



# MODERN TREATMENT YEARBOOK 1958

A YEARBOOK OF DIAGNOSIS AND  
TREATMENT FOR THE GENERAL  
PRACTITIONER

*Edited by*

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## PREFACE

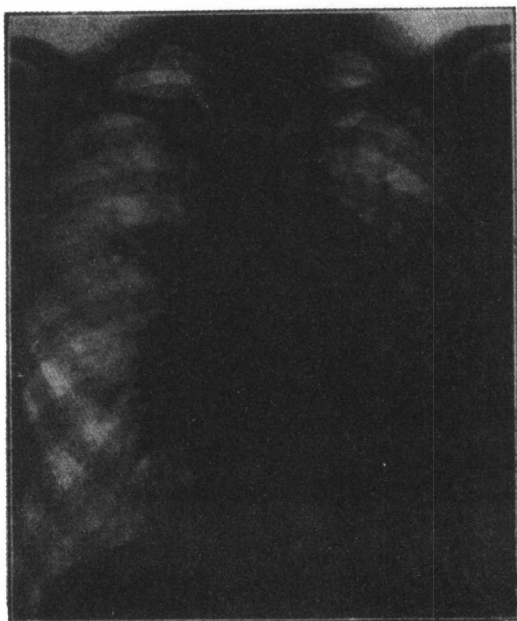
THE 1958 volume of the *Modern Treatment Yearbook* contains a practical series of articles on conditions that are met with from day to day in medicine, surgery and obstetrics. The various authors have chosen common diseases and conditions on which to write and have discussed the modern treatment for these ailments. Medicine is a progressive science and in its multiple branches new forms of therapy are constantly appearing. This *Modern Treatment Yearbook* gives the most up-to-date facts that are available.

I am sure it will continue to take its place as a very useful book on the desk of the busy practitioner.

CECIL WAKELEY

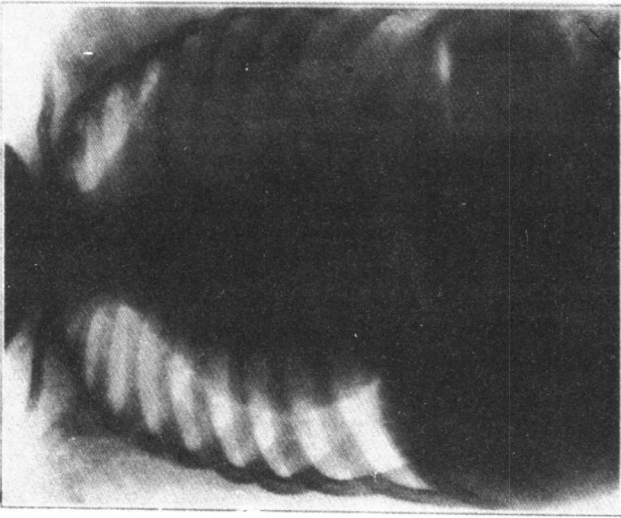
73 Portland Place,  
London, W.1  
January, 1958

## PLATE 1



Radiograph of a man aged thirty years with persistence of ductus arteriosus. Cardiac enlargement with plethoric lung fields. There was a large left to right shunt (12 litres/min.) and marked pulmonary hypertension (100/65 mm. Hg.). Little disability until onset of auricular fibrillation at thirty years of age. Sudden death from acute heart failure twelve hours after uncomplicated occlusion of the ductus. Similar pulmonary hypertension does not carry this risk in early childhood (Anderson & Cole, 1955).

