attack—ordered:

Acidi Sulphur.; alt. 30.
Agua—30.

B. Tartaric acid.

Also—B. Vini Spec. 1.

St. Larandulae; ca. 30.
Agua Mentis; ca. 30.

Drink: Belladonna; 30. Mix t. t. 30. when

The cough is troublesome.

Saw him. The saline draught caused violent vomiting, but no purging; after the vomiting had ceased, he slept for 7 or 8 hours, but talked a little in his sleep. No change in any of his symptoms, excepting that his pulse
is now 89 and softer - ordered a warm water enema and 40 ounces of wine - Vesicle. His sputum was this evening, very viscid, and somewhat rusty; and on percussion and auscultation there was found to be decided dulness from the inferior angle of right subcapular downwards; in which region there was also some crepitant bronchus. His urine was stopped. "Am I The dulness in the right subcapular region had become more marked, and there was now Bronchial respiration attended with a little fine crepitation. The sputum is still very viscid and rusty. The pulse 84; fall 10; Soft. Bowels opened this morning by means of castor oil. Tongue white and moist - appetite not improved. Slept tolerably well during the night. To be cupped to 3ij over the right subcapular region.

Pj. Solutionis Antimonii 3ij (8:1 to 3:1)

Sumat 3ij aqvae horae

Saut. 9th. Pissed an easy night - Pulse this morning 60 Soft of fall - Physical signs of chest not appreciably altered. Bowels opened again during the night. Tongue white and moist. Patient very weak and forgetful - Abdomen 3ir. Vini.

10th. Complains much of sore throat; but is otherwise tolerably easy. Pulse 54, Soft. On right side of chest posteriorly, respiration is more generally audible.
than at last report, and has lost much of its bronchial character. No crepitation heard as low as 7th rib. Expectoration catarrhal in quality, and tolerably abundant. Pulse increased to 90. — So omit the Antimonial mixture 12th. With the exception of an throat which is painful the continues to improve. Bowels opened. Pulse 72. Expectoration thin & profuse. 14th. Much better. Pulse only 76 but fuller than before. Respiration attended by crepitation, heard over whole of right side posteriorly. No marked increase of vocal resonance.

Jan. 16th. Dulness of right side posteriorly, almost entirely gone — Respiratory murmur universally audible; attended with tolerably fine crepitation towards the lower part of chest. Pulse remains at 74 but its strength is considerably improved. 19th. Continued daily to improve until February 1st, when he was dismissed well in every respect.
Peter McPhilem, aged 20: Labourer. He was admitted into the 26th State: Last New Years Day he fell on his left shoulder and bruised it severely. This accident confined him for some time to the house, and whilst convalescent but still unable to work, he watched for five successive nights at the bedside of a companion dying of Phthisis. On Wednesday the 11th inst. (two days after the death of his friend) he experienced an indescrivable feeling of lassitude come over him, not preceded by shivering, and unattended with pain in any part of the body. Next day felt aching pain over the whole of his body, and continued to grow worse until Monday last, when he had a smart attack of hemoptysis. He now began to cough and spit, the expectoration being clear and frothy. On admission his skin is cool, but very dry, a few rose colored spots seen in both inframammary regions. The complaints of front weakness, cough and shooting pains extending from the left mamma to the shoulder. Chest resonant on percussion anteriorly and posteriorly. Respiration attended with turbulent and sonorous breathing over whole of chest, occasionally moist crepitation heard posteriorly, at upper part of both sides.
No expectoration at present. Cardiac sounds normal. Pulse: 74, feeble. Abdomen tender on pressure. Bowels very freely moved today. Urine contains Chlorides and lattes—ordered an expectant mixture containing Senna and Giv of wine; as also a linum pieo to left side of chest. Jan. 27th: Continues weak but the pain in chest is much relieved. The face colored spot, sone. Chest signs much the same as yesterday, but at the inferior angle of left scapula, there is a dull spot on percussion, and fine subcrepitus is heard here on applying the stethoscope. Mucous frothy abundant. Pulse 74 still feeble—ordered Olei Ricini 3.

fine crepitation with bronchial breathing still heard at inferior angle of left scapula. Expectoration frothy and abundant - has lost its rusty appearance. Pulse 78 soft. Urine contains chlorides in abundance.

Feb 2nd. Slept well last night. Distinct bronchial breathing is still heard in left subscapular region, but unaccompanied by any crepitation. Vocal resonance increased in this region. Some mucous râles are heard in the right subscapular region.

In the left lateral region sublunar breathing is also heard but unaccompanied by any crepitation. Pulse 72 small and soft. Feb 4th. Better, but does not advance much. Subcrepitations still heard on left side posteriorly. Ordered

P.: Vini Secundarii Frig
Sach.: Oxii Ammonii Frig
Sp.: Aetherii: Viti: 3f
Syr.: Solub. Azyreni Intestinalis Frig

Sunday 3y 6.0 a.m.
Feb 6th. No moist râle heard anywhere to-day; expectoration much diminished. Pulse 70 of better strength.

