April 1884

On Treatment.

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March 1884.

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On Treatment.

In beginning practice our difficulties were Many & Various. An enumeration of such would be tedious & unprofitable, inasmuch as the majority of them, would be, in all probability, but a repetition of the experiences of most graduates who enter general practice, during the first few Months of their exercise in their new duties.

One difficulty however was so much greater than all others, both in grievousness & in persistence, that we determined to make it the text of a thesis, in the hope that an exposition of it, & of the means adopted to obviate it, might in some way, save others the anxiety, labour & loss of time we had to undergo.

The difficulty referred to, arose from

want of possession of any "System of treatment". The result of this great defect in our professional attainments was, that for several months at the beginning, we were in a state of dread at every new case which came under our care, lest we should not treat it rightly, & this in spite of the facts (1) that we did not experience any great difficulty in diagnosis (2) that we were well acquainted with the treatment advocated in the text books (3) that we daily refreshed our memory in all the particulars of the cases by means of reading.

This want of method, rule, or system of treatment always lost valuable time at the beginning, before a diagnosis was made, & caused us to be so irresolute, that even when a

diagnosis was effected, & a somewhat more definite treatment was inculcated by the books, we failed in getting satisfactory results, & were consequently miserable in proportion.

For months this was the condition of matters, the only oases in the therapeutical desert, being surgical work & the few specific treatments or drugs. Beyond these all was extremely vague, & the most assiduous search, through many works on Medicine & on therapeutics for a reasonable method of general treatment, only resulted in the accumulation of details, designed for the relief of symptoms. The total results may be summed up in the words of Bristowe, who, writing of nearly all diseases says "We can do little

"often nothing to arrest them in their
"progress or put limits to their duration,
"& frequently, all that remains to us
"is by maintaining the patients strength,
"by relieving symptoms, & by taking
"precautions against the supervention
"of complications, or accidents, to
"enable him to pass with comparative
"safety through his malady" (Bristowe
Theory & Practice of Medicine page 121)
Such a state of matters was to us
eminently unsatisfactory, indeed but
little less so than a system of pure
expectancy, of which a Veteran teacher
& practitioner has said "Expectancy is
"a term, now frequently used to dignify
"what amounts sometimes to absolute
"inertness in practice." (Hartshorne
Essentials of Medicine page 18)
The hopelessness of solving a satisfactory

. rule of treatment from any of the medical treatises within our reach, or from a combination of them, forced us to endeavour to discover a rule for ourselves.

The most urgent necessity existed in regard to the fever which is the accompaniment of such a very large number of diseases, both surgical & medical, & such fever first engaged our reflections, in our endeavour to evolve a rule of treatment. Its commonness promised to give any treatment which tended to reduce or abolish it, a very wide, indeed, almost universal application.

The febrile symptoms are often the most tangible signs of disease, & bear a strict proportion in all but very chronic cases, to the gravity of the

. disorder. These symptoms are present in many cases, before it is possible to make a correct diagnosis, & by themselves form, in our opinion, an abnormal Condition requiring treatment without delay. To withhold active treatment until a diagnosis is made, is to our mind exactly like refusing to extinguish a fire, until we ascertain its cause. On this subject Dr Benjamin Walker has written in accordance with the view here taken. He says "Why should "we on being called to a patient wait "for the malady to declare itself or "that we may make a nice diagnosis "before we commence active treatment? "Say that a rigor has ushered in an acute "illness, inflammation, fever or what not, "& there are already a quickened pulse "& ascending temperature. We know

" these are hurtful, exhaust vitality &
" tend to adynamy. Then why wait
" till crepitation, rose spots, or other
" signs & symptoms, warrant an
" accurate diagnosis, & why stand
" useless onlookers giving some simple
" placebo to satisfy the patient or his
" friends when you can be doing good
" & doughty service in attacking the
" pyrexia & bringing down the temperature
" & quickened pulse by the depressant
" alkaloids aconitine, veratrine, digitaline
" quinine, (some or all of them) every
" half hour or hour until the thermometer
" & other signs beds you hold your
" hand." (Lancet Dec 10th 1881)

