

SAVILL'S SYSTEM OF CLINICAL MEDICINE

DEALING WITH THE

*DIAGNOSIS, PROGNOSIS, AND TREATMENT
OF DISEASE*

FOR

STUDENTS AND PRACTITIONERS

EDITED BY

E. C. WARNER, M.D., F.R.C.P.

FOURTEENTH EDITION

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PREFACE TO THE FOURTEENTH EDITION

Most text-books of Medicine start by assuming the diagnosis of the various diseases, and then set out the symptoms which should be found. Over fifty years ago, Dr. T. D. Savill realised that this is not the way any practising physician goes to work in his consulting-room or at the bedside: what he does is to listen to the patient's history, select the principal (or cardinal) symptoms, and by a process of integration with the other clinical features, arrives at a tentative diagnosis. He then proceeds to consider the probable cause of the condition and any alternative diagnosis, he weighs up the prognosis and then undertakes the treatment of his patient. Dr. Savill therefore constructed a text-book of medicine on these lines—and the success of this Savill System is demonstrated once more by the ever increasing popularity of this book which has now reached its fourteenth edition.

It is no small task to combine the features of a system of this kind with the ever-increasing advances of medical knowledge and medical science: particularly have I attempted to show that there is still an art as well as a science in Medicine: correct diagnosis, the essential preliminary of correct treatment, is not a matter of studying the results of X-ray and other investigations. Medical practice at its best will always demand of the physician that he should first give time to assess the mental and physical symptoms of his patient before effecting a physical examination in an effort to arrive at a diagnosis; only a proportion of patients will then need X-rays and other ancillary methods to confirm or refute the diagnosis. For this art of diagnosis a long period of training as a physician, combined with a sympathy for the human problems created by disease and a knowledge of the pathological effects produced, are all necessary. This Art of Medicine, developed over the years by trained and observant medical men and women, is beyond the understanding of unskilled and untrained political planners.

This new edition is some 300 pages longer than its immediate predecessor; and it now contains 66 tables, 274 figures and 23 plates. A much more liberal use has been made of colours for 9 plates are thus presented, and in the neurological chapter two colours have often been used to outline the main tracts of the brain and spinal cord. I am fully conscious of the disadvantages of increasing the size of the book, but the advances in Medicine have made this inevitable; I am very grateful to the various contributors for allowing me such liberty in pruning their text in order to avoid repetition and to limit the size of this volume. Within the present compass the aim has been to add a description of most of the recently described diseases and of the techniques in common use. At the end of the book a new feature is the various tables which should be useful for quick reference: these give the average weights of normal men and women of different statures, the normal ranges of blood counts and the normal values obtained in the examination of the blood and other tissue fluids.