PLATE II

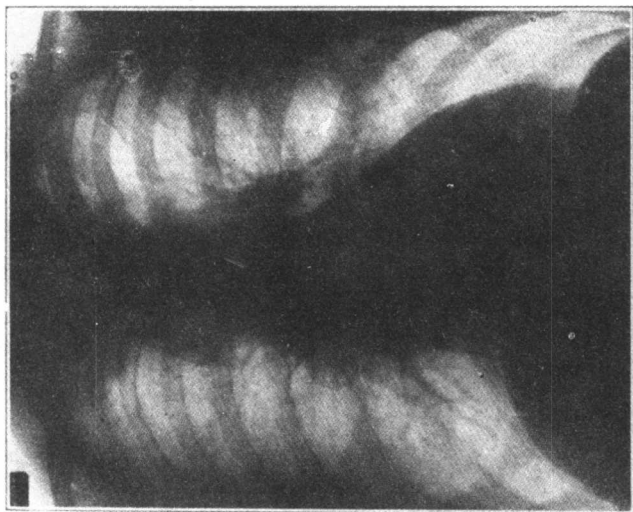


A. Radiograph of a child aged one year with deformed tricuspid valve (Ebstein's anomaly). Gross cardiac enlargement. There was peripheral cyanosis and persistent tachycardia (150/min.).

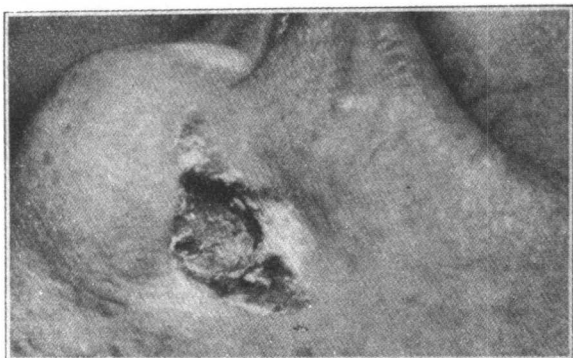


B. Radiograph of the same child six years later. Cardiac enlargement causing collapse of the left lung. There had been regular school attendance and maintained exercise tolerance until the abrupt onset of failure at eight years of age.

### PLATE III

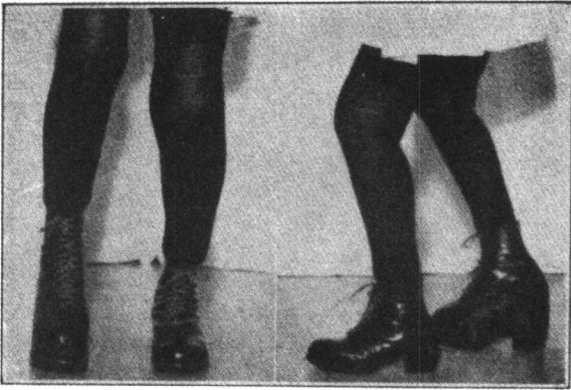


A. Radiograph of a coalminer, aged fifty years, with coarctation of the aorta. Rib-notching, absent aortic knuckle and slight cardiac enlargement. He had no disability in spite of arm blood pressure 270/100.

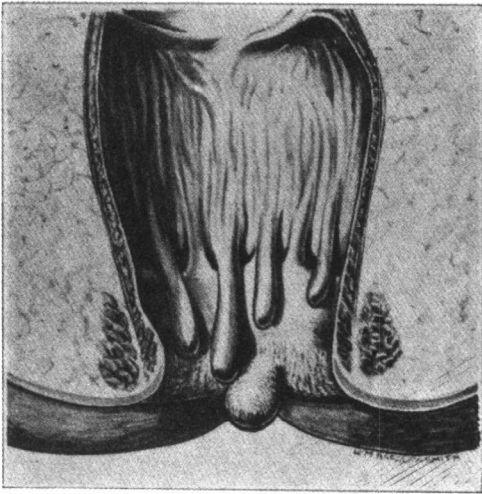


B. Woman, aged sixty-eight years, with trophic ulceration of the nose following trigeminal nerve injection for tic douloureux.