Being convinced that the febrile condition merits immediate & active treatment on its own account, & independently of its cause, our next

inquiry was as to the best means of treating this particular condition, in the in the hope that the facts ascertained, might help us to reason from the particular to the general truth, & so give us a general rule of treatment. We appealed first to nature & endeavoured to ascertain what she prompts a patient labouring under a febrile attack, to do. We find that after the chilly stage has passed off, & the fever has become established, all the natural endeavours of the patient, are directed towards a diminution of the abnormal heat, which is the essential characteristic of the condition. His loathing of food negatively reduces, or at least checks the increase of the fever, by diminishing the supply of fuel

. The desire for fluids, or rather the imbibition of such which is the result of the desire, his casting off of clothing &c, positively reduce the heat. He feels that a cold bath would be intensely grateful, but he has not the energy as a rule to indulge his wish, partly from the lassitude which accompanies the fever, & partly no doubt owing to a dread of after ill effects. Now all the natural indications are for measures calculated to reduce the abnormal excitement, & if we can supplement the efforts of nature, by remedies which have this reducing effect, we shall be acting strictly in accordance with Nature's own plan, & assisting in the attainment of the desired end, in proportion to the vigour of our

Note

* The method here suggested is supported by the statistics & opinions of Brandt "who by "the collation of some sixteen thousand cases "(of enteric fever) arrived at the conclusion that "the mortality by the systematic use of the "cold bath had been reduced from 21.4 per cent. "to 7.4 per cent or about two thirds" ..... "Brandt has maintained that cold applied early "& systematically not only lowers the temperature "thus diminishing the injurious effects of the "pyrexia but actually prevents the development "of the characteristic intestinal lesions". (The British Medical Journal Feb 23d 1884)

Professor Cuenod, Drs Taylor, Copland, Austin Flint & others maintain the correctness of the above view though they do not all go the whole length that Brandt does (See British Medical Journal 1/3/84 pp 408 & 423)

endeavors. On reflecting as to what measures are available of the kind desired, the old time methods of sweating, vomiting & purging immediately present themselves. In these we have powerful aids towards the reduction of abnormal excitement, when used with a distinct intention of producing a depressant effect, & pushed until such effect is produced, not stopped when the stomach or bowels have been simply evacuated, or the skin rendered moist. Further we have the more modern methods of reducing temperature, or causing depression, by means of drugs such as those mentioned above in the quotation from Dr. Walker, or by the graduated cold bath as advocated by Ziemssen of Erlangen (See note ✝)

The reduction of temperature by means of drugs, has the disadvantage of being much less natural than the others, it is decried by some as being simply Modified poisoning, a statement they support by adducing the fact, that the majority of the drugs used, are active poisons, & when their toxic effects frequently, even when given in remarkably restricted doses. They therefore assert that to increase the dose of such drugs, or to multiply the number of times the dose is administered, cannot possibly be really advantageous to the patient, whatever apparent improvement may take place under such treatment.

That the drugs are poisonous and active, we must admit, but that their use in doses sufficient to

obtain their debrussant effect, without any of the toxic phenomena being disclosed, is a great benefit in helping practicable to reduce abnormal excitement, & is without ill consequences, has we think been abundantly proved by Sydney Ringer & other therapeutists. Besides the poisonous nature of a drug, excluded it from the category of ordinary remedies, what would become of such powerful aids in the treatment of disease, as Opium, Mercury, Arsenic & many others. Such contentions then being mainly theoretical can have little weight against the practical good results which are the ordinary effects of the treatment

Others again dispute the propriety of the whole line of treatment, which in order to include all the measures

we have alluded to we shall call the "depressant treatment". They will use such remedies [illegible] to diminish the patients strength, & so leave him less able to endure the attack of the disease. They proceed on the assumption, that the more strength the patient has, the better able is he to cope with the disease. This may be partly true but that it is not merely a matter of physical strength is proved by the notorious fact, that individuals who are not robust, when subjected to similar conditions, acquire the same diseases as their robust neighbours, yet do not suffer so severely as, & recover their ordinary health more rapidly than, their ~~robust neighbours~~ lustier companions, reminding me of the fable of the twig which bent to the blast & retained its place,

while the unyielding oak was uprooted. The truth seems to be that the extra vigour of the strong patients, in many cases simply affords more fuel for the fire, & consequently produces a more prolonged & more disastrous conflagration. Still others will contend that the results of the expectant treatment of sthenic illness, & of the depressant treatment of the same class, are practically the same. That though the duration of the illness may be less under the latter treatment, viz., the ill effect of the depressant drugs, used to the extent indicated, plus the partial effect of the disease will equal & be not greater than the total effect of the disease when it is allowed to run its natural course. Far from admitting any truth in this view, we maintain, that the

. depressant effect of the treatment is directly antagonistic to the effect of the disease, & that consequently the ultimate total depression is less, in proportion to the lessened duration & violence of the disease which are direct effects of the treatment.