Chapter I, which describes the rules for clinical investigation as written by Dr. T. D. Savill, has been little altered over the years; no great change has been made in this new edition. In the chapters which follow, the Savill System as described in Chapter I has been kept to throughout. To bring the text up to date no page has escaped alteration in one way or another, and some chapters have been almost entirely rewritten. Chapter VI on the Lungs and Pleuræ has previously been the responsibility of Dr. Maurice Davidson. This time I have not had the help of his polished writing and so I have rewritten most of the chapter myself, and in so doing have borne in mind the great advances in X-ray techniques and in treatment of the pulmonary diseases due to chemotherapy and the antibiotics. To rewrite Chapter XIV dealing with Diseases of the Female Reproductive System I have been fortunate enough to enlist the help of Dr. Josephine Barnes. In Chapter XVIII which deals with Diseases of the Skin, Dr. Arthur Rook has followed the outline plan used by Dr. Agnes Savill in so many previous editions, but he has rewritten the entire chapter in accordance with modern dermatological teaching and has added a section on disease of the nails. The long neurological chapter (Chapter XIX) has always been a credit to the book in the able hands of Dr. Redvers Ironside; in this edition he has found it necessary to rewrite almost the whole chapter and in doing so has lost none of his clarity of presentation. This time we agreed to separate the Diseases of the Special Senses from this chapter for they now merit a short chapter on their own (Chapter XX); it behoves every physician to have a good working knowledge of the various diseases affecting the Eyes and the Ears—especially when the former so often give fundamental information as to disease elsewhere and now that antibiotics have so greatly lessened the need for surgical interference in the ears. Happily Mr. Norman Fleming has been able to continue to give of his expert help in this extended version of Diseases of the Eyes and Mr. A. P. Ardouin has helped me write the section on Diseases of the Ears. I also welcome to this new edition Dr. P. B. S. Fowler who has been responsible for Chapter V dealing with the Pulse and Arteries, Dr. David Erskine who has revised the sections dealing with Venereal Diseases, Dr. Twining McMath who has brought up to date the Infective Diseases (Chapter XV). Dr. E. Neumark has supplied the expert knowledge necessary to revise the description of the Diseases of the Blood in Chapter XVI. Other new contributors are Dr. F. D. Schofield who follows Dr. F. Murgatroyd in describing Tropical Diseases and Professor R. A. Shooter who has dealt with the problems of Preventive Methods and Immunity and with Chapter XXII on the Examination of Pathological Material. Professor Paul Polani has written and illustrated a new section which describes the ever-widening field of chromosomal abnormalities in relation to disease conditions.

It is sad to have to mention that two contributors died shortly after completing their sections. Dr. S. W. Patterson revised the Chapters dealing with Diseases of the Digestive System—I spent many profitable

hours with him revising these, and recasting the Diseases of the Liver, Gall-bladder, Pancreas and Spleen which are now described under separate headings. Unfortunately Dr. Thomas Tennent has not lived to see in print the results of his labours in Chapter XXI relating to the Psychological Disorders.

I have again been fortunate in having the help of a team of experts who helped with previous editions. My best thanks are due to Dr. Geoffrey Bourne who revised the Cardiological Chapter (Chapter III), to Mr. L. R. Broster who helped with the Abdomen (Chapter IX), to Mr. W. A. Mill for parts of the Diseases of the Nose, Throat, Larynx and Oesophagus, to Mr. Arthur Gray who has again written the section on Sterility and to Dr. F. S. Warner who has revised Diseases of the Mouth.

It is impossible to draw up a list of all the new subjects which find a place in this System for the first time and only a few examples must suffice. Such are carcinoid tumours, the carpal tunnel syndrome, cryoglobulinæmia, erythræmic myelosis, hiatus hernia, kwashiorkor, the mal-absorption syndrome and steatorrhœa, pleural biopsy, chronic œsophagitis, temporal arteritis and the Wolff-Parkinson-White syndrome. New tables include one on the newer antidiabetic drugs and insulins (Table XXV) and of necessity an entire revision of those dealing with the effects of the chemotherapeutic and antibiotic drugs on various organisms (Tables XXXV and XXXVI).

To these main contributors and to many others I must add my grateful thanks for such unstinting help. The latter include Dr. H. Post, Dr. Charles MacLean, Dr. Seymour Reynolds and Dr. David Sutton, who have lent X-ray films for reproduction; Dr. John Swale who has drawn up the tables of biochemical analyses and helped with his specialised knowledge on such subjects as paper chromatography and electrophoresis; Dr. D. O'Connell who helped to write the section on the effect of Ionising Radiations; and Dr. W. F. Dunham who has rewritten the section dealing with the Electrical Examination of Muscles and Nerves. Miss P. M. Turnbull has greatly assisted with a number of beautiful photographic reproductions which make a text-book of this kind so much more enjoyable. My especial thanks go to my secretary, Miss C. G. Sharvelle, who has spent so many hours and days typing the new material, to Dr. J. N. Mickerson who helped with the proof reading, and to Mr. Brian Armitage who is in charge in the Charing Cross Hospital Medical School library—he has undertaken the arduous and responsible task of preparing the index. I already see imperfections in the text but hope these are few and do not detract from a useful new Edition of this well-known text-book; particularly must I take responsibility for defects in Chapters II, IV, VI, VII, VIII, XIII, XVI and XVII which have been largely or almost entirely rewritten by me. Throughout it has been my earnest endeavour to present the reader with a text which is written and presented in as clear a form as possible.

