

AFTER-TREATMENT

A guide to General - Practitioners, House -
Officers, Ward-Sisters and Dressers in the
care of patients after operation

H. J. B. ATKINS

D.M., M.CH. (OXON), F.R.C.S. (ENG.)

SURGEON TO GUY'S HOSPITAL

THIRD EDITION

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DEDICATED
TO
MY FATHER
WHO HAS DEVOTED HIS LIFE TO THE CARE OF
HIS PATIENTS

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PREFACE TO THIRD EDITION

SINCE the last edition of this book was published two remarkable instruments of healing have come into our hands. The first of these is penicillin. Not only has it been necessary to include short sections on the parenteral and local uses of penicillin, but its benign influence is so permeating that there is hardly a chapter where its effect has not led to modifications in the text, while some sections have had to be completely rewritten. The virtues of this material have been well and justly publicised both in the medical and lay press, so that all must now be familiar with this magnificent achievement of British Medicine.

The other instrument comes to us from America. Its influence is less dramatic and it has never, so far as I know, occupied headlines in the daily press ; but its benefits are immense and countless patients have owed their lives to it, while hundreds are daily relieved of suffering through its agency. It was only when I was preparing the text for this edition, and on page after page crossing out such expressions as, " if the vomiting persists ", " the volume of the vomit is charted ", " excessive vomiting ", and so on, that I realised, as if by a revelation that, apart from the effects of an anæsthetic and except to a trivial degree, patients no longer vomit. This tremendous advance is due to the introduction by Wangenstein of the routine use of continuous gastric suction in conditions where vomiting was a predominant feature.

Penicillin and gastric suction then are the flags at peak and mizzen under which this new edition sails out of port, but the yard-arm and ratlines are decorated with bunting, some of which has been washed and ironed from a previous voyage, some is brand new.

Whatever may be said of Service Medicine, its " news service " is unequalled. By means of " Medical Administrative Instructions ", " Circular Letters " and " A.M.D. Bulletins ", Army Surgeons are minutely informed of advances in every field of Medicine. In a valley by the side of a rocky stream in the Atlas Mountains, seven miles from the nearest Arab village, I was kept more continually aware of surgical progress than when living in London, working at a teaching hospital and attending clinical meetings regularly. I should like here to express my appreciation to those distinguished consultants who, correlating the experience of many surgeons, were responsible for drawing up these memoranda, and hope that they will be pleased to

recognise (in many of the new "pieces of bunting") such of their advice as I was able to try out for myself.

I should like to thank the many unknown reviewers of the second edition for their helpful and friendly criticism. All the suggestions proffered have been examined carefully and discussed with colleagues. In the vast majority of cases amendments or alterations have been made to clear up ambiguities and to correct mistakes, but there is one recurring theme that requires special comment. It has more than once been suggested that the value of the book would be enhanced by a description of the technique of blood-transfusion. When I first undertook the writing of this book I tried to keep in mind the difference in meaning between the terms "technique" and "method". I felt that the former could only properly be acquired by practice under supervision; the latter might be learnt from books. Consequently I purposely refrained from discussing the technique of transfusion, spinal puncture, paracentesis of the chest, and other manœuvres which can only be learnt at the bedside. As the book developed and with fresh editions I am aware that technical manipulations have received more attention than I had originally intended, but for the most part these have been described because they are either new, simple to perform, or essential to the argument. Further, the technique of blood- and plasma-transfusions depends so essentially on the type of apparatus used that a detailed description of the method to include all the patterns generally available would have taken up an unwarranted amount of space in a book which I try to keep as short as possible.

In preparing this edition I have taken some trouble to investigate the results of treatment in those conditions about which there are conflicting schools of thought. In discussing these I have tried to be as fair as possible, and where I have advocated a certain line of treatment I have been careful to state that this advocacy is based on reasons which are *in my opinion* valid. This investigation has, however, impressed on me a fact which is well known in the world of controversy, namely that the less the difference between the value of two points of view the more bitterly it is contested. Where, as the lawyers say, *res ipsa loquitur* there is no need for crossed swords or cross words. Without wishing to be didactic, I should humbly like to enter a plea for the use of more moderate language in the expression of opinion in regard to medical matters.

The English language is rich in epithet, flexible in quality and, by the delicate interlacement of words, can enliven the expression of every shade of meaning. I am very much afraid that medical men

(more perhaps than any other of the learned professions) seriously abuse this finely tuned instrument. To use the terms "always" and "never" is to assume great responsibilities; and an expression with which we might readily dispense is "absolutely criminal" (whatever that might mean), when used, for instance, to stigmatise a method of treatment which differs in some inessential particular from that which the speaker has, perhaps for the last few months, been in the habit of practising. Many years ago I was told that to put on a spinal jacket without cutting a window over the epigastrium was "absolutely criminal". For years I laboured under a sense of guilt until I saw the illustrations of "windowless" spinal jackets in Watson Jones's book, when I felt that my burden was eased; at least there were other criminals. Last year, while I was warded, a colleague took over my patients. After three days he came bursting into the sick room; one of my M.O.'s had been caught making a window in a spinal jacket. Didn't I think that this was "absolutely criminal"? I felt as though I had been released from prison.