But apart from these views, the main fact against the view of those who cry out against the diminution of the patient's strength by the depressant treatment, is, that it is not an attack upon his strength at all, but upon the abnormal excitement the result of disease, or what in this regard might be styled superfluous physical vigour. This it is we combat, & the amount of this abnormal excitement is the natural measure of the strength of the remedies to be employed,

* Unit is no decrease below the ordinary standard of health.

so that no absolute depression* (over & above suffering depression to neutralise the excitement being needed) may be caused Instead therefore of diminishing the patients strength be by using energetic measures calculated to abort altogether or at least lessen the violence of the fever may fairly claim to be acting in the way best fitted to conserve it: for the natural consequence of letting the fever follow its own course is that it seems to use up all the patients energy much as a fire does combustible matter within its reach & simply burns itself out, whereas the proper treatment timely applied may, to continue the simile, be likened to a bucket of water, the judicious use of which prevents a great conflagration

These arguments on both sides however must be admitted to be largely theoretical

& the practical result of the treatment must be the real touchstone after all. In applying this crucial test we find the strongest evidence of the truth of the views stated. For example we are called to see a patient who states, that he experienced a chill a day or two back, whose breathing is rapid & shallow, who has a dry hard, short cough, pain at base of right lung & is feverish. Auscultation discovers fine moist rales all over right base, percussion may show slight dulness More probably None. This we pronounce a case of congestion of lung or incipient pneumonia & following our previous hazy notions of treatment we should have ordered a sinapism locally, & a purgative as internal medicine, & philosophically waited & seen the case develope into

a typical pneumonia with its Month of confinement to bed, & convalescent stage of uncertain duration. But if instead of proceeding in this rule of thumb fashion we apply the principle above mentioned namely to meet the abnormal excitement by depressant measures strong enough to neutralise it our treatment acquires an object & a method which make it delightfully reasonable & clear especially when compared with our former uncertainty in regard to both end & means.

We attack the febrile condition, without waiting to ascertain its cause, by depressant remedies proportionate to its violence. So in the case given above we first take measures to sweat the patient profusely, this being most naturally indicated by

the dry hot state of his skin, being a remedial measure of very great power, capable of production by external means alone, thus excluding the use of drugs, a highly desirable thing as most will admit.

Sweating alone when thoroughly done may in many cases cut the disease short in fact render it abortive & the ill consequences of such treatment are practically nothing.

Some may ask if the treatment be indicated by the symptoms, as in the instance given, what necessity exists for keeping in view the general principle of producing a depressant effect by treatment. Well the reason is, that though the treatment should ameliorate the symptoms, yet all we desire may not have been

accomplished, for we are not satisfied, until the abnormal excitement has been abolished, & close observation & the normal condition, been obtained so we do not stop when we have simply alleviated the symptoms, but push on until the depressant effect on the whole system, is sufficient to neutralise the opposite effect of the disorder. being guided in our efforts by the changes effected in the pulse & temperature chiefly, though the general appearance of the patient, & his feelings, are also valuable aids in estimating the effect of treatment. The means to be used for our purpose are mere matters of detail, but perhaps the most simple, & easily applied, as well as the most effective way of producing sweating, is wrapping the

naked patient in a sheet wrung out of tepid water & covering him thickly with blankets.

Supposing the case a more obstinate one, & that profuse sweating continued for some time fails to check it, the pulse, temperature &c showing but little improvement, we can supplement the sweating by purgatives freely administered, not only with the view of following the old aphorism "clear out the bowels" advocated by all, but of producing a distinct depressant impression on the system. Should these means combined fail in producing the desired effect, we may have recourse in succession to vomiting, depressant drugs as diuretic, ice, & even bleeding. All of these means excepting bleeding, I have used in

very many cases & with nothing but good results. In numerous instances the effects were not only very gratifying to me but marvellous to the patient. Bleeding we did not often see absolute necessity for but in some cases, notably cases of what might be called acute sthenic pneumonia we should certainly have used the patient strong in the faith that it would do great good, but were deterred by the fear that the possible unfavourable termination of the case, might be attributed to the operation, with the result of seriously damaging our reputation, which, in the first years of our practice we could not afford to risk.

