proximity to the part operated upon; and that that reflexion is not, as the anterior reflexion on to the abdominal parietes is, moveable with the distension of the walls of the bladder. So that there is no more (or, at any rate, not much more) room when the bladder is full than when it is empty. Perhaps, however, the danger from that source has been exaggerated, since the puncture is always made through a part of the rectum where the bulging fluctuating tumour formed by the enlarged bladder is felt; and this point cannot, of course, be behind the peritoneum. In the present case, the operation seems to have been quite successful in attaining the object proposed, which was merely to spare the patient pain during the few last days of his life, as he was evidently dying on his admission.

III. DISLOCATION OF THE HIP AT A VERY EARLY AGE.

Under the care of E. CUTLER, Esq.

Jane B., a little girl, 4 years of age last November, was admitted under the care of Mr. Cutler on January 31st, on account of an accident in which she had been knocked down by a carriage, which was supposed to have passed over her, though this latter fact seemed doubtful. On admission, all the symptoms of dislocation of the right hip on to the dorsum illi were apparent. The extremity was shortened to the extent of nearly two inches; the pelvis was in its natural position; the foot pointing across that of the opposite side. There was no crepitus on making pressure on the femur, and the head of the bone could be indistinctly felt under the gluteal muscles. The child was put under the influence of chloroform, and then reduction was very easily effected by extension with the hand. The bone slipped into its place with the peculiar sensation which attends the reduction of a dislocation, and the length of the limb was permanently restored. The child's legs were bandaged together, and she was kept in bed for a fortnight.

She was discharged on February 23rd, walking quite well, though with a little stiffness.

REMARKS. The present is the earliest case of dislocation of the hip which we remember to have read of, and is therefore put on record as a fact which deserves mention. Mr. Erichsen says that Travers met with a dislocation of the hip in a child five years of age. If this means, as it probably does, between five and six, the patient would have been about a year older than the little girl who was the subject of the present accident.

Original Communications.

ON THE REAL VALUE OF BLOOD-LETTING IN ACUTE DISEASES.

By A. W. BARCLAY, M.D., Assistant-Physician to St. George's Hospital.

[Read before the Western Medical Society of London, February, 1859.]

BEFORE entering on the subject, on which I propose to address a few remarks to the Society, I must say a word, not of apology, but of explanation, in order to justify the selection I have ventured to make. It is not for me to presume to dictate on so intricate a point of practice to those whose experience, may be, must be much greater than my own; it is a point which cannot be elucidated by experiment, or calculated from statistics; it is not one on which an elaborate essay compiled from the library shelf can throw much light; pretty nearly all that can be done in this way has been done, and has left the question very much as it found it. I come before you this evening as a learner, not as a teacher, to state my difficulties, and ask your help in the solution of them, rather than to offer any conclusions of my own.

And if I understand the purpose of our occasional meetings in this room aright, I think that such a subject as I have selected, and such a manner of treating it, will conduce more to our mutual benefit and instruction than if the most undeniable inferences from the most logical premises were laid before you by any of the greatest masters of our art. The light may shine brightly when the flame is once kindled, but it is in the collision of the flint and steel that the spark is first given out.

From the very infancy of the medical art, one of the most powerful agents in the hands of the practitioner has been the abstraction of blood; but to the end of time, in every new case which comes under treatment, the question must still be ever

new, ever unanswered, except by the judgment of the practitioner himself, how much good or how much ill may be done by the employment of this particular agent. To ransack the history of the past, or to collect the experience of the present, whether venesection has been followed by beneficial or baneful consequences in any one disease, can never settle the question beforehand, whether in the very next instance that occurs, the practice ought to be adopted or withheld. It may, indeed, give us some general idea of the probabilities on either side, it may, indeed, serve to point out how far some have erred in following a fashion, or in carrying out a theory, and so it may serve to warn us against dangers we had not thought of; but in the end we must return to the study of the case we are about to treat, and our judgment must be formed on its own individual merits.