PLATE IV

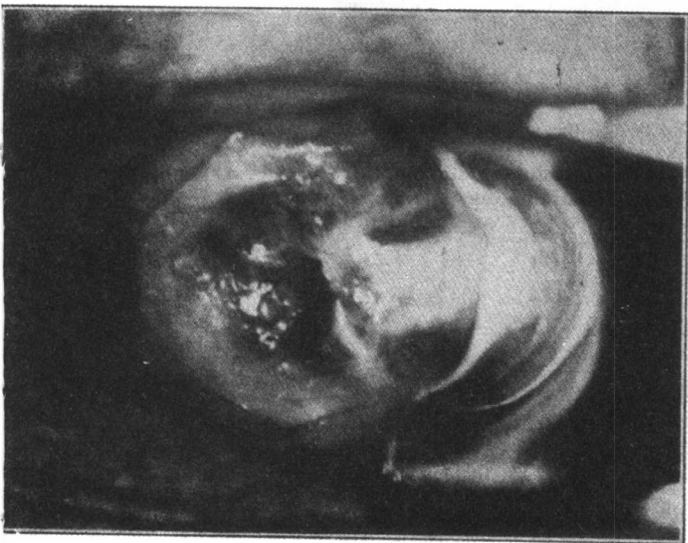


A. Woman, aged seventy-five years, with flexion contracture deformity of both knees due to rheumatoid arthritis. Note surgical boots and different height of patellæ.



B. Diagram of the lower end of the rectum and anal canal, showing internal piles and a perianal hæmatoma. These piles would be suitable for injection treatment.

## PLATE V



### "Gynecological" erosion.

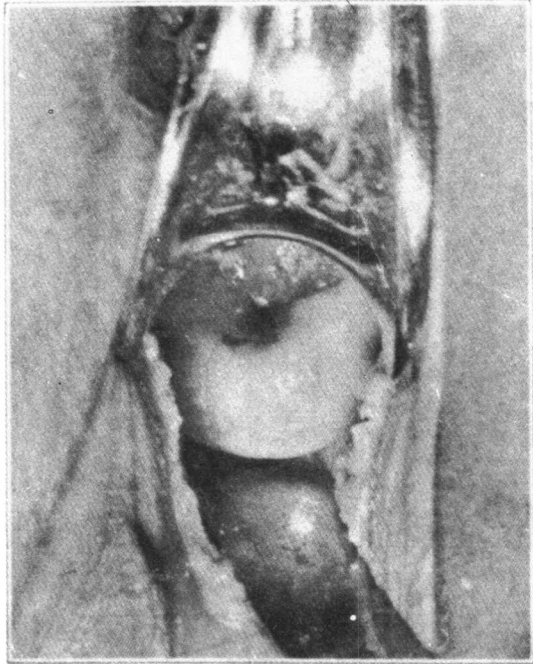
A. Mrs. K., aged twenty-six, complained of muco-purulent discharge; marked cervical erosion with abundant mucopus. *Cell smear*: abundant leucocytes and squamæ. No malignant cells. Treated by cauterisation under anaesthesia. The mucus-bearing tissue was active but was not inflamed, i.e. "ectopic" columnar epithelium was burned off.



B. Mrs. K. Squamo-columnar biopsy from edge of erosion. The area of stromal infiltration by round cells (mainly lymphocytes) is a common finding at the squamo-columnar edge of normal cervixes; in this specimen the infiltration is not unusual and adjacent sections showed no further inflammatory reaction.