The truth of the idea which originates & governs the depressant treatment, is we think supported by the fact

that we have treated different cases of pneumonia with remedies as varied as Antimony & acute, Morphia, Sulphate of Magnesia, Nitrate & Acetate of Potash each, with the exception of the two last named, which were used together, forming the staple of the treatment of certain cases & being pushed until the depressant effect (the only property they possess in common) was sufficient; & always with extremely satisfactory results; in marked diminution of the violence & duration of disease, even to the extent of having the patients up in three or four days, notwithstanding that they almost invariably had been ill for several days before we saw them. How this method works in abolishing or diminishing abnormal excitement, which it positively does, I am unable

to say but an explanation seems to be afforded by the physiology of counter-irritation.

The relief of pain & congestion by counter-irritation has been explained to be due to two main causes (1) to the increased afflux of blood to the irritated parts & consequent diminution of congestion in other situations (2) to the nervous impression produced by the irritation counteracting the nervous impression which is the result of disease. The latter of these reasons seems to furnish an explanation of the effect of the treatment here advocated. We may suppose, that waves of nervous impression of varying magnitude, indicated by the amount of departure from normal condition of patient, are the results of the causes, which produce the various

diseases, & the immediate causes of the systemic disturbances, symptomatic of those diseases, & that these impressions are counteracted by nerve impressions of opposite character, the results of treatment. A familiar illustration of this is the shivering which succeeds a chill, & which seems to be the effort of nature, to rouse the benumbed nervous system, by the effects of mechanical excitation. Whether this be a true theory or not, is however of no importance, the practical fact that we can abolish or diminish disease, by using certain means, is the great thing to be remembered.

To make plain the fundamental difference between this treatment and the expectant treatment, so prevalent at the present time, we shall instance

the use of purgatives, as applied under the different methods. In following the expectant treatment, the aphorism "clear out the bowels" indicates all that is to be done by purgatives. The effect of this simple measure in cases of any gravity, is usually so feeble that only the most transitory & imperfect amelioration of symptoms, is produced, or can be expected. The direction under the other line of treatment is to persevere with the use of the purgatives, until the abnormal excitement shows abatement as indicated by the pulse temperature etc. The results are marked relief during treatment, & decided diminution in the duration & violence of the disease, these latter indeed to such an extent in some cases, that the disease is

described as having been aborted.
Many of the "wrinkles" of the older
practitioners, which were discoveries
made in purely empiric practice, &
were utilised without their mode of
action being explained, find a reasonable
explication under this system. For instance
we are told, that a brisk emetic
timely taken has been frequently known
to abolish, what every indication tended
to show, would have been an attack
of specific fever. So a favourite
remedy for a cold (which as all know
may result in serious disease) is a
large dose of Pulv Ipecac Co & sending
the patient to bed, so as to procure
free perspiration. The result in
both these cases, is depression sufficient
to counteract the excitement caused
by the disorder, & so in accord with

the principle we advocate. The incessant treatment of very acute tonsilitis, by drop doses of Tincture of Aconite frequently given, as practised by Pinder & his followers finds a Rational explanation in the same principle. So likewise the Reduction of hyperpyrexia by the graduated cold bath & other seemingly isolated & different ideas in treatment are capable of elucidation as to their Rationale.

So far our attention has been directed towards fever alone, & we have advocated only the depressant treatment. It will be evident therefore to everyone that fever of the sthenic type, was what engaged our thoughts. That fever of the very contrary type exists, is well known, & indeed such asthenic fever is frequently the sequel of the sthenic

form, particularly of active measures towards checking the latter have not been used, or have been long delayed. Nothing is more common than to have a disease begin with fever of a marked sthenic character, thus the patient's strength is used up & find the fever gradually assuming the asthenic condition, which may continue to increase until the lowering of the vitality of the patient, ends in the typhoid condition, & ultimately in death. The existence of this asthenic form of disease, & the obvious inapplicability of the depressant treatment to it, proves that although the depressant treatment may perfectly suit certain cases, yet that it does not furnish the general rule of treatment we set out to seek.

