

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.

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 1851.

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

## Congestive Fever.

Medical

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 strong

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 Stygian darkness. There are many however, and as are among the number, who have yet to be convinced of the correctness of this theory, and are contented, still, to consider Intermittent, Remittent & Congestive fevers, not as the legitimate offspring of a common parent, differing only in physiognomy, "Facies non eminibus una, tamen nec diversa, qualis debet esse sororum", nor yet as totally different in their etiological relations - but sufficiently so, in a practical point of view, to justify us, in regarding 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 agents—cherishing the hope, that when 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 nonidentity of the "materia morbi" of Malarial fevers, 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 revolutionise medical science, and usher in a sort of Millenium in the

medieval world. But we are not so  
sane enough to believe, that the era of  
the millennial glory in medicine, is so  
near at hand.

Dr. Wood in his "Practice of Medi-  
cine," employs the term "pernicious," to  
distinguish this form of fever, and objects  
to the word "Congestive," as it not only  
belongs to a "vast number of other aff-  
ections";— 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-  
dition in many diseases, it might be  
inferred, that Congestion, which he says,  
certainly exists in this affection, was the  
essential morbus 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 rem-  
ittent fever,— the congestion being only

an incidental phenomenon, and bearing no relation, or a very uncertain one at least, to the <sup>result</sup>; and proposes to restrict the epithet Congestion, "to an affection, in which there is a great and sudden prostration, or depravation of the nervous system - extremely dangerous intermission."

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 grave symptom or peculiarity seemed to suggest. A complete and perfect intermission is a striking peculiarity of what is termed Intermittent fever, and hence the epithet - though it is admitted, that Congestion to some extent, exists during the 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 immediate grave symptoms.— the term remittent has been agreed upon, as an apt ~~designation~~  
= men.

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 Dr. Woods

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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 remove this condition, - confident that a resolution of the Congestion, or if you please, the eradication of the congestive element, is the almost certain prospect of his patient's convalescence: - 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, coexists 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 "Pneumic Fever".

If as Dr. Wood asserts, the disease is essentially a "depravation of the nervous 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 depraved 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  
inevitably increases the prostration, and  
decreases as a consequence the chances  
of reaction; — while on the contrary,  
decisive bloodletting which he so  
strongly deprecates, is frequently resorted  
to, by southern practitioners, in the  
worst cases, and with the most  
unquestionable success. — Again, Dr. Wood  
recommends, and consistently too, perhaps,  
with his pathological opinions, the  
free use of the sulphate of quinide,  
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 worse 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 Calomel, which he advises in some cases to be given to ptomaine. It is admitted we believe, that reparation of the nervous system, or dangerous innervation, the essential pathological condition in Congestive or purulent fever as taught by Dr. Wood, is the prominent pathological element in a dynamic or typhoid fever, — and from the acknowledged unhappy effects of mercurialization in the latter disease, we would naturally conclude that such an agent should be as strongly deprecated in the treatment of Congestive fever. — We are at a loss to understand how it is, that a "dangerous innervation"

or depravation of the nervous system,  
induced by the direct operation of the malacic  
poison, should be relieved by phthisis  
and the same pathological condition of  
the nervous system in adynamia fever  
, generally aggravated by such an effect;  
so much so at least, that the event is  
usually guarded against.

Dr. Condie in a note to Dr. Watson's  
"Practical," treats this description of fever,  
as "a form of bilious intermittent," and  
straightway confounds it, with "bilious  
remittent," when he says, "the remissions  
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  
remittent fever," 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. Condie himself, Congestive fever

sought to be regarded, as a disease distinct both from remittent or intermittent fever, - as the only point of coincidence according to him, is the tetteray derangement, which is quite as common, and certainly as much a condition in yellow fever, and cholera, as in remittent and intermittent fevers.

Dr. Condie's views of the pathology of this disease, seem to coincide essentially with those advanced by Dr. Wood, "directive innovation"; and he recommends as the most important remedy, the free use of artificial heat, by warm water &c followed by a full dose of Dr. Wood's powder.

To immerse a patient in warm water, and administer a nauseating sudorific, 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 practitioner would not consider such treatment, a very quick mode of dispatching a bad case. That there is in many cases marked biliary arrangement, we will not doubt, but that it is so invariable and grave a symptom, as Dr. Condie 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 so than in fevers generally, but we agree with him as to the value of Calomel as a stimulant and astringent, but not in combination with aloes and Comp<sup>d</sup>. Ex. of Colocynth, followed by a cathartic infusion, as advised by him during the congestive period.—No point, in the treatment of congestive fever, is perhaps more unanimous, understood, among southern physicians, than the dangerous effects of cathartics, previous to the resolution

of the Congestion, and the complete establishment of deaction (if the term be proper, which we doubt). Diarrhoea is a frequent symptom, and in cases where it does not actually exist, so strong is the proclivity to it, that purgation almost invariably excites it to a very troublesome degree, and aggravates the phenomena of Congestion, and in a large majority of cases, it certainly would be quite as unwise, 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 was evidently the same disease, we term Congestive fever at the present day, though modified in some respects by climate, habits &c: But the hot air bath so highly extolled by Dr. Armstrong would be decidedly injurious in the

treatment of Congestive fever, in the southern States at least; - and yet Dr. Armstrong regards "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 too perhaps, by Dr. Wood, or by "common occasions" as maintained by Dr. Armstrong, may be inferred from what has been already remarked. We content, 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 resolution of the congestion, and the establishment of reaction, depend the safety of the patient in a large majority of cases.