The real "criminal" actions in Medicine are neglect, dishonesty and carelessness. Let those who roundly abuse all who disagree with their pet theories remember that we cannot all be brilliant innovators, and sometimes the less brilliant and less raucous have compensating qualities—they may even be kind to their patients.

My thanks are once more due to those who have helped in this as in previous editions with advice and encouragement and I trust that, with the coming of more settled times, I shall be able to relieve them of part of the burden which they have selflessly borne during my enforced absence from home.

HEDLEY J. B. ATKINS.

Temp. Lieut.-Colonel, R.A.M.C.

NAPLES, 1945.

PREFACE TO SECOND EDITION

FACED with the imminent possibility of being transported, if not into another sphere, at least into another hemisphere, I come to the last of the interesting parts in the preparation of this second edition, namely writing a preface. The proof-reading and production I shall have to leave to my father, who has once more loyally undertaken the correction of the typescript.

A new chapter has been added on the post-operative treatment of children, and I am grateful to Mr. Denis Browne for the advice that he has given me in respect to this. The subject of Rehabilitation, which is assuming increasing importance in modern therapeutics, has been given a chapter to itself.

There are new sections on post-operative coronary thrombosis and the management of the diabetic patient in the post-operative period. Major Blackburn has read through the chapter on genito-urinary surgery and with his help this has been thoroughly revised. The section on head injuries has been brought up to date and now incorporates much of the teaching of the Oxford school. Air Commodore C. P. Symonds has kindly read through and corrected the typescript of this section.

There have been various other amendments and additions such as a revision of the sections on fluid administration and anaerobic infections; the addition of small sections on the technique of wound dressing, post-operative adhesions, ruptured kidney and walking appliances for plaster cases; and an appendix relating the Imperial or Apothecaries' to the metric systems.

In dealing with fractures, the terms "closed" and "open" have been substituted for "simple" and "compound", in accordance with modern practice. Of the thirteen new illustrations, I am indebted to Messrs. Down Bros. for Fig. 61 and to Messrs. Thackray for Fig. 31.

It is again a pleasure to record my grateful thanks to Messrs. Blackwell the publishers who, battling with paper shortage, dearth of printers and type-setters, and a dozen irritations and restrictions associated with war-time publication, have succeeded in overcoming all their difficulties with an urbanity and a uniformly helpful good humour which has made our association a very happy one.

HEDLEY J. B. ATKINS.

DAVYHULME, *October 1942.*

Temp. Lieut.-Colonel, R.A.M.C.

INTRODUCTION

WITH the advent of John Hunter, Surgery emerged from the "dark ages" of outworn convention into the light of scientific experiment. Hitherto, a thing was true because Galen had taught it; now it was true only if it could be shown to be so. The field of Surgery expanded, and on that field grew a healthy and abundant crop raised from the seed of experiment and fertilised by observation. This period was devoted to the study of wounds and of infected tissues. The surgeon's home was the ward, and here he observed the living pathology of infection, healing and repair. Without the aid of laboratory methods or radiography clinical acumen was at a premium. Bright, Addison, Hodgkin and Trousseau in the field of Medicine, and Astley Cooper, Cheselden and Dupuytren in the field of Surgery, described the symptoms and signs, the anatomy and pathology of diseases hitherto unrecognised. This was the age of classification and collation. Operations were few and far between; the technical advances which were to make these an everyday occurrence were yet to come. Such operations as were undertaken had to be performed with dexterity and rapidity to save the patient from insufferable agony. Like a flower blossoming in this field came the publication of Hilton's *Rest and Pain*.

In the middle of the nineteenth century the whole orientation of Surgery was shifted by the work of Simpson on anæsthetics and Lister on the control of infection. Operations became more common, and surgeons, inspired by the possibilities of this new field, became technicians, so that surgical technique in the modern sense was born. Advances in Operative Surgery were made rapidly and no organ was exempt from the encroachments of the surgeon's knife. The surgeon moved his home to the operating theatre and the ward became his week-end cottage. Reigning over this hierarchy of inspired technicians was the greatest craftsman of them all—Arbuthnot Lane. Such were the developments in the field of Operative Surgery that Moynihan may not have been far from the truth when he stated before he died that surgical technique had reached its highest peak.