Let us see, now, what the natural indications for treatment are, in illness of the asthenic type. & so endeavour to ascertain what is the true line of treatment for them. The intense physical prostration & mental feebleness, ~~pain~~ which are the main characteristics of the class, point to support and stimulation as the only rational treatment. Some are so strongly in favour of this mode, that they maintain it should be instituted while yet the patient is in the pyrexia of asthenic fever, in anticipation, they say, of the inevitable depression to be encountered further on, thinking that by this "stimulant" treatment they add to the patients resources, & so enable him to better combat such depression. With this opinion we

cannot agree, we think impartial observers will admit, that as long as sthenic fever is present the very contrary treatment viz. the depressant is the only suitable kind. In this connection, with regard to the typical stimulant alcohol being prescribed during fever & acute inflammations Farquharson says. "we should do so "in typhus about the seventh day, "in typhoid about the twelfth, in small "pox when the secondary fever is "developed & in acute inflammations "generally, when the heart begins to fail "& the nervous system to show indications "of debility" (Farquharson's Therapeutics p 113) The gist of the whole statement in regard to the time for use of stimulants is contained in the lines we have had underscored & supports our contention

that it is only during the asthenic stage of illness, that they are suitable This view is supported positively by the good results, viz diminished temperature pulse, pain &c which follow the depressant mode of treatment during sthenic disorders, negatively by the want of such results, from the stimulating line of treatment in such cases, & more strongly still by the aggravation of symptoms, which commonly occurs in proportion to the vigour of ~~the~~ such treatment Such results are just what we should expect from a priori reasoning, for such efforts appear to us exactly like pouring oil on a fire in hope of extinguishing it.

Now comes the query where are we to draw the line between these two diametrically opposed lines of treatment

which as we have shown may both be necessary in the course of one attack of illness?

The grand rule which determines the nature & degree of the treatment, is to know the condition of the patient, not the disease itself alone, & the alterations in this condition are the true guides of our action on his behalf. Hence we push vigorously our depressant measures during active fever until the temperature and pulse show distinct improvement, then persevere more cautiously, until a satisfactory approximation to the normal has been obtained. No rule of thumb, as "3 ter in die", will suffice to do the treatment ordinary justice, let alone to manifest its possibilities. The object is to obtain a decided depressant effect, & to do so as

rapidly as is consistent with safety. So the dose of the medicine or the external application must be repeated as soon as its effect begins to fail. Thus hot application where the heat is the curative agent must be renewed directly they begin to cool, even subscribing such rule to necessitate a change every five minutes. Medicines may be given every half hour or oftener according to circumstances (eg. time they take to produce their effects & length of time such effects are maintained), the rule being to go on increasing the dose, or the frequency of its administration, until the desired result is obtained, or until some ill effect physiological or otherwise, of the medicine, renders it unsafe to push it further. Only by such means

can the full possible effects of remedies be obtained & definite rules be laid down for their use.

As we before contrasted the administration of purgatives under the expectant treatment, with their use under the system herein advocated, so the method of applying therapeutic measures last alluded to, again furnishes a marked contrast, to the two common "Potter medic" systems. On the one hand a dose of medicine is given at the prescribed time, & usually the effect of the remedy has ample time to pass off, & allow the disease to resume its progress, before the next dose is nearly due. The best effect that can be hoped for in such circumstances, is that the series of slight checks, given by the

medicine, may somewhat reduce the disease. On the other hand the strict application of the method of treatment we uphold, results in the continual maintenance of the antagonistic effect of the medicine upon the disease, to the greatest degree to which that effect can be brought with safety: the least failure in kind or degree in the production of the desired effect, being the signal for the institution of more powerful measures.

Which method is the more reasonable will be admitted as apparent to all, which is the more effectual will be put beyond controversy by short experience of the different systems.

A great argument used by many against such active treatment, consists

in maintaining that it follows if one thoroughly, the medical attendant would be compelled to sit continually by the bedside with his fingers on the pulse, & the thermometer in place. On this point Dr Walker says "It will be "advanced that you cannot trust "dangerous remedies to ignorant at- "-tendants. Now if you give these "Remedies at very frequent intervals, "you must be guided by more than "the appearance of the patient, or "the feeling of the Skin. It is "necessary to take the temperature "at frequent intervals, say every "two hours, when it approaches "the Normal to slacken, or discontinue "the depressents. There is no difficulty "in instructing even a poor cottager in "so simple a matter, at least I have

"never found any ..... in this way
"many a threatened severe illness may
"be made to abort, or run a comparat-
"tively benign course. Let me illustrate
"this by an actual case (It is a case
of acute pneumonia first seen on fourth
day, patient being up on tenth day
after two days treatment) Lancet 10/12/81

Thus the rule is to push the
remedies whether depressant or stimulant
until the pulse & temperature approach
the normal, when this effect has been
obtained the treatment must be
modified, or stopped completely
according to indications, but as
sudden changes are usually disastrous
a gradual diminution is to be preferred

If a disease be rapidly cut short
by such means, the patients strength
will be but little impaired, if

the treatment should fail in accomplish-
-ing that, which is its grand object,
it will surely modify the disease to
an extent proportionate to the vigour
with which it is pursued, a result
well worth any extra trouble it may
cost.

