



# TEXTBOOK OF MEDICINE

By Various Authors

EDITED BY

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THIS BOOK IS DEDICATED  
TO  
THE RIGHT HONOURABLE VISCOUNT NUFFIELD,  
G.B.E., F.R.S., M.A., D.C.L., LL.D.,  
IN APPRECIATION OF HIS MANY  
GENEROUS BENEFACTIONS TO MEDICINE

# TEXTBOOK OF MEDICINE

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## PREFACE TO THE NINTH EDITION

**T**HE ninth edition appears in a new format, which I trust will commend itself to readers. The general character and scope of the book remains unaltered.

Under present-day conditions in the printing trade a considerably longer period is found to elapse between the setting up of the type and the publication of a book than before the war. Consequently it is impossible and also undesirable to attempt to include details regarding new forms of treatment, such as streptomycin, which are still in an experimental stage. For such the student and practitioner should refer to the current medical literature.

Since the publication of the eighth edition I have to record with great regret the death of Dr. Eric Guttmann, who for many years collaborated with Dr. Desmond Curran in writing the section on Psychological Medicine. Owing to the retirement of Dr. Arthur Maitland-Jones the section on Diseases of Infants has had to be rewritten. I have been fortunate enough to have this undertaken by Professor R. W. B. Ellis.

In view of the increasing employment of the metric system in prescribing, I have added a table of approximate equivalents of weights and liquid measures in the imperial and metric systems. This is placed for quick reference on the inside of the back cover. However desirable the general adoption of the metric system may be in theory, it will probably be many years before it is universally adopted, particularly for the older drugs such as morphia.

While no attempt has been made to increase the subject-matter in the Textbook, the ninth edition incorporates much revised and in some cases rewritten material. Mr. V. E. Lloyd has largely rewritten the sections on Gonococcal Infection and the Treatment of Syphilis and incorporated an ingenious chart for the rapid estimation of dosage in infants with Congenital Syphilis.

In the Chest section Mr. R. C. Brock has rewritten the article on Empyema. Considerable alterations have been made in the section dealing with Diseases of the Thyroid, Addison's Disease, and Diseases of the Pituitary. The articles on Hæmatemesis and Carcinoma of the Stomach have been rewritten. In the Cardiovascular section, apart from minor

revision, the articles dealing with Coronary Sclerosis, Angina and Coronary Occlusion, and Congenital Heart Disease have been rewritten.

Dr. F. M. R. Walshe has rewritten the *Ætiology and Pathology of Cerebral Vascular Disease*, and most of the sections on *Poliomyelitis*, *Herpes Zoster*, the *Treatment of Neurosyphilis*, *Bell's Palsy*, and *Sciatica*. Dr. Desmond Curran has dealt with electrical convulsive therapy and insulin therapy in more detail than in the past, and has also added a section on *Psychosomatic Medicine*.

In the *Tropical Diseases* section Group Captain Lipscomb has largely rewritten *Malaria*, while Dr. Trevor Owen has extensively revised the articles dealing with *Diseases of the Liver* and the *Gall-bladder*.

In conclusion I should like to thank reviewers and readers for many helpful suggestions, and my fellow-contributors for their loyal co-operation. I am specially indebted to Mr. D. R. Pugh, Dr. D. R. S. Saunders, and Dr. John Deakin for reading the proofs, and to Mr. D. F. Potter for the revision of the Index. Finally, I wish to acknowledge the unfailing courtesy, patience, and efficiency of the publishers and printers.

J. J. CONYBEARE.

1949.

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# INFECTIOUS DISEASES

## INTRODUCTION

**M**ANY diseases are caused by a recent or remote invasion or infection of the tissues of the host by a parasite (virus, bacterium, protozoon, metazoon, or fungus). The parasite (causal organism) is potentially transmissible from one host to another; hence, such diseases are *infective*. Among them are some caused by readily transmissible specific parasites, and these are known as the specific, or acute specific, infectious diseases or “fevers”—since “fever,” which implies raised *temperature* and quickened *pulse*, is a characteristic symptom.

**Modes of Infection.**—Infection is commonly conveyed directly from one person to another. Save in the enteric group of diseases, where infection is spread by articles of drink or food, and in certain diseases such as plague, typhus, and malaria transmitted by the medium of infected insects, the usual mode of spread is by spray, droplets, or floating droplet-nuclei projected through short distances by sneezing or coughing. In some diseases, infection may be conveyed by alternative routes, *e.g.*, the virus causal of acute anterior poliomyelitis may be inhaled or ingested. The role played by fomites, *e.g.*, utensils, syringes, bedding, letters, or dust is, in the light of recent research, assuming increasing importance.

**Carriers.**—A carrier is one who, although not himself suffering from the specific disease, harbours, and is thus in a position to spread, the causal organism. The carrier state may persist for a varying period after a frank clinical attack of the disease which has rendered the patient himself immune. Such persons are termed “convalescent carriers.” Persons who have passed through no recognisable clinical attack of the disease can yet carry specific organisms and be immune to the disease; they are “healthy or contact carriers” whose immunity has been acquired by small repeated sub-clinical doses of infection. The carrier state may be transient or permanent. Non-immunes may carry temporarily, *e.g.*, during latent infection or while incubating the disease.

**Incubation Period.**—Between infection and clinical attack is a latent period termed the incubation period which varies with each disease, and, within certain limits, for the same disease. During incubation the organisms are multiplying and probably in large part being destroyed by the tissues, but ultimately the organisms or their products gain the upper hand, overcome the resistance of the host, and initiate that complex of symptoms and signs by which the “disease” is recognised.

Variations, or apparent variations, in the length of the incubation period of the same disease may depend on any of the following factors: (i) difficulty in fixing accurately the actual date upon which infection took place; (ii) variations in size and virulence of the initial infecting dose and in the existing basal immunity of the host; (iii) an ill-defined onset, particularly characteristic of typhoid fever and whooping-cough.