What of the future? Slowly but surely there is a drift back from the theatre to the ward. Surgeons are coming to realise that, in their "gold rush" from the first field to the second, much had been left behind that was uncultivated. In nine cases out of ten one surgeon of

experience will perform the operation as well as another and, if our results are to improve, it will come once more from a study of the processes of healing and repair. We appreciate that when the patient leaves the theatre our job is but half done and that the convalescence, the subsequent health, or even the chances of survival may be prejudiced by the kind of after-treatment which he will be given. In the last ten years advances in after-treatment have been as rapid and as valuable, if not so spectacular, as the advances in technique in any decade of what we may call the period of technical achievement. Surgeons are mostly aware of these advances and are taking an increasing interest in them, but Surgery is an exacting occupation. The physical and mental strain of operating, the time spent in the out-patient department, the demands of teaching and private practice, and the fact that many of his cases may be operated on far from his home make it impossible for the surgeon to supervise the after-treatment of all his cases personally. For this reason it was felt that the time had come for an account of the recognised methods of treatment in the post-operative stage.

This book is written for those who are called upon to undertake the care of patients at this stage, and although the term "after-treatment" is often used as if it connoted post-operative treatment only, yet it is from time to time used in its broader sense. Thus "After-Treatment" is made to include the *treatment after* certain injuries, such as burns, concussion and contusion, the management of which is likely to come within the province of those for whom the book is primarily intended. On the other hand the treatment after such highly specialised operations as craniotomy for cerebral tumour, lobectomy, thoracoplasty and plastic operations has not been dealt with. It was felt that the after-treatment in these relatively new fields was by no means standardised and that, as these cases were tending naturally and properly to gravitate to special centres, their after-treatment would not normally come within the purview of the general practitioner or the sisters and housemen of a general hospital. Having in mind the readers rather than the title of this book, I have added appendices on "Writing Reports" and "Appearing in Court". It is hoped that their inclusion may be excused on the grounds that they will prove helpful to the medical man called upon, as it were, to play away from home.

In writing the text I have had no compunction in borrowing from every source which was available both literary and personal. I trust that due acknowledgment has been made in the proper place for these depredations, but if there are any omissions, it is because one builds up one's store of knowledge from so many sources that it is often

impossible to remember its origins. There are, however, three works which I should like particularly to mention : *Fractures and Other Bone and Joint Injuries*, by Watson-Jones ; *The Principles and Practice of Rectal Surgery*, by Gabriel ; and *Diseases of the Thyroid Gland*, by Joll. These three books are monuments to British Surgery. Nowhere else in the English language are there to be found such authoritative, complete and clear accounts of their respective spheres, and it is a pleasure to be able to record the debt which I owe to each.

To Sisters Falwasser and Harrison, who have saved so many of my patients from the consequences of mediocre surgery, I should like to express my sincere thanks for their co-operation and help. Watching over me as each chapter has been written has been Mr. Wass, senior Registrar at Guy's Hospital, who, in the course of years, has wisely separated the gold from the dross in the teaching and practice of those for whom he has worked and has unstintingly given much of his time and thought to amending and correcting the text. Directly and indirectly much of what is written here is derived from my colleagues on the Staff of Guy's Hospital, and I must thank them for all that they have taught me in the past. I should like to mention particularly Professor Ryle and Mr. Slesinger who, by the accident of propinquity, have been closely associated with me during the past two years and whose interest in the subject of after-treatment has been of the greatest value. Mr. Robin has helped me with the writing of the chapter on the " Ear, Nose and Throat ", and his experience in oto-rhinological clinics both here and abroad has been put freely at my disposal.

For permission to reproduce Figs. 9, 12, 18, 21, 22 and 26 I am indebted to Messrs. Allen & Hanburys ; for Figs. 35 and 36 to Messrs. Down Bros. ; and for Figs. 41, 42 and 43, to Messrs. Desoutter. I should also like to thank the above firms for the loan of plates and blocks. Miss Newman, of the radiological department, Guy's Hospital, has been responsible for the photographic illustrations.

Messrs. Blackwell the publishers, besides being instrumental in launching this project, have spared no trouble in gratifying an author's whims. Much of the pleasure which I have derived from producing this book has been due to their encouragement and help.

Throughout I have received the unfailing assistance of my father, who has taken the greatest care in correcting and amending the script and in reading the proofs. It is impossible to say how much I owe to him, both in the matter of writing this book and for his past advice and friendship, and I can only hope that our partnership on this occasion has been an experience as stimulating and enjoyable to him as it has been to me.

Finally, it is with much pleasure that I record the enthusiastic help of my secretary, whose lively interest and avidity for copy were a great stimulus at a time when man's highest achievement seemed to be a capacity for dodging fallen masonry and metal.

HEDLEY J. B. ATKINS.

NUFFIELD HOUSE, *March* 1942.

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