

INDEX
OF
TREATMENT
BY
VARIOUS WRITERS

EDITED BY
SIR ROBERT HUTCHISON

ASSISTED BY
REGINALD HILTON



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PREFACE TO THE TWELFTH EDITION

THE advances in Treatment, and especially in chemotherapy, have been so great in recent years that a new edition of this INDEX is called for, and in preparing it I have had the advantage of the help of Dr. Reginald Hilton.

The whole book has again been thoroughly revised and some of the articles entirely re-written, chief of which are those on Anæsthesia, Asthma, Blood Transfusion, Diabetes, Obesity, Septicæmia, Tetanus, and some of the articles on Orthopædic Conditions and Tropical Diseases.

New articles include those on Rat-bite Fever, Sebaceous Cysts, Bone Setting, Syndactyly, and some minor conditions omitted in previous editions.

The Editors have again to thank the contributors for their cordial co-operation in the work of revision.

R. H.



PREFACE TO THE FIRST EDITION

THE present work is intended to provide the practitioner with a complete guide to Treatment in moderate compass, and in a form convenient for reference.

The Publishers have been fortunate in securing the co-operation of a group of contributors of special experience, whose names will be a sufficient guarantee of the value of the text, and no pains have been spared to make the book a trustworthy index to the best and most modern methods of dealing with disease.

Care has been taken to avoid embarrassing the reader with a large choice of procedures, and therefore those only have been described which, in the opinion of the respective writers, are considered the simplest and most effective.

In view of the special audience to whom the book is addressed, no attempt has been made in the surgical articles to deal with the more elaborate operations which require special skill for their successful performance; on the other hand, non-operative treatment has been dealt with in detail, as well as such minor or emergency operations as any practitioner may be called upon to perform. The management of labour, whether complicated or uncomplicated, has not been regarded as falling within the legitimate scope of the book.

It is obvious that, in spite of all the care which has been bestowed upon its production, a work such as this is bound to be marked by some omissions. The Editors will therefore gladly welcome suggestions from readers which may enable these to be remedied in future, as well as details of any method of treatment which has been found specially useful in practice, and which is not described in the present edition.

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London, November, 1907.

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AN INDEX OF TREATMENT

INTRODUCTION

SOME GENERAL PRINCIPLES OF THERAPEUTICS

IN the following pages the treatment of disease is dealt with in detail; but it may be well, by way of introduction, to state some general principles which apply to every case in which treatment is undertaken.

And first, before beginning treatment, it is essential to have a *plan*, for planless, indeterminate measures are not likely to be successful. The plan should be founded upon the *indications for treatment*—that is to say, with a view to the objects to be achieved, whether these be the cure of the disease or the mere alleviation of symptoms. It is well to remember, in this connection, the limitations of treatment, and not to attempt the impossible. One must always take care also to cut the therapeutic coat according to one's cloth, and not to embark upon a plan which the patient's circumstances or means will not enable him to carry out.

Having formed a clearly defined plan, take care not to change it without some good reason, such as its evident failure, or some alteration in the course and symptoms of the disease. Above all, do not alter it merely to conform with the wishes or whims of the patient, still less with those of his friends. The main objects must be steadily kept in view, and one must refuse to be led off into side-issues.

Let the plan be as *simple* as possible, for, like most good things in life, successful treatment is usually simple. All elaborate and minutely detailed schemes are to be shunned; they generally partake of the nature of the cure which is worse than the disease. In a word, beware of fussiness.

The plan should not only be simple; it must also be *exact*, and the patient must clearly understand what he is expected to do. This means that any except the most general directions should be put in writing.

In forming the plan, it must always be remembered that one is dealing with a sick man and not with an abstract disease. One must therefore be prepared to *individualize*, or, in other words, to modify details to meet the mental and physical peculiarities of the particular patient. It is for this reason that all cut-and-dried 'systems' of treatment should be avoided.

Faddiness must be eschewed at all costs. It is one of the worst vices that can afflict the therapist. A sense of proportion and of humour are the great safeguards against it, but the doctor should be on his guard when he finds himself beginning to recommend the same kind of treatment for every sort of disease.

Finally, in constructing the plan of treatment, one should be *conservative* but also *eclectic*. Tend rather to adhere to the old and tried methods than to be always running after new gods. Don't be blown about by every wind of doctrine; but

preserve a cool, detached, and rather sceptical attitude to the latest therapeutic craze until its merits have been thoroughly and scientifically tested—

“Be not the first by whom the new is tried,
Nor yet the last to lay the old aside.”

It is usually wise to be a little behind the fashion in matters of treatment; but, whilst conservative, one should also be ready to accept methods of proved efficacy, no matter whence they come. Do not say, like Caiaphas, “This man speaketh blasphemy”, and refuse to hear him. It is possible to get therapeutic hints even from laymen, bone-setters, or Christian Scientists.

In its essence a plan of treatment may be: (1) Radical; (2) Symptomatic; (3) Expectant.

1. By *radical* treatment one means a method which removes the cause of the disease and so automatically effects a cure. Much surgical treatment is of this nature, and in medicine we have examples of it in the cure of malaria by quinine or the removal of a tapeworm by male fern. Unfortunately, radical treatment, though much the most satisfactory, is not always possible.