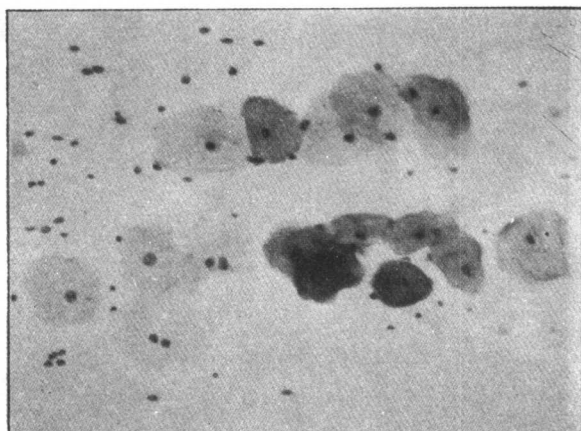


PLATE VI

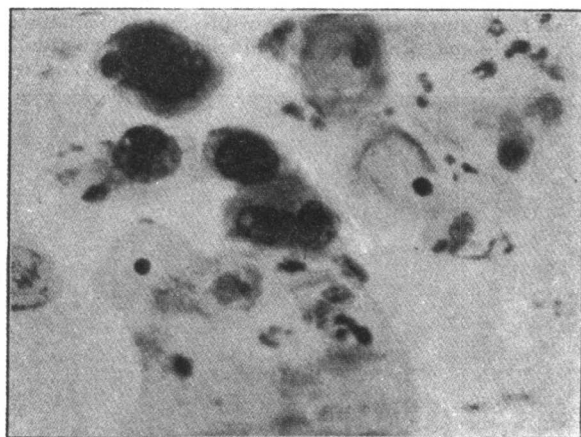


*Postnatal erosion three months after delivery.*  
No symptoms. Cell smear repeatedly showed spermatozoa in clear mucus. Treatment: observation only. Conception followed six months after delivery, the erosion remaining unchanged in appearance and still asymptomatic.

PLATE VII



A. Benign cervical squamous cells.

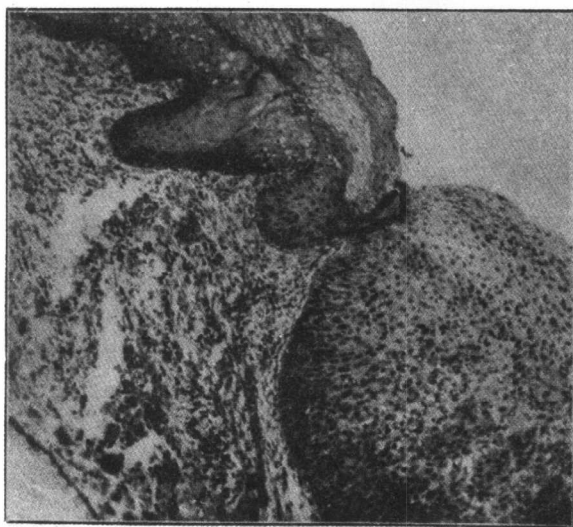


B. Malignant squamous cells.

PLATE VIII



A. Low-power view of a tiny pre-invasive squamous carcinoma, with benign epithelium on each side.



B. High-power view of the same lesion, showing malignant cells on the surface.

PLATE IX

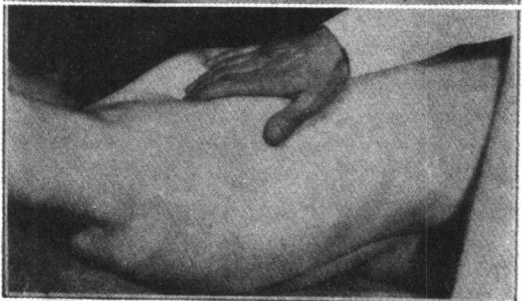
A.



B.



C.