E. C. WARNER.

London, N.W.1

LIST OF CONTRIBUTORS

- JOSEPHINE BARNES, M.A., D.M.(Oxon.), M.R.C.P.(Lond.), F.R.C.S.(Eng.), F.R.C.O.G., Consultant Obstetrician and Gynaecologist, Charing Cross Hospital and The Elizabeth Garrett Anderson Hospital.
- GEOFFREY BOURNE, M.D., F.R.C.P., Consulting Physician and Consulting Cardiologist, St. Bartholomew's Hospital.
- L. R. BROSTER, O.B.E., M.A.(Oxon.), D.M., F.R.C.S.(Eng.), Consulting Surgeon, Charing Cross Hospital; Honorary Fellow of the American Surgical Association.
- W. F. DUNHAM, B.A., B.M., B.Ch.(Oxon.), D.Phys.Med.(Eng.), Physician, Departments of Physical Medicine, Charing Cross Hospital and Wembley Hospital.
- DAVID ERSKINE, M.D., D.P.H., Consultant Venereologist, Seamen's Group of Hospitals.
- NORMAN FLEMING, M.B., Ch.B., D.O.M.S., Consulting Ophthalmic Surgeon, Prince of Wales's General Hospital, Tottenham.
- P. B. S. FOWLER, D.M.(Oxon.), F.R.C.P.(Lond.), Consultant Physician, Charing Cross Hospital and Harrow Hospital.
- ARTHUR GRAY, M.D., F.R.C.S.(Eng.), F.R.C.O.G., Consulting Obstetric and Gynaecological Surgeon, Charing Cross Hospital, The Hampstead General Hospital and The Miller General Hospital.
- REDVERS IRONSIDE, M.B.(Aberdeen), F.R.C.P.(Lond.), Consultant Physician, Charing Cross Hospital; Senior Physician, Maida Vale Hospital for Nervous Diseases; Consulting Physician for Neurological Diseases, West London Hospital.
- W. F. TWINING McMATH, M.D.; M.R.C.P.(Lond.), D.P.H., Physician-Superintendent, Neasden Hospital, London; Consultant Physician, West Hendon Hospital, and Spittlesea Infectious Diseases Hospital, Luton; Lecturer in Infectious Diseases, Charing Cross Hospital Medical School.
- W. A. MILL, M.S., F.R.C.S., Consulting Surgeon, Ear, Nose and Throat Department, St. Thomas's Hospital, Royal Marsden Hospital and Royal Masonic Hospital.
- E. NEUMARK, M.D.(Lond.), Lecturer in Pathology, St. Mary's Hospital Medical School; Medical Adviser to the Hæmophilia Society.
- S. W. PATTERSON, M.D., D.Sc., F.R.C.P.(Lond.), late Senior Physician, Ruthin Castle Clinic.
- PAUL E. POLANI, M.D.(Pisa), F.R.C.P.(Lond.), D.C.H.(Eng.), Prince Philip Professor of Pædiatric Research, Guy's Hospital Medical School.
- ARTHUR ROOK, M.A., M.D.(Cantab.), F.R.C.P.(Lond.), Consultant Dermatologist, Addenbrooke's Hospital, Cambridge.
- F. D. SCHOFIELD, M.D.(Cantab.), M.R.C.P.(Lond.), D.T.M. and H.(Eng.), recently Senior Lecturer, Dept. of Clinical Tropical Medicine, London School of Hygiene and Tropical Medicine; Asst. Director of Medical Services (Medical Research), Dept. of Health, Territory of Papua and New Guinea.
- R. A. SHOOTER, M.A., M.D.(Cantab.), M.R.C.P.(Lond.), Professor of Bacteriology, University of London; Consultant Bacteriologist to St. Bartholomew's Hospital.
- THOMAS TENNENT, M.D., F.R.C.P., D.P.H., D.P.M., late Medical Superintendent, St. Andrew's Hospital, Northampton; late Physician in Psychological Medicine, Northampton General Hospital.
- E. C. WARNER, M.D., B.Sc., F.R.C.P.(Lond.), Physician, Charing Cross Hospital; recently Dean, Charing Cross Hospital Medical School; Senior Physician, Putney Hospital.
- F. S. WARNER, F.D.S.R.C.S., L.R.C.P., M.R.C.S., Consultant Dental and Oral Surgeon, Guy's Hospital; Dean of Dental Studies, Guy's Hospital Dental School.