And in forming this judgment, however difficult it may be to divest the mind of all preconceived opinion, and of theory regarding the *modus operandi* of the practice, there can be no question that the most unbiassed mind will come to the most correct conclusion; that the man whose theories are least hypothetical, and are based on the largest generalisation of facts will be the least likely to be misled by appearances. It is not very long since the presence of the buffy coat was taken not merely for what it really is, an indication of an abnormal condition; but was regarded as indicating that the blood was changed from the stream of life into a baneful poison, which must be got rid of at all hazards; it was regarded as the sign, and the only sign, that more bleeding was still wanted, and in opposition to all the teaching of other symptoms, in opposition to the clearest indications, and the dictates of common sense, the rule was followed by some so-called heroic practitioners to the death; the heroism, as has been well remarked, consisting not in the risk of the practitioner, but in that of the patient. Such must ever be the result of acting in blind compliance with a theory; and if I may venture to enunciate a proposition on the present occasion, it is this, that those who bleed, and those who abstain from bleeding, are alike wrong, if theory alone be their guide in treatment. We may not hastily put aside the experience of past ages, we may not hastily condemn those who have been our teachers, when they tell us that they believe such and such modes of treatment have done good; but we may unhesitatingly discard their teaching, when it comes not simply as the result of observation, but as the effect of a preconceived opinion, whether they speak of evacuating the humours, of getting rid of the buffy coat, or, as is not uncommon now-a-days, of eliminating the poison.

Let us for a moment consider the meaning of the terms we use before attempting to reason upon them. Disease, including under this name all the ills that flesh is heir to, is very frequently used in two very distinct senses. It is taken to express not only the noxious agent, of which we have in reality scarcely any notion, but also the condition of body arising in consequence, among other things, of the impression which the noxious agent has produced. In the one sense, we have two distinct entities—the agent and the object; in the other only one—the person who is the subject of the malady.

In the first sense we can recognise at different times a variation in the intensity of the injurious agent—just as we can also recognise a variation in the receptivity of the patient, or in his powers of resistance and recovery. It is in this way alone that we can understand the prevalence of an epidemic at one time which ceases at another. Cholera comes and goes—attacks one and not another; at one time the poison, if we choose so to designate it, must be in greater intensity than at another; in one person, the receptivity, or the power of resistance, must be greater than in another. This I conceive to be all that is meant by those who assert that there is in the present day a change of type in disease, that all active diseases now tend to assume a typhoid character, which, in former days, presented a more sthenic or inflammatory condition. I do not propose to enter into this question. It is one of the past; it is merely a dispute as to whether our forefathers were right or wrong in their interpretation of symptoms, for no one in the present day proposes to revive their practice; but I must say that, so far as it goes, the theory may, for anything I can see to the contrary, be correct, with reference to active disease in general, because we can have no question as to its truth regarding some specific forms of disease in particular. The plague, for example, is no longer known in London. Scarletina is at one time most malignant and destructive, at another, ceases altogether; and no one who knows the history of the Irish famine can doubt that the people were predisposed by want, for the development of a most fatal form of fever. If,

then, we admit these variations in the power of external impressions as modifying the whole character of the subsequent disease; if we also admit that the condition of the patient, anterior to the attack, does more or less determine the course of events after the impression from without is made upon him; we have unquestionably, in these two circumstances, most important indications with reference to treatment, provided only that we can make them out satisfactorily.

That the first of these does influence the course of epidemics there can be no question, but we have no proof one way or other in regard to other acute diseases. There are certainly no epidemics now-a-days which assume such characters as to lead us to employ the lancet; and in our ignorance of the forces which excite other acute diseases, we can predicate nothing with reference to them one way or other on the question of venesection; and, therefore, I think we may dismiss from our consideration the causes of disease, the external impressions of whatever kind which operate on the organism as the excitants of the morbid action which follows.

Neither can we, as it appears to me, with our present knowledge, assume that there is any general condition of the race, either as superior or inferior to that of past ages, as tending to death or tending to recovery, as liable to a fatal issue by want of vital power, or excessive vital action; in fact, that there is any antecedent condition of all persons indiscriminately, that demands or forbids, in any general manner, the employment of blood-letting.

We may speculate, indeed, on such curious facts, as the cessation of the plague and the advent of cholera, and, I think, justly conclude, that this and others of a similar kind do indicate some change in our circumstances from those of our forefathers; but I fear they must remain for the present as barren speculations.