See Chapter XIV

PLATE X

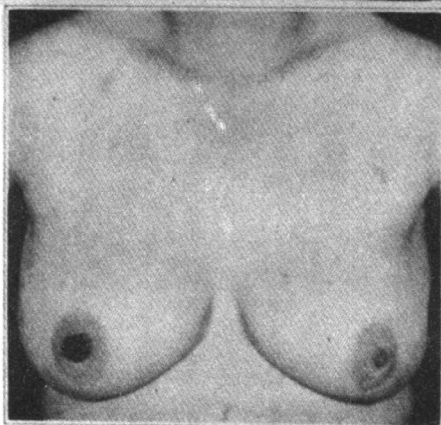
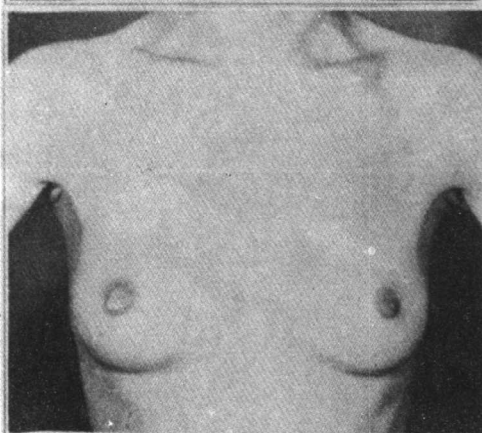
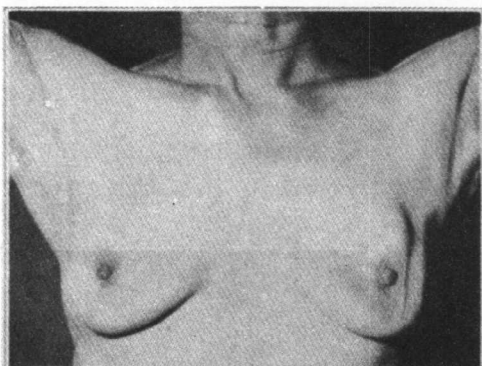
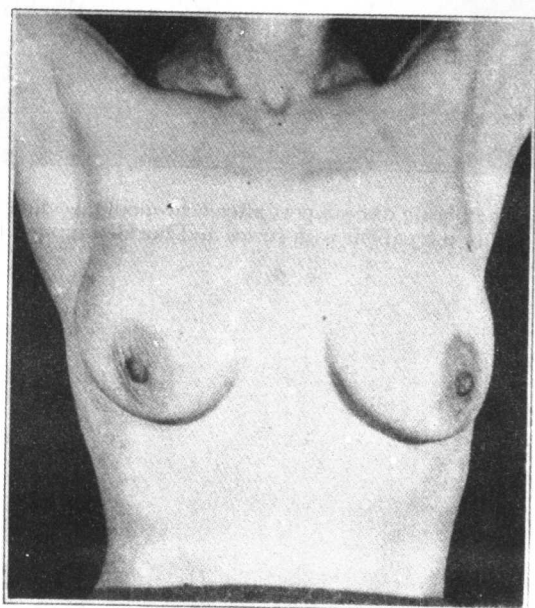
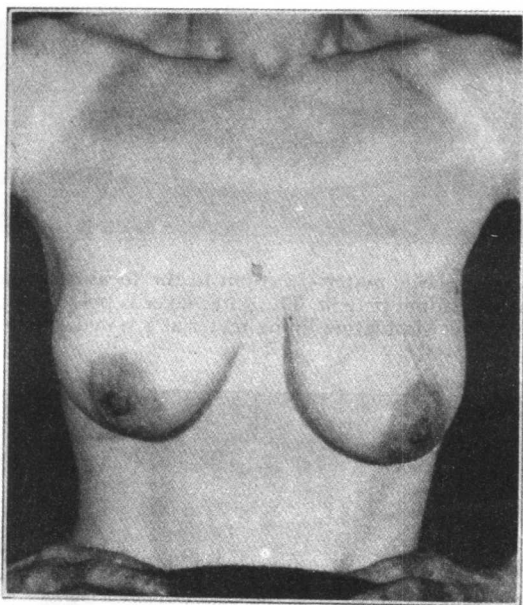
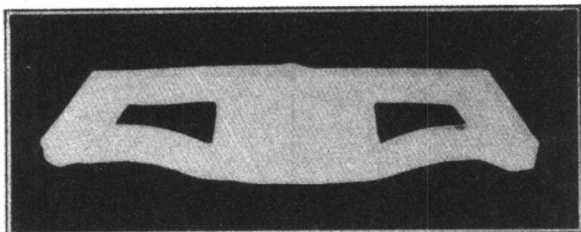