Feb 8th. Continues to improve. Ordered Cod Liver Oil.

Feb 10th. Better. Went on improving until the 22nd when he was dismissed quite well.
The following case is one of Pneumonia with complications, terminating fatally; which is subjoined in illustration of the Chlorides which were tested for from time to time.

Robert Gordon, aged 48—Policeman—admitted April 27th.

For the last 3 years he has been constantly liable to Catarh, to attacks of which his occupation as night policeman greatly conduced. He has also for some years been subject to sick headaches and bilious vomiting, and has been in the habit of drinking a good deal. When on duty on the night of Monday the 31st of March, which was excessively tempestuous, he received a thorough drenching; next day he did not feel very well, but continued at his duty until Thursday when he was seized with smart cough, and great dyspnea—his cough also became much aggravated, but was unabated by expectoration. On admission he is labouring under intense dyspnea, and great pain on right side, so much so, that he is obliged to lie on his left side entirely. Chest much arched anteriory and very resonant on percussion, except in right lateral region, below the 5th rib, where dulness is marked. Posteriorly left side gives a clear sound, but on the right there is marked dulness, with a
distinct feeling of resistance to the fingers, extending as high as one inch above inferior angle of scapula. On applying the stethoscope over this part of the chest, fine crepitation, with loud tubular breathing and greatly increased vocal resonance are heard—on the left side subcrepitis and coarse crepitation are heard anteriorly—expiration is harsh and wheezing, and expiration prolonged, but not in a very marked manner.

In right lateral region, to which all the pain is referred—a distinct friction murmur is heard.

No expectoration of any kind—Respiration 34 per minute
Cardiac dulness normal—A faint cough is heard, most audible at right apex, accompanies 1st sound—2nd sound normal—Pulse 154, full but compressible

Tongue foul—Bowels have not been opened for 3 days
Hepatic dulness normal—Skin hot and dry—Cannot sleep from the dyspnea—Complaints of great thirst

ordered—
R. Magnesia Sulph. 3g
R. Alum. Alb. 3g

Ague—

34 fl. Statherum N. pro haesta

Twelve leeches to be applied to the patient's side
R. Ant. Sarsaparilla 8/7

34 fl. Muri. Morphia 3g

Ague—

34 fl. Tinct. 2 p.t. s. 12 z. pro haesta

Left 8th Pain in side much relieved by leeching—Pulse 114—Respiration 30 in the minute—On left side posteriorly
There is now also some dulness, and the respiration is becoming finer. Bronchial breathing is also heard. The patient at first nauseated him, but now he tolerates it close to be increased to 18. Every Thours. Bowels have not been moved. Nipaget. Erythema purpur. Station 11th. Pulse 132. Breathing much easier. Lequipment himself. Self free from pain. Bowels not improved by castor. Ordered a saline purge. Has been a good deal nauseated by the Antimony. Roughness attending 1st sound of heart. More distinct today. Nipaget. Nipagin. Vii. Urine contains chlorides in abundance. 18th. Much easier and has slept well. Bowels have been freely moved. Pulse 114. Soft, occasionally intermitting. Roughness accompanying 1st sound of heart less distinct. Dulness on left side posteriorly, now quite marked. but respiration is everywhere audible. Other sign of chest unaltered. Ordered 19th. Antimony every four. Urine contains merely a slight trace of chlorides. Vespere. Face much flushed, and he is very restless. Respiration more hurried. Pulse 124. Complains of a return of pain in the right lateral region, and on applying the ear distinct friction is heard one inch external to right nipple. No chlorides in urine. Nipagin. 21st. Lateri dolenti. Roughness accompanying 1st.
Sound of heart still audible, but no distinct beat. Pulse intermittent generally once in 25 beats or so.

Oct. 10th - Feels much easier - Pulse 120. Expectorates a small quantity of tenacious mucus, clear in color. Pulmones on right side anteriorly extends above the nipple. Respiration still hurriedly performed. So continue the Antimony in grain doses every hour. Vespa.