2. *Symptomatic* treatment is admittedly a *pis aller*. It aims at removing or alleviating the most urgent symptoms in the hope that meanwhile Nature will effect a cure. A very large part of medical treatment is necessarily of this kind. In adopting it one must be sure, of course, that the removal of the symptom complained of is a good thing for the patient. The suppression of the cough in early pleurisy by opiates, for example, is undoubtedly an unmixed benefit to the sufferer, but to deal similarly with the cough in suffocative bronchitis might easily prove disastrous. It may thus be necessary to exercise much discrimination in deciding which symptoms are legitimate objects of attack.

3. *Expectant* treatment consists in preserving a masterly inactivity in the presence of disease, although being prepared to intervene on the side of the patient at any time, if need be. It is what the lawyers call ‘holding a watching brief’ for him. It is not merely, as scoffers think, standing by and patting Nature on the back whilst she does the work; it is something more than that: it is preserving a vigilant attitude, keeping an intelligent eye on the course of events, and meanwhile inspiring the patient with the confidence that his disease is under skilled supervision. In a word, it is the very antithesis of that fussiness in treatment which was deprecated above. In a very large number of cases this is all the ‘treatment’ that is really required.

Just as a plan of treatment may be either radical or symptomatic, so the agents employed in carrying it out may be described as either *rational* or *empirical*.

Rational agents are those whose success we can clearly understand and account for. The treatment of myxœdema by thyroid gland is an instance. Empirical agents, on the other hand, are those whose success has been clearly established by experience, although we are as yet unable to account for it. A large number of our most valuable drugs are employed empirically. One might instance the use of the salicylates in acute rheumatism, or of colchicum in gout. As knowledge advances, however, methods which were once empirical tend to become rational, as has happened, for example, in the case of the treatment of malaria by quinine and of syphilis by mercury. It is, of course, much more satisfactory to employ rational agents, but it would be folly to decline to adopt a method of treatment merely because one does not understand its *modus operandi*. If its value is attested by universal experience one is amply justified in having recourse to it.

The carrying out of any plan of treatment involves the consideration of the following different lines of attack:—

1. *The General Management of the Patient.*—Here one has to decide whether it is necessary for the patient to be in bed, to what extent rest from work is essential, whether he requires skilled nursing, etc. In a word, it includes a consideration of the patient's whole environment, so as to put him in the best conditions possible for fighting his disease. It has largely to do with what is sometimes called 'maintaining his strength'.

2. *Dietetic Treatment.*—Having arranged these matters, the next thing to be done is to decide upon the diet suitable for the disease. In a great many cases this may safely be left to the patient's own choice, and indeed it is a good rule not to lay down any special rules of diet without strong reason. In acute cases a special menu should be prescribed; in chronic cases it is more convenient simply to forbid those articles which are likely to prove harmful. All such instructions should be in writing. Throughout this book the dietetic treatment of particular diseases is considered in detail whenever diet plays an important part in the treatment; but it may be pointed out here that in dietetic, more perhaps than in any other form of treatment, the importance of individualizing must be borne in mind. Before recommending any article of food, therefore, it is wise first to ascertain how the patient likes it and how he has found it agree with him. Further, unless there is some reason to the contrary, one should always pay attention to a patient's likes and dislikes and to his instinctive 'cravings', for, as Sydenham said, "More importance is to be attached to the desires and feelings of the patient, provided they are not excessive or dangerous, than to doubtful and fallacious rules of medical art". Above all, one must avoid all arbitrariness in laying down rules of diet, and should never forbid any article of food without being able to give a good reason for doing so. Finally, if any food disagrees with a patient, it is better to reduce its amount in the diet rather than to eliminate it altogether, and one should also remember to make any serious alterations in the diet rather gradually, as abrupt changes are often ill supported.

3. *Medicinal Treatment.*—It is difficult to form a just estimate of the part played by drugs in treatment. There was a time, undoubtedly, when they were used too much, but there is now a tendency in some quarters to use them too little. Perhaps the truth as to their value is rightly expressed in the statement that they "sometimes cure, often relieve, and always console". In many cases, of course, the use of drugs need form no part of the plan of treatment at all. Even in such cases, however, it may be advisable for the sake of their 'consolatory' effect to prescribe what is called a *placebo*—especially when one is dealing with unintelligent patients.

It is wise to have only a few drugs in one's armoury, but to know them thoroughly, and if one decides to employ them to do so boldly and in sufficient doses. In using them, also, it is advisable to avoid what is called 'polypharmacy', and to make one's prescriptions as simple as possible, especially when one is employing powerful remedies. The art of combining drugs effectively and elegantly in a 'prescription' is, it must be confessed, not so well understood to-day as it was a generation or two ago, but it is one to which every practitioner should give attention.

4. *Specific Treatment.*—A 'specific' used to be defined as "an agent possessed of peculiar efficacy in the treatment of a particular disease". In this sense mercury is a specific for syphilis, quinine for malaria, and so on. At the present time, however, the term has come to mean treatment by bacteriological agents, and it is in