INTRODUCTION

EVOLUTION

THOSE who ponder on general principles and methods will have observed that a considerable change has gradually taken place during the last half-century in the methods of studying the science and art of medicine. Formerly, men were content to observe the symptoms or effects of disease at the bedside and in the dead-house, and to speculate on the etiological connection of these two series of phenomena. Wherever the association of such phenomena during life and after death was sufficiently constant, they were spoken of collectively as a "disease"; when a group of symptoms without anatomical lesion constantly recurred, it received a name and place among the list of "disorders." Then each disease or disorder was taken as a separate entity, its anatomy, symptoms, diagnosis and treatment were described, and its various possible etiological factors discussed; and the result was known as "Descriptive" or "Systematic Medicine." The guiding principle of this descriptive process was the tracing from an assumed *cause* to a known *effect*.

In recent years great advances have been achieved, almost synchronously, in two very different directions. On the one hand great improvements have been made in the methods of observing and investigating the symptoms or effects of disease during life, and thus Clinical Medicine came into separate existence. On the other hand, with the rapid growth of chemical, biological and bacteriological sciences, and the elaboration of experimental methods in the investigation of disease processes, there has been the pathological approach, whose methods have been based upon experiment, and whose leading principle is the artificial production of a definite *cause* and the observing of its *effects*. The extraordinary advances made by these means, and the new light thus shed upon the science of medicine during the last few decades, have formed at once the wonder and delight of the civilised world.

As the result of these movements, treatises on Systematic Medicine, which attempt to deal at all fully with both the clinical and the pathological aspects of disease, have come to assume very considerable dimensions. In many of them there seems to be a tendency to become more and more pathological in their arrangement, and to treat diseases as separate entities, so that students of clinical medicine and busy practitioners, whose daily work consists of an endeavour to trace from *effect* to *cause*, have been heard to complain that they do not always find in them the clinical aid they seek.

ORIGIN

Immediately after embarking on medical practice I realised the importance for diagnostic purposes of reviewing the various diseases or pathological conditions which might give rise to a patient's leading symptom or symptoms, and being unable to find precisely the information desired in any of the current text-books, I proceeded to keep a brief record of all the cases I met arranged under the heading of their leading symptom. This book is based upon those records, which extend over many years, combined with the valuable knowledge imparted to me at the bedside by my teachers—more especially Dr. Charles Murchison, Dr. J. S. Bristowe, Professor J. M. Charcot and Sir William Broadbent. Hospital clinics, at first of a general and later of a more special kind, have always been at my command; but it was at the Paddington Workhouse and Infirmary that the idea of this work was conceived, its foundations laid, and the chief part of its "skeleton" constructed. Here there has been a vast and almost unexplored field of every possible variety of disease, which can be studied from day to day from the beginning to the end of its course.

