AN INAUGURAL DISSERTATION
ON
Congestive Fever.

SUBMITTED TO THE
PRESIDENT, BOARD OF TRUSTEES, AND MEDICAL FACULTY
OF THE
UNIVERSITY OF NASHVILLE,
FOR THE DEGREE OF
DOCTOR OF MEDICINE.

BY
Peyton Samuel Woodward.

OF
Davidson County
Tennessee.

1851.

W. T. BERRY & CO.,
BOOKSELLERS AND STATIONERS,
NASHVILLE, TENN.
Congestive Fever.

If it be true, as is asserted by some writers, that Malarial Fever is a unit, and that Intermittent, Remittent, Congestive Fevers, are only degrees of one and the same disease—the measure or criterion of the intensity of operation, of the same agent; then the distinction which many have endeavoured to establish between these several forms of fever, is only a figment of the imagination, an unnecessary and unwarrantable assumption. Whether we regard it, in respect to diagnosis, symptoms, or treatment. If the phenomena characteristic of Intermittent, Remittent, and Congestive Fevers, are more by the external revelations of the same occult movements of animal and organic life, differing only in degree or in the intensity of their expressions, it cannot be denied, that an important point has been attained in removing at least one difficulty from the subject of fever, and strang
encouragement held out to the medical philosopher to believe, that persevering
investigation will yet lift the hitherto
impenetrable veil which has shrouded
the etiology of fevers in Egyptian dark
ness. There are many however, and we
are among the number, who have yet
to be convinced of the correctness of
this theory, and are contented still to
consider Intermittent Remittent & AGhostive
fevers, not as the legitimate offspring
of a common parent, differing only
in physiognomy, "Facies non omnibus
et tantum nec diversa, qualis debet
esse coram", nor yet as totally
different in their etiological relations.
But sufficiently to, in a practical
point of view, to justify us, in reg
arding them as groups of phenomena,
originated, and maintained by, causes
or agents, dissimilar in kind and
effect— and hence, that a sound
philosophy dictates the propriety of
pursuing our investigations into the
Nature and remote causes of this class of fevers, without reference to a supposed identity or relationship of the exciting agent—cherishing the hope, that after the problems proposed in these respective groups of phenomena, shall have been satisfactorily solved, and every element subjected to a rigid analysis, the sum of the three quotients taken together, will indicate with mathematical precision the identity or non-identity of the "Matrice Moti" or malarial fever, and establish a degree of certainty in diagnosis, and success in the treatment, that the most sanguine had not dreamed of. And in the event, that future investigations should establish and demonstrate the unity of the multitudinous class of fevers, the medical profession will have attained to a facility in generalization, a correctness in diagnosis, and a degree of success in therapeutics, that will revolutionize medical science, and usher in a sort of millennium in the
Medical world. But we are not being
enough to believe, that the era of
the millennial glory in medicine, is
near at hand.

Dr. Wood in his "Practice of Medi-
cine," employs the term "pneumonia," to
distinguish this form of fever, and objects
to the word "Congestive," as it not only
belong to a "vast number of other affec-
tions," but is calculated to mislead
the practitioner or student, as to the
nature of the disease." That is, if we
rightly interpret his language, Congestion
active or passive, being an element or con-
tion in many diseases, it might be
inferred that Congestion, which he says,
certainly exists in this affection, was the
essential morbid condition, the source of
all the characteristic symptoms, and the
immediate cause of death in fatal
cases; in other words, he regards what
we call "Congestive fever" as only an
aggravated form of intermittent or ten-
entient fever. The Congestion being any
an accidental phenomenon, and bearing no relation, or a very uncertain one at least, to the result, I propose to restrict the ape of that Congestion, to an affection, in which there is a great and sudden prostration, or deprivation of the nervous system, extremely dangerous in motion.

We are not acquainted with Dr. Wood's peculiar views on the "modus operandi" of the malarial agent, but we have taken it for granted, that all we yet know of the class of diseases termed fevers, is from the symptoms, as expressive of the several conditions existing in the organs of animal and organic life, attaching that epithet which the most prominent and great symptom or peculiarity seemed to suggest.

A complete and perfect intermission is a striking peculiarity of what is termed intermittent fevers, and hence the epithet--though it is admitted, that Congestion to some extent, exists during its cold stage. A more or less marked
Remission is noticed in fevers denominated remittent, and though there is some degree of congestion manifest at certain intervals, as it is only transient and productive of no immediately grave symptoms, the term remittent has been agreed upon, as an apt design.

The term Congestive has been applied to denote fevers in which the congestive element was the most prominent, productive of the most dangerous symptoms, and terminating only in death or Convalescence. We do not believe that the experience and teachings of northern practitioners are altogether reliable in the treatment of Congestive fever in the Southwestern States. Every intelligent physician in the South knows full well that Congestive fever is a dangerous affection, from the fact, that there is a congestion of some one or more important organs, and whether it yields...
theory be correct or not, whether the Congestion be accidental or an essential element of the disease. He looks to the Congestion as the most dangerous feature in the case, and employs the most potent remedies to arrest this condition. Confident that a resolution of the Congestion, or, if you please, the eradication of the Congestion element, is the almost certain privilege of his patients' amelioration. And hence it seems to our mind that a condition of the system, whether regarded as accidental or essential, which involves so unequivocally the issues of life and death, consists with the other symptoms, ought to be treated as, at least, an important element, if not an essential part and parcel of Dr. Wood's "Pneumonic Fever".

