

LIBRARY OF THE UNIVERSITY OF ADELAIDE
19 - 11 - 35

An Introduction to General Therapeutics

By

H. K. FRY

D.S.O., B.Sc., M.D. (Adel.),
B.Sc., D.P.H. (Oxon)

*Lecturer in Materia Medica and Therapeutics in
the University of Adelaide*



CASSELL
AND COMPANY, LIMITED
LONDON, TORONTO, MELBOURNE
AND SYDNEY
1935



CONTENTS

CHAPTER	PAGE
I. INTRODUCTORY	7
II. SPECIFIC, SYMPTOMATIC, AND PALLIATIVE TREATMENT AND THE USE OF A PLACEBO	10
III. REST AND EXERCISE	15
IV. CHEMOTHERAPY—ANTISEPTICS AND DIS- INFECTANTS	19
V. CHEMOTHERAPY (<i>contd.</i>)—STIMULANTS AND DEPRESSANTS	30
VI. CHEMOTHERAPY (<i>contd.</i>)—TONICS, HYP- NOTICS AND PURGATIVES	40
VII. CHEMOTHERAPY (<i>contd.</i>)—CHEMICAL CON- STITUTION AND THERAPEUTIC ACTION	55
VIII. PHYSIOTHERAPY — MASSAGE, MEDICAL GYMNASTICS AND MUSCLE RE-EDUCA- TION	58
IX. PHYSIOTHERAPY (<i>contd.</i>)—MEDICAL ELEC- TRICITY	66
X. PHYSIOTHERAPY (<i>contd.</i>)—RADIATIONS	79
XI. PHYSIOTHERAPY (<i>contd.</i>)—HYDROTHERAPY	99
XII. CLIMATOLOGY	105
XIII. PSYCHOTHERAPY	107
XIV. ORGANOTHERAPY	121
XV. IMMUNOLOGY AND IMMUNOTHERAPY	137
XVI. DIETETICS	163
INDEX	209

AN INTRODUCTION TO GENERAL THERAPEUTICS

CHAPTER I INTRODUCTORY

SYSTEMATIC Medicine embraces within its scope the classification of the diseases and the consideration of the causes, morbid anatomy, symptoms, diagnosis, prognosis and treatment of each individual human malady.

Therapeutics is not merely a collective name for the treatment of all these various diseases, but as a separate branch of medical science is concerned with the classification of remedial measures and the consideration of the nature and effects of each such method of treatment and its usefulness and its limitations in combating the various maladies of mankind.

When a method of treatment has been found by experience only to be of value in the management of a certain disease, it is reasonable to employ such a method in treating patients suffering from this complaint, but such treatment is termed Empirical not Rational Therapeutics.

When the nature of a morbid process is known, and it is reasonable to expect that the observed effects of some therapeutic measure would correct this morbid process, and when in practice this is found

to be the case, then such treatment is an example of Rational Therapeutics. But no matter how strong the theoretical indications may be for the adoption of certain measures, the empirical results must always be the guiding factor. Science is built up by the exact observation of occurrences and the correct interpretation of these. A reasonable interpretation may be plausible but incorrect, as the processes of disease and recovery are grounded in the vital processes of living organisms of which the exact nature still eludes observation.

The aim of the following chapters is to present a rational basis for the various therapeutic measures which are in common use, but it is important to remember that, in the present state of our knowledge, most of our therapeutic procedures are empirical and the theories which are associated with them are of the nature of working hypotheses. This point cannot be too strongly emphasized, because the natural tendency of the human mind is to regard a rational hypothesis as a fully established theory, that is, to think dogmatically. A dogma is associated with an unyielding intellectual attitude which results in a tendency to overlook or reject facts which are not conformable to its doctrines, and also to enforce action which may be contrary to the best interests of humanity, either as a whole or as the exceptional individual. Strangely enough, history has shown that the smaller the body of knowledge underlying a dogma the more resistance there is to the introduction of innovations, no matter how evident the practical advantages of such innovations may be, or how disastrous the consequences of the existing system. The conservatism of the savage in the animistic stage of mental evolution is the most typical example of this attitude of mind. Only a few centuries ago Molière,

more in earnest than in jest, satirized the physicians of his day as exponents of the doctrine that it was more fitting that a patient should die under the correct régime than recover by means of unorthodox measures. The opposition to Lister's innovations and the tragedy of the early use of tuberculin are comparatively recent negative and positive instances of thinking dogmatically. Human nature does not change, and no doubt future generations will find cogent examples of unwarranted conservatism and enthusiasm in our therapeutic practice of the present day. Hence, the physician, to whom is entrusted the delicate task of attempting to sway the battle between the human body and some morbid process in the favour of the former, needs to be constantly on the watch lest his reasonable methods of treatment react to the disadvantage of the patient rather than to his advantage.