PLAN

In this work, the subject is approached from the standpoint of symptomatology. The principle throughout will be to trace from effect (symptoms) to cause (the morbid cause in operation). The order of sequence will be that which should be adopted in the examination of a patient. Thus, the first chapter will give a general scheme for the examination of a case, and will deal with certain general principles underlying methods of observation, diagnosis, prognosis and treatment. In the second chapter the physiognomy of disease will be discussed. The succeeding chapters will deal seriatim with the symptoms and signs referable to the several organs or anatomical regions of the body, and the disease which may cause those symptoms.

Each chapter is divided into three unequal parts. Part A. treats the *symptoms* which may indicate disease of the organ or region under discussion, the fallacies incidental to their detection, and a brief differential account of the various causes which may give rise to those symptoms. Part B. treats the *physical signs* of disease in that region, and the various methods used to elicit them. Part C., which constitutes the major portion of each chapter, is prefaced by a *clinical classification* of the various maladies affecting that region, and a summary of the routine procedure to be adopted; and this is followed by a series of sections dealing with the several *diseases*, arranged according to their clinical relationships. For example, in Chapter III., on The Heart—Part A. describes and differentiates the various causes of breathlessness, dropsy, palpitation, precordial pain and the other symptoms which may be indicative of heart

disease; Part B. describes percussion, auscultation and the other methods of examining the heart; and Part C. deals seriatim with the various cardiac disorders, classified and arranged on a clinical basis.

SPECIAL FEATURES

Apart from this general plan, there are two features special to this work. The first part of each chapter, dealing with symptoms and their causes, forms a feature on which great labour has been expended. To make each list of causes complete without redundancy, and to check the various data again and again in the light of experience, has involved an expenditure of time quite out of proportion to the space occupied. These lists will, I trust, be as useful to others as they have been to me in obtaining a clue to diagnosis.

Another feature consists of the italicised paragraphs in Part C. standing at the head of each section, which deal with each separate disease. These emphasise the salient features by which a disease may be recognised and differentiated from others belonging to the same clinical group. They are, in fact, brief clinical definitions, and form, metaphorically speaking, "sign-posts" or guides in the process of diagnosis. If, after carefully studying the lists of symptoms and their causes in Part A., and examining his patient (Part B.), the reader turns to these italicised paragraphs in Part C., the work will, it is hoped, serve as a "clinical index of diseases"; for by following the plan laid down he will shortly find himself reading a description of the diagnosis, prognosis, and treatment of the malady from which his patient is probably suffering; while adjacent to this are the disorders which clinically, and very often pathologically, resemble it, and for which in practice it is apt to be mistaken.

Such an arrangement as this must inevitably lead to some repetition, but this difficulty has been obviated to some extent by cross-references. I would also ask the reader to remember that nothing fixes things so well in our minds, or aids us so much in tracing those analogies to which I shall shortly refer, as constantly looking at the same facts from a different point of view.

An attempt has been made to present the various diseases in some kind of perspective by placing them as far as possible in order of importance and using different sized types. The relative importance of different subjects in medicine is largely a matter of opinion, and I cannot expect to escape criticism in this respect.

It is a standing accusation against medical writers that they are careless in respect of literary style. I have striven to be intelligible rather than academic; and in general I must plead guilty to having endeavoured to follow the Duchess's advice to Alice in *Wonderland*, to "take care of the sense and the sounds will take care of themselves." When so large an area has to be covered, a certain amount of abbreviation is indispensable,

and in order to condense my material, it has been my practice to adopt a numerical method of description. Some may take exception to this, though the student will find it to his advantage in the acquisition of knowledge.

ADVANTAGES

I may perhaps be pardoned for adverting to certain advantages which appear to me to be associated with the method that I have adopted of approaching clinical medicine. And first let me remark that this method of diagnosis is not what has been called a "process of exclusion." It is a positive rather than a negative process, for by carefully considering the various causal diseases which may be in operation and balancing the evidence for and against each, the physician is guided, not to the least improbable, but to the most probable diagnosis.

The advantages of passing in rapid review all the possible diseases which may give rise to a patient's leading symptom are very obvious to those actively engaged in clinical work. It is now often the method used in bedside teaching. Yet I am not aware that any work has yet been published which adopts precisely this plan of approaching clinical medicine.