Pulse 186 - Respiration very hurried. Abundances of circums mammam dextram. Urine contains Album, but in small quantity. Oct. 11th. No improvement. Pulse 120; jerking and intermitting once in every 15 beats. A distinct soft thrill now heard at apex with 1st sound of heart. Pulmones on right side anteriorly extends 1 1/2 inches above nipple. Fine crepitation very distinct. Respiration 28 per minute. Expectoration clear but tenacious. Urine contains a larger quantity of Albumen than yesterday. His mind seems a good deal affected with a sort of muttered delirium, and in the night refused his medicines under the idea that they were poisonous. Vespa - Pulse 130; intermits every 7 beats. Delirium more marked. Tongue brown. Difficulty in swallowing, ordered Wine in 3p doses every two hours. Respiration 36 per minute. Antimony temporarily discontinued.
Feb. 12th Sinking - Pulse 132, feeble and intermitting
Respiration 38 per minute - No alteration in chest
sign - Urine contains a mere trace of Chloride
of Potash, the Antimony and have a mixture containing
Carbonate of Ammonia to be with wine and a blister
to the back. Feb. 13th Somewhat arrived but evidently
sinking which continued and he died on the morning
of the 14th.

Aetia Cadaveris 36 hours after death.

Left Lung - Very Emphysematous.

Bronchi - Universally loaded with mucus.

Back part of lower lobe much congested and partly
consolidated, but still floats in water.

Right Lung - With the exception of a very small part of
upper lobe it is entirely consolidated, presenting a very
good specimen of red hepatisation dipping into grey.
No fluid in pleural cavities, but right pleura universely
covered with a thin layer of recently effused lymph.

Back part of tongue, both tonsils, with the whole of
Pharynx, covered with a fine flocculent membrane
extending over the Epiglottis, and partially into the
Larynx; the mucous membrane below being much
congested and of a violet color. LIVER - Enlarged in
its antero-posterior diameter - somewhat congested.
Shewing signs of commencement of waxy degeneration.
Both Kidneys — Somewhat waxy.
Intestines — Healthy — Mesenteric glands contain Jaberole.
Bladder — Empty — Heart — Large, weighing 140 ozs.
Presents a few old patches of lymph on the surface of
right ventricle — Both cavities contain firm dekolorized
cloth entangled with the Chordic Tendineae. Valves.
Healthy excepting two of the Aortic Semilunare have
such a small perforation. Brain — Healthy — Membranes
considerably compacted, and contain some Spirit Broom.

John Macculloch (age 57): Checktaker — Admitted
January 13th. State: — That he has been engaged for some
months as a check taker in a Theatre in Dundee
where he was exposed to constant draughts of
wind for several hours every evening — for some time
he felt little or no inconvenience from this; but after
having had a severe attack of diarrhoea with some
symptoms of Siflera, he began to cough a little, and
was frequently troubled with Diarrhoea and Cirmia.
On New Year’s Day he was more than usually exposed
and towards night was seized with severe shivering
and headach; on the following Friday the 6th with
he had an attack of Fits, near a great amount
at the time, but next day it occurred to considerable extent, and on the day previous to admission vomiting a quantity of dark clotted blood. On admission he expresses himself free from pain, and complains mainly of weakness, loss of appetite and inability to sleep. He suffers a good deal from thirst and has a constant bad taste in his mouth. And a slight cough with very little expectoration, which is occasionally streaked with blood. On percussion the chest is universally resonant, both before and behind. Respiration murmurs normal, except at the most inferior part of left lateral region, where occasionally a faint crepitant bronchus may be heard on forced inspiration. Pulse 124, soft and compressible. Tongue slightly furred - Bowels castore. Skin hot and dry. Ordered Black Draught to be followed by this Draught.

P: Vin. Sec: 3.

Scol. Muri: Morphinae 8 X.


14th Has slept tolerably well, but this morning has had a slight return of Epistaxis. Pulse 108 tolerably full. Tongue clean. Posteriorly on right side there is still occasional crepitation. Sputum frothy. Ordered

B: Iodii sulphatis 6 X.

P: Chlor. Alum. 8 H.

V: Muri. Salicylates. 4 X.
Unre. contains no chloride, or only a faint trace.  

Vesica. Fine crepitation can now be heard distinctly at the lower part of left side posteriorly. Crepitation slightly bronchial. Pulse 108 soft. Sputum clear and more tenacious than before. So omit the powder and hars.  

R. Ant. Spp. 8d.  
Pol. Murr. Oph. 2d.  
Ayin - 2 of St. Jumat 2p 2d.  
15th. Is free from pain, and feels cough less than yesterday. Crepitation heard higher up than at last report, and there is comparative dulness at the lower part of left side posteriorly. Pulse 96. So continue the Antimonic. 

16th. Tongue clear.  
16th. Still continues free from pain and his cough troubles him but little. Crepitation however still heard in lower part of left lining, and there is dulness from the 7th rib downwards. Pulse 108, tolerably full and comprepressible. Bowels regular. 

17th. Tongue clean.  
17th. Has passed a restless night and is more feverish this morning. Pulse 118, Imperfect. No increase of the dulness of left side. Crepitation still present. Sputum clear and tenacious. The dose of Antimony to be increased to 1/4 of a grain. 