Some will say all this is nothing
new. The two lines of treatment here
referred to, have each had their
advocates ages ago. To go no further
back was not Rasori an apostle
of the contra-stimulant method, which
was a depressant treatment? And
was not John Brown of Edinburgh an
apostle of the stimulant method,?
We admit that each is correctly so
designated, but we fail to discover
just as we did in beginning practice,
that either line of treatment, is

applicable to all cases, & so either line cannot be a correct general rule of treatment: . We Maintain that the suitableness of each method, depends upon the character of the illness. This seems very plain & reasonable, yet strongly intellectual as Brown indubitably was, he maintained that stimulation should be the rule of treatment with hardly any exception, because, he maintained, that disease & debility were always coincident with each other directly or indirectly. There can be no doubt that where direct debility is present from the first, as in cholera, his treatment is certainly most reasonable although in that disease, the bulk of opinion fails to support the view that it is more successful than other modes of treatment, yet as a rule

it is adopted, in one form or another, in most diseases in which debility is a prominent feature.

Where on the other hand abnormal excitement is the prevailing characteristic, the stimulant treatment is unreasonable & only aggravates the symptoms, & so cannot be right.

We do not argue in favour of either line of treatment as an universal rule, but believe that each is strictly right, & highly beneficial, in appropriate cases. Each method has truth to support it, but neither is the whole truth. The whole truth appears to consist in a combination of the methods, & the confirmation of the correctness of this opinion, will be found in the practical results. "My truth (or virtue) resides in the mean between extremes" (Aristotle)

These two great lines of treatment, applied according to the indications furnished by the condition of the patient, form the great bulk of our means of doing battle with disease. The fact that it is the condition of the patient alone, & independent of an accurate diagnosis, that forms the guide to the kind of treatment, to be employed, & to the strength of the means to be used, enables us to in-
-stitute suitable treatment, both in kind & degree, immediately we have seen the patient. The correct diag-
-nosis which we make further on, may be of very great value to us, by enabling us, to forecast the tendencies of the disease, & possibly to prevent grave contingencies by obviating such tendencies, but can be of little value for the purpose of

Note *

A classification of remedies according to these three lines would be exceedingly simple & useful & might help to solve the problem of a satisfactory therapeutic classification, now much considered.

Table of Remedies.

Tonics
1. Nutrients; as foods. Cod liver oil etc
2. Stimulants; Alcohol Carbonate of Ammonia etc
3. Tonic Drugs: Iron Quinine etc

Depressants
1. : Diminished food. Water
2. Evacuants: as Purgatives Diaphoretics etc
3. Depressant Drugs: as Antimony Aconite etc

Alteratives
1. Local: as Astringents Parasiticids etc
2. General: Mercury. Iodine. etc

immediate treatment, for this as before stated is entirely controlled by the condition of the patient.

The only method of treatment which cannot be strictly classified under the heads depressant or stimulant, (latter perhaps better called tonic) is the empirical treatment of various diseases by "Specifics" Remedies such as Mercury Iodine Arsenic etc

These drugs might be easily referred to the tonic or depressant order (but) according to the predominant effect of each, but this would scarcely be a correct assignation looked at from a therapeutic point of view for the general opinion is that these drugs in the diseases which they cure (or are supposed to) exert a peculiar effect which overcomes that of the disease,

over and above their general effects, else why do not other tonics or depressants effect the cure.

In order to include all treatment in the plan, we must add to the tonic & depressant lines a third namely the purely alterative, as Mercury in syphilis etc. We say purely alterative, because the tonic & depressant methods are also alterative, but are so by virtue of the general effects denoted by their names, whereas the specific treatments are alterative in special diseases, seemingly on account of some peculiar power, particularly adapted to the cure of such diseases.

Thus under the three heads (1) Depressant. (2) Tonic (3) Alterative may be summed up all treatment & so the scheme of treatment to seek to complete.

