

**MODERN MEDICINE AND
SOME MODERN REMEDIES:
PRACTICAL NOTES FOR THE
GENERAL PRACTITIONER**

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Modern Medicine and Some Modern Remedies: Practical Notes for the General Practitioner by
Thomas Bodley Scott & Sir Lauder Brunton

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THOMAS BODLEY SCOTT & SIR LAUDER BRUNTON

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PRACTICAL NOTES FOR THE GENERAL PRACTITIONER

BY
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WITH A PREFACE
BY
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AUTHOR'S APOLOGY

THE "Horæ Subsecivæ" of a busy doctor are not many, nor are they consecutive. If one could sit down at one's leisure and write *currente calamo*, a more finished and better thought-out argument could be produced, but one not necessarily more convincing. For these essays, which have been written at odd times and in odd places, I know I can claim the forbearance and sympathy of my professional brethren, for they too are the servants—thank God the willing servants—of their patients night and day.

T. B. SCOTT.

BOURNEMOUTH,
February 1916.

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PREFACE

WHEN the library of Louvain with its precious books and priceless manuscripts was destroyed in August 1914, in the name of their god "Kultur" by the modern Huns, more treacherous, more unspeakably mean and more incredibly evil, than their prototypes, a cry of horror and execration rose from the civilised world. For this was not only an outrage on Belgium, a country which the Huns had pledged themselves to respect; it was a crime against humanity—for the treasures of learning then destroyed were a part of the heritage of mankind. Great and widespread was the lamentation, and cause enough there was for it, for these lost treasures can never be entirely replaced. Yet we see every day around us a loss of learning going on greater than occurred in the destruction of Louvain, and no one seems to perceive it or lift a finger to prevent it. No doubt some men outlive their usefulness, but many die

just when they are at their best, just when they have accumulated stores of wisdom and have learned both what to do and how to do it. Most of these men carry their knowledge and power with them to the grave, and leave no record behind them by which posterity might profit.

In former days this complete loss was prevented to a great extent by the system of apprenticeship. By this system a master imparted to his apprentices as much as he could of the secrets of his craft, and ensured as much as possible that the best methods he had learned from his own master, or discovered for himself, should be transmitted in full measure to his pupils, who in their turn should do as much for theirs.

But this system with all its advantages has in great measure disappeared, and serious has been the loss.

Perhaps no art or craft has suffered more than that of medicine by this change. It is true that the loss has been compensated, and more than compensated on the whole, by the enormous advances of medical science. Our knowledge of the causes of disease, our power to recognise their presence, and our knowledge

of the action of drugs, have increased so enormously within the last fifty years that medicine may now almost boast of being an exact science.

But while medicine as a science has gained, there has been loss in medicine as an art—loss in the method of applying all this knowledge to the treatment of individual patients. One man may know theoretically all about the laws of perspective and the harmony of colours, and yet be unable to produce anything but a daub, while another who is completely ignorant theoretically may be able to paint a charming picture. In like manner a man may be able to pass the most stringent examination with honours in pathology, pharmacology and diagnosis, yet he may prove almost useless by the bedside, because he tries to treat the disease, and not the patient. On the other hand a man with far less theoretical knowledge but more common sense and *savoir-faire* will win his patient's confidence, give him comfort and ease both of mind and body, and even rescue him from a condition so serious as to be well-nigh hopeless.

The ideal physician is the man who combines theoretical knowledge, practical experience and

savoir-faire. In the absence of apprenticeship the best conditions for obtaining this highly desirable combination are those of a general practitioner who, after a thorough training as a student, has an active practice amongst patients sufficiently wealthy to enable him to call the best specialist or specialists into consultation in any difficult case. He thus learns all they can teach him either of theory or practice, he has an opportunity of testing the correctness of both by watching the progress of his patient, and from his relations with the sick person he becomes a friend both of the patient and the family.

It is most unfortunate that such men rarely write down the results of their experience, for they are too much engaged in their daily work while they are in practice, and instead of retiring early, so as to have a few years' leisure before they die, they are apt to work to the very last and die in harness.

It is a most welcome occurrence when a man fully qualified to do so writes down the ripe experience of his life so as to help his fellow-workers, both general practitioners and consultants, who one and all may learn from him.