This plan gives a truer view of nature's facts than one which deals with diseases as so many separate entities. We see a case in all its clinical and practical bearings. We not only learn that the diagnosis of a patient's illness can at best be only a question of the greatest probability, but with almost mathematical precision we can also assess the probability or improbability of each of the other possible causes in operation. We learn further that all diagnoses can only be provisional, and that the degree of probability of each possible cause changes from day to day, like the coloured pattern of the kaleidoscope, as the course of the disease unfolds itself before us.

The recognition of a clinical likeness between diseases has often led to the erection of a "working hypothesis" which by subsequent research has been found to be correct. Many of our greatest discoveries have been initiated in this way. It was, for instance, a process of this kind which led to the discovery that a large number of pyrexial disorders are of microbic origin. There are still a number, notably measles, small-pox and scarlatina, in which such a working hypothesis, based on clinical resemblances, forms at present the full extent of our knowledge; but so precise are these foundations that the microbic nature of these diseases is never doubted. Hypotheses framed in this way should always be tested and confirmed in the laboratory and dead-house, whenever the morbid conditions can be produced experimentally, or when they are attended by fatal results. But there are still a great many diseases, such, for instance, as the two great groups of clinical conditions we call hysteria and neurasthenia (conditions which form a considerable portion of the practitioner's daily work), which cannot, except in the most isolated instances,

be observed in the dead-house, and which have not yet been reproduced in animals. In these cases the method of analogy or comparison to which I have just referred is not only a valuable means of investigation, it forms almost the only means we have.

Only few are able to devote the necessary time to laboratory research; but all can study their cases at the bedside in the way indicated, and many a valuable and often unrecorded idea as to treatment will occur to the practitioner who thinks out and traces analogies between diseases.

There is yet another advantage which has always appeared to me to accrue, especially to the young observer, by this process of balancing evidence and comparing diseases. It not only impresses important facts upon his memory, but it constitutes one of the best possible means of training him to habits of accurate and complete observation, and of systematic and productive thought. The scope of his horizon is widened, his faculty of systematising his knowledge becomes by practice wonderfully increased, and his reasoning powers strengthened and corrected. He finds intuitively that without accuracy in respect to the most minute details he may be led astray in the more important ones, that without system in the arrangement of his facts he will never be able to attach the proper significance and importance to each; and finally, that without judgment in attaching due weight to each item of evidence, his conclusions may be erroneous although his premises and facts are correct.

RESPONSIBILITIES

I have now described the scheme of this work, its purposes and scope—in a word, the ideal which I hope to compass; and I believe no one could approach a task of this kind without realising the responsibilities and difficulties involved in its execution. Amidst the bewildering records of medicine there are many excellent treatises both on systematic medicine and on one or other of the several departments of clinical medicine. These deal with their respective subjects in a manner which I cannot hope to rival, but they have afforded me no exact precedent or guide along the path I wished to travel. The contemplation of the wide range of knowledge and experience required, of the immense advances which have recently been made both in the theory and practice of medicine, of the supreme importance of the subjects here dealt with, involving as they do questions of life and death, has filled my mind with a painful sense of the obligation imposed upon me to sift my facts, and to cull my knowledge from all sources, but, before all, to obtain my material as far as possible by careful observation and patient thought from the book of nature which lay open before me from day to day at the bedside in infirmary, hospital and private practice.

In these circumstances I have gladly availed myself of the help and advice of many friends. It is especially difficult for me to express in measured terms my indebtedness to my wife, who has assisted me in

the elaboration of this work during the greater part of four years. Her skill and knowledge have helped to give it such completeness as it may possess; her patient industry has afforded me not only assistance, but example; and her companionship and encouragement have made many rough places smooth, and have often transformed what at times seemed to be a laborious and interminable task into a pastime.

T. D. SAVILL

1909

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