CHAP. XII.

PERIPNEUMONY, OR INFLAMMATION OF THE LUNGS.
(Pneumonia.)

As this disease affects an organ which is absolutely necessary to life, it must always be attended with danger. Persons who abound with thick blood, whose fibres are tense and rigid, who feed upon gross aliment and drink strong viscid liquors, are most liable to a peripneumony. It is generally fatal to those who have a flat breast, or narrow chest, and to such as are afflicted with an asthma, especially in the decline of life. Sometimes the inflammation reaches to one lobe of the lungs only, at other times the whole of the organ is affected, in which case the disease can hardly fail to prove fatal.

When the disease proceeds from a viscid pituitous matter obstructing the vessels of the lungs, it is called a *spurious* or *bastard peripneumony*. When it arises from a thin acrid defluction on the lungs, it is denominated a *catarrhal peripneumony*, &c.

Causes.—An inflammation of the lungs is sometimes a primary disease, and sometimes it is the consequence of other diseases, as a quinsey, a pleurisy, &c. It proceeds from the same causes as the pleurisy, *viz.* an obstructed perspiration from cold, wet clothes, &c., or from an increased circulation of the blood by violent exercise, the use of spiceries, ardent spirits, and such like. The pleurisy and peripneumony are often complicated; in which case the disease is called *pleuroperipneumony*.

Symptoms.—Most of the symptoms of a pleurisy likewise attend an inflammation of the lungs; only in the latter the pulse is more soft, and the pain less acute; but the difficulty of breathing, and oppression of the breast, are generally greater.

Diet.—As the regimen and medicine are in all respects the same in the true peripneumony as in the pleurisy, we shall not here repeat them, but refer the reader to the treatment of that disease. It may not, however, be improper to add, that the aliment ought to be more slender and thin in this than in any other inflammatory disease. The learned Dr. Arbuthnot asserts, that even common whey is sufficient to support the patient, and that decoction of barley, and infusions of fennel-roots in warm water with milk, are the most proper both for drink and nourishment. He likewise recommends the steam of warm water taken in by the breath, which serves as a kind of internal fomentation, and helps to attenuate the impacted humours. If the patient have loose stools, but is not weakened by them, they are not to be stopped, but rather promoted by the use of emollient clysters.

It has already been observed, that the *spurious* or *bastard* peripneumony is occasioned by a viscid pituitous matter obstructing

the vessels of the lungs. It commonly attacks the old, infirm, and phlegmatic, in winter and wet seasons.

The patient at the beginning is cold and hot by turns, has a small quick pulse, feels a sense of weight upon his breast, breathes with difficulty, and sometimes complains of a pain and giddiness of his head. His urine is usually pale, and his colour very little changed.

The diet, in this as well as in the true peripneumony, must be very slender, as weak broths, sharpened with the juice of orange or lemon, and such like. His drink may be thin water-gruel sweetened with honey, or a decoction of the roots of fennel, liquorice, and quick grass. An ounce of each of these may be boiled in three English pints of water to a quart, and sharpened with a little currant-jelly, or the like.

Bleeding and purging are generally proper at the beginning of this disease; but if the patient's spittle be pretty thick, or well concocted, neither of them are necessary. It will be sufficient to assist the expectoration by some of the sharp medicines recommended for that purpose in the pleurisy, as the solution of gum ammoniac with oxymel of squills, &c. Blisters have generally a good effect, and ought to be applied pretty early.

If the patient do not spit, he must be bled, according as his strength will permit, and have a gentle purge administered. Afterwards his body may be kept open by clysters, and the expectoration promoted, by taking every four hours two table spoonsful of the solution mentioned above, or any of those mentioned under pleurisy, &c.

When an inflammation of the breast does not yield to bleeding, blistering, and other evacuations, it commonly ends in suppuration, which is more or less dangerous, according to the part where it is situated. When this happens in the pleura, it sometimes breaks outwardly, and the matter is discharged by the wound.

When the suppuration happens within the substance or body of the lungs, the matter may be discharged by expectoration; but if the matter floats in the cavity of the breast, between the pleura and the lungs, it can only be discharged by an incision made betwixt the ribs.

If the patient's strength do not return after the inflammation is to all appearance removed; if his pulse continue quick though soft, his breathing difficult and oppressed; if he have cold shiverings at times, his cheeks flushed, his lips dry; and if he complain of thirst and want of appetite, there is reason to fear a suppuration, and that a phthisis, or consumption of the lungs, will ensue. We shall, therefore, next proceed to consider the proper treatment of that disease.