If Dr. Wood asserts, the disease is essentially a "deprivation of the Gaseous System," or a "dangerous and
defective innervation, the effect of the malarial agent we should think that the use of artificial heat, as advised by him, calculated rather to aggravate the depressed state of the nervous system, and precipitate the patient into a hopeless collapse: And it is the testimony of Southern practitioners, with but few exceptions, that the hot air or water bath almost invariably increases the prostration, and decreases as a consequence the chances of reaction;—While on the contrary, recourse blood letting which he so strongly deprecated, is frequently resorted to by Southern practitioners, in the worst cases, and with the most unquestionable success. Again, it must be observed, and consistently too, perhaps, both in his pathological opinions, the free use of the sulphate of quinine, in the “prostrate” or worst cases; the experience of Southern physicians on this point, however, is almost unanimous
that this medicine administered in any sized dose in the severest cases of congestive fever is generally void than useless—and is rarely employed and but little relied upon, during the existence of the congestive state.

Another remedy of much value in the estimation of Dr. Wood is Calsol, which he advises in some cases to be given to ptosisis.

It is admitted we believe, that depuration of the nervous system, or dangerous innovation, the essential pathological condition in congestive or paroxysm fever as taught by Dr. Wood, is the prominent pathological element in a dynamic or typhoid fever, and from the acknowledged unhappy effects of neurologication in the latter disease we would naturally conclude that such an event should be as strongly deprecated in the treatment of congestive fever. We are at a loss to understand how it is, that a "dangerous innovation"
or deprivation of the nervous system, induced by the direct operation of the malarial poison, should be relieved by purification and the same pathological condition of the nervous system in adynamie fever, generally aggravated by such an effect, is much as at least, that the event is usually guarded against.

Dr. Condle in a note to Mr. Watton's "practic" treats this description of fever, as a form of bilious intermittent, and straightway confounds it, with "bilious remissivefever," when he says, "the remission of the fever in the congestive form are not well marked, or rather, there is an entire absence of the febrile exacerbations and remissions." We are at a loss to understand the propriety of calling it a "form of bilious remissive fevers," when it is admitted that there is an "entire absence of the febrile exacerbations and remissions." We think that according to the testimony of Dr. Condle himself, Congestive fever
ought to be regarded, as a disease distinct both from intermittent or intermittent fever, as the only point of coincidence according to him, is the peculiar arrangement, which is quite as common, and certainly as much a condition in yellow fever, and Cholera, as in intermittent and intermittent fevers.

W. Condie's views of the pathology of this disease, seem to coincide essentially with those advanced by Dr. Wood, 'an effusive inflammation' and he recommends as the most important remedy, the free use of artificial heat, by warm water or followed by a full dose of Bow's Powder. It is immense a patient in warm water, and administer a nauseating emetic; when his skin is clammy, or 'wet with a copious perspiration', and all the functions of both animal and organic life prostrated, may not seem inconsistent to Dr. Wood and Condie, but we marvel, if every
intelligent southern practitioners would not consider such treatment, a very quick mode of dispatching a bad case. That there is in many cases marked bilious arrangement, we will not doubt, but that it is to invariable and great a symptom, as Dr. Onnie represents, we have no reason to conclude from our observation of Congestive Fever in the Southern states. The function of the liver is probably not more disordered in Congestive than in some other fevers, perhaps not more than in fevers generally, but we agree with him as to the value of Colonel as a stimulant and appetizing, but not in combination with aloes and Camp, etc. of cathartic, followed by a Cathartic infusion, as advised by him during the Congestive period. No point in the treatment of Congestive Fever, is perhaps known unanimously understood, among southern physicians, than the dangerous effects of Cathartics, previous to the resolution.
of the Congestion, and the complete establishment of reaction (if the term be proper, which I doubt). Headache is a frequent symptom, and in cases where it does not actually exist, its strong is the proclivity to it; that purging almost invariably exists, is a very troublesome guide, and augments the phenomena of congestion, and in a large majority of cases, it certainly would be quite as assiduous to administer cathartics in the collapsed stage of cholera.

Dr. Armstrong in his twelfth lecture, describes a "form" of fever, which he called "Common Congestive fever" produced as he believed by "Common occasions," as he termed the exciting causes; but from the history of the symptoms, it has evidently the same disease, as the term Congestive fever at the present day, though modified in some respects by climate, habits &c. But the latter would be decidedly inexcusable in the
treatment of Congestive Fever in the Southern States at least; and yet Dr. W. Armstrong regarded "nervous prostration" and "muscular debility" as the most prominent Conditions in Congestive Fever.

Our own views of the nature and treatment of Congestive Fever, whether produced by Malaria as believed, and correctly to perhaps by Dr. Zoe, or by "common accidents" as maintained by Dr. Armstrong, may be inferred from what has been already remarked. We contend, that in the absence of a knowledge of the properties of an imaginary agent, as Malaria; it is our duty, to regard the symptoms in Congestive Fever, as the Result of the Congestion of the several organs, and to be treated accordingly; especially when we know, that upon the cessation of the Congestion, and the establishment of reaction, depend the safety of the patient in a large majority of cases.