PLATE XI

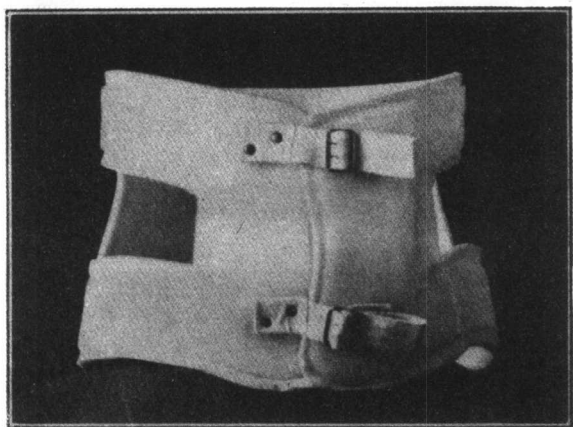


See Chapter XIV

## PLATE XII



- A. The plastic material cut out to the measurements of the individual patient. The outer layer is polythene and the heat-insulating lining material is polyurethane.

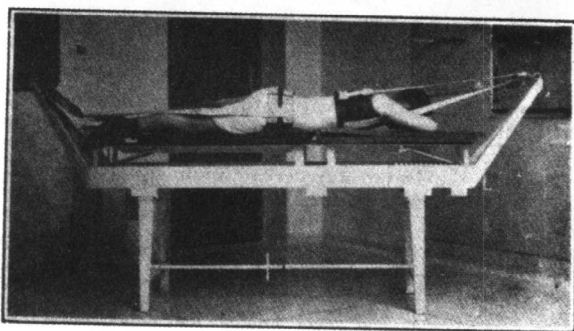


- B. The plastic disc support after heat-moulding directly on to the patient with straps and buckles applied.

## PLATE XIII



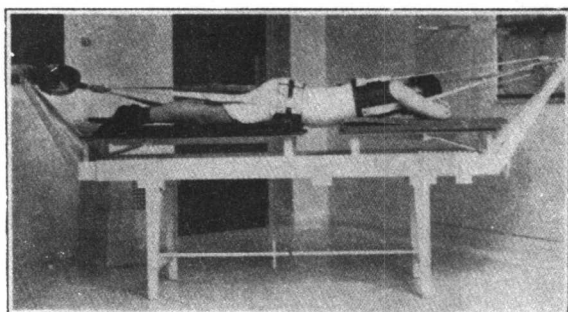
A. The patient wearing the plastic disc support. It is fairly rigid and is deep enough in front to catch the lower costal margins and so stops the patient from bending forward. This is most important as it makes him maintain the hollow-back position.



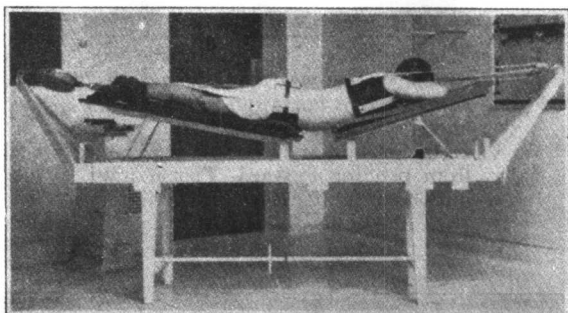
B. The traction couch with patient lying on it in the prone position. The harness has been applied, but traction has not been started, and consequently there is no separation of the platforms, one carrying the head and trunk and the other carrying the pelvis and legs of the patient.



## PLATE XIV



A. Traction has now been applied up to about 70 lb. and in doing this a gap has been created between the two platforms.



B. Hyperextension has been obtained with the traction still in operation by elevating the ends of the platforms. If at this stage the traction is reduced the two platforms will come together and at the same time slowly and gradually the degree of hyperextension will be increased. If this can be done painlessly then the manipulation has been successful in reducing the prolapse, but if it causes an increase of pain then the reduction has been unsuccessful or is at any rate incomplete and a further period of traction should be tried.