Now that we have completed the Sketch of the system of treatment, which filled the void that caused us so much anxiety during the earlier ~~part~~ period of our practice, we shall be expected to fortify our statements of its truth & power, by an appeal to statistics. This we are unable to do. Materials in abundance we have had, during nearly three years of general practice, but owing to the time it requires to make precise notes of cases, & again to collocate them when made, we found it impossible to collect & classify, even the most meagre particulars of the numerous & various cases, in which the above has been our system of treatment. That the system is no mere theory is we think demonstrated, by the facts that after the first few months, we adopted it as our ordinary rule & that

since adopting it, we have treated over 3000 patients, with results so satisfactory that our faith in its truth daily increases.

A few remarks to develop a little the application of the method, & we are done.

What we require to do when called upon to attend a patient, is, by a careful investigation of his general condition, to determine what line of treatment is appropriate, & the strength of the means necessary. This requires no very great experience or acuteness, for, the character of the pulse, the state of the temperature, & the general appearance of the patient, together with a few facts as to the history of the case, usually indicate the line of treatment most distinctly. As before remarked, an accurate diagnosis is by no means

necessary at the beginning, & may not be necessary at any time, though undoubtedly useful, as a sort of chart of the course the disease may take, & forewarn us of possible complications &c

Having begun our treatment, we shall be under the necessity of carefully & frequently observing the changes in the patients condition, in order that the strength of the remedies used may be as accurately as possible adapted to them.

In the matter of adaptation of remedies it may be here observed, that when a choice of measures is possible the most direct means of attacking the disease ought in reason to be employed first. For instance in treating a case of Bronchitis, instead of going the roundabout way of giving Mixtures, & in consequence

injuring the patient's digestive functions, let us use an inhalation of suitable character, & thus leave the digestive functions unimpaired. & use the most direct measure first, by no means excludes other remedies by which, it may be the good effect can be increased, but the wisdom of using say an enema in case of obstinate constipation; instead of multiplying the amount & variety of purgative drugs the patient is requested to swallow, is too evident to require argument for its support.

Our chief attention to the condition of the patient, will be necessary until it approaches the normal. Until then our vigilance Must not relax, but a fresh estimate of the patient's condition, & comparison of this with previous estimates

in order to ascertain his progress, must be made with a frequency proportionate to the gravity of the disease
The definiteness of aim, which is one of the fundamental points of difference between this & the expectant treatment, alone makes a vast difference in the results, even supposing the more drastic modern methods of reducing pyrexia etc, are not followed as closely, or so far, as they are by their more enthusiastic supporters. Some may ridicule the idea of anyone attempting treatment of any kind even that denominated "expectant", without a definite object. Well as previously remarked there are numerous devices in use against particular symptoms, but, we fear a general plan of treatment, is anything but the rule with ordinary practitioners. To be more

precise we can truthfully assert, that although we gave a large amount of attention & labour to all classes & other opportunities of acquiring professional knowledge during our curriculum, yet after obtaining the degree (with commendation) we did not possess any system of treatment whatever. Further, during a period of six months of residence in England as "locum tenens" for a practitioner of twenty years standing, & in extensive practice, none of the medical men we came in contact with, seemed to be any better off than ourselves in this most important matter, they being invariably what one might term "opportunists" or simply treaters of symptoms.

This would indicate that the alterative system of treatment, herein advocated

might serve to clear the ideas of many, on this important part of their professional acquirements, & we sincerely hope that it may assist in some way towards that highly desirable end; for if it have such effects even in a few bewildered minds, we shall be amply repaid for the trouble we have been at in endeavouring to expound it, remembering what a boon, some such exposition would have been to us, on our advent into practice

We do not claim to have discovered a new system, all we pretend to is that having experienced a difficulty which probably many of our predecessors have, & many of our successors will, we set about its removal, & have explained how we succeeded in our own case, in the hope that the experience obtained may

be beneficial to others.

We beg the indulgence of those who read this paper for any faults (not few we fear) of arrangement, or style, which they discover. Our apology for such, & for any more radical errors the paper may contain, consists in this, that it was written at odd half-hours, which we were able to snatch, between the performance of the duties of an exacting practice. Whatever merits of clearness, coherence &c it may have, are to be attributed to the strength of our faith in the truth of the views stated, for we have not had time, supposing we possess the ability, to give it the nice order & polish so commendable in literary productions.

John Conway M.B.