18th. Cough and sputum almost entirely gone. Crepitation still exists, but there is no increase of the dulness. Has been a good deal nauseated by the Antimon and is
ordered to take it lips frequently. 19th Better in every respect. Very limited crepitation to be heard posteriorly on left side. Pulse 84 soft. Appetite much better and he feels stronger. 22ndMuch better in every respect. 23rd Is able to leave his bed and has little or no complaint at present. 29th Antoninus well.

Feb 2nd Doing well. Feb 3rd Had another attack of pleurisy this morning. Pulse 110. On examining the chest, subcrepitation is heard towards root of left lung, posteriorly—no dulness or pain ordered.

By: Neri Antoninii 3p
Sol: I aur: Mysophia 3f
Aqua — 3f

Feb 5th No expectoration. Feb 7th More percursor. Pulse 115 soft. Subcrepitation, and occasionally fine crepitation, heard at inferior angle of left scapula; where there is slight dulness on percussion. No expectoration. Respiration on right side rather harsh. To have the Antonine every second hour. Feb 14th A good deal better to day. Pulse good. Subcrepitation still heard on left side posteriorly. No expectoration. Ordered a blister 4x5 in. to the back part of left side. Urine contains chlorides in abundance.

Feb 10th Subcrepitation still audible, but he says he feels quite well. To take 3f Olei jocos Arctii thrice daily.

Feb 15th Soluates the oil and improving. 17th Dismissed: cured.
Barney Burns, aged 38—Labourer—admitted Jan. 20th. States that during the late severe weather he was constantly exposed to its inclemency, being engaged as a Cow feeder, and working several hours daily in the open fields picking turnips. On the night of Monday the 9th inst. he was exposed at midnight to a drenching shower, and worked all the succeeding day without having changed his dress. The day following he began to cough, and this increased; altos 'unattended with pain, and expectoration being very scanty. He felt very weak and ill, but was obliged to work all the week. On Monday last, the 16th inst. he became sensible of pain at the lower part of sternum, and the expectoration became much more profuse and frothy; the pain extended the following day to left side of chest, shooting upwards to left shoulder, and on the 17th he came to the Hospital. On examination his face is accidentially pathognomonic of Pneumonia. Respirations performed very hurriedly and imperfectly. On percussion the chest is found to be resonant everywhere both anteriorly and posteriorly, except over a limited spot at the lower part of left lung behind, where there is comparative dulness. On applying the stethoscope coarse respiration with ybilant and sonorous tals, is heard over the whole
of both lungs, and at the lower part of left lung, where the
dulness was found. Fine Paroxysmic crepitation is distinctly
heard towards the close of inspiration, and attended with
tubular breathing. Local Resonance very slightly increased
Expectoration scanty, tenacious, and having a slight
rusty tinge. Cardiac sounds dulness normal. Pulse 132,
full but soft. Bowels constive. No tenderness over abdomen
Skin hot and dry. No eruption to be seen. Ordered a
Black draught with the following.

B. Ant. Tartari 4 dr.
Sal. Phen. 2 dr.
Tinct. Am. 3 fo. 25th July 1829.

Vesicles. Bowels have been freely moved. Pulse 108.

Urine contains no Chlorides. Pulse has again risen to 128,
and is harder and more jerking than before. Dulness
over left lung posteriorly, is more decided, and crepitation
is heard over a greater extent. Sputum more decidedly evil.
He complains of sharp pain around the left nipple, and
there decided friction can be heard. His aditus uti
Aquae mammae sinistrae. Is increase the dose
of Antimony to 1/2 dr. Every two hours. 25th. Urine
still contains no Chlorides. Pain much relieved but
still there is great increase of dulness extending round
to front of chest, and accompanied by marked distaste
to the fingers. Pulse 128 hard and full. Local Resonance
almost entirely wanting at lower part of left side.
Crepitation heard as far as the 5th rib, behind. Dose
of Antimony to be given every hour. He slightly
He is quite free from pain. Chest dyspnea much the same.
Ordered the Black draught to continue the Antimony
in diminished doses. Urine contains Chloride in
abundance. 23rd. Sputum quite catarrhal. Pulse soft.
Signs of chest much the same, except that the Cardiac
dyspnea seems slightly increased, and the tongue is
somewhat muffled. Bowels freely open. Jan. 24th
Dyspnea both anteriorly and posteriorly, much diminished.
Little or no sputum. Pulse 70. Appetite tolerably good.
To discontinue all medicines, and have better attic diet.
25th. Coarse crepitation heard on both sides posteriorly,
but sparse, and attended with slightly bronchial baying.
Dyspnea lessening. Pulse 70 good. 26th. No moist rale
heard today, and dyspnea is almost gone from both
sides. Pulse 74 full. Appetite improving.
Jan. 26th. He continued to improve, and is today
discarded quite cured.