The only available knowledge of any condition of body which may serve as a guide in determining the question of venesection, is that of the particular case submitted to our consideration. We must, therefore, pass on to the second sense, in which the term disease is employed; viz., that in which it is used to designate a series of changes going on in the body of the patient, which take their definite form from the combination of the two circumstances which have just been mentioned; the impression from without—the receptivity from within; taking these in their broadest sense, as including all the external agencies which combine to set up the morbid action, and all the tendencies which original constitution has impressed upon the internal organs, to produce certain actions under the influence of a given stimulus.

This, then, is the question which we have to consider:—How far will blood-letting modify for good or for ill the course of those actions going on in the body, produced by the combined influence of the external impression and the inherent tendencies of the organs? I fear that we are apt to speak, and, perhaps, to think rather vaguely on these subjects. The same actions, in one sense, are spoken of as the disease, and constitute the study of pathology; in another sense, as the symptoms, and constitute diagnosis; and yet, after all, they must be regarded only as the exhibition of that conservative tendency with which the living structure is endowed to preserve it from dissolution. The one aspect cannot be considered to the exclusion of the rest without great injustice to science, injury to the patient, and detriment to the practitioner. Pathology teaches us how they tend to the injury of the patient, but they must not, therefore, be regarded as unmixed evil. Indeed it is one of the first elements in a sound pathology, that constant reference should be made to the reparative purpose of all the changes it reveals. Diagnosis similarly fails of its purpose if it be limited to making out the place of the morbid symptoms in a classification of disease, and only indicates the remedies to be used by the name assigned to the group of phenomena. Its real use is to discover all the deviations from normal action, and to trace their progress, both as they are excited by the primary impression, and as modified by the remedies employed.

If we ask why it is that this reparative process in acute disease does not always end in recovery, the answer must be, that the cause is sometimes in the violence of the impression, sometimes in defect of the process of repair, and this either in its exceeding the limits compatible with the maintenance of other functions, or in its falling short of the requirements of the case, whether from deficient energy at its commencement, or from failure of the powers of life to carry it through. Manifestly these circumstances must have much weight in the determination whether blood-letting is likely to do good or

harm, and, as I conceive that no argument drawn from mere experience can be good or valid, unless it accord with our present knowledge of symptoms and of vital phenomena, whether normal or morbid, I will venture to review them more in detail.

1. *Force of the Impression.* We are all familiar with the terms “shock” and “reaction”. To a certain extent, the truth they are meant to express is a universal one, corresponding to the two elements of an external impression, and the vital action consequent upon it. But in the sense in which they are generally used, they express something more. Shock implies a depression of some or all of the vital actions, which may end in their total suspension and the death of the patient. Thus, a person is said to die from the shock of an operation or a severe injury, when there is no reaction. And reaction again, is only applied to those vital phenomena which present themselves in excess after the period of depression has passed. No one would propose venesection as a remedy for this depression in cases of injury, and, by parity of reasoning, it seems to be similarly excluded in internal diseases, in which the first effect of the impression is to cause a lowering of the vital actions. The only argument which can be adduced in its favour is that to which I have already alluded—an attempt to eliminate or get rid of the poison. But this I conceive to be a mere confounding of names. We do not think of attempting to get rid of any actual poison, which has got from the stomach into the blood, by venesection, and it is just as impossible to get rid of any fever poison in this way. It is quite true that in either case venesection may possibly do good with reference to the subsequent vital actions, but it can do nothing to remove the primary impression. So far, then, the force or severity of the impression can only be regarded as contraindicating venesection.

2. *Process of Repair.* This may be said to begin in most cases from the very moment the impression is made. In disease, we do not recognise to the same extent as in injury, a period of shock or depression, and when it exists, it occurs rather as a result of the first stages of the reparatory process. Taking this phrase in its largest sense, we must include those changes, which, in themselves, are pernicious, as well as those which are more distinctly beneficial, as all conducing to the ultimate result—of recovery, when the powers of life are sufficient to carry the patient through the attack—of death, when they fail to do so, whether aided or not by remedial means.

To illustrate my meaning, we may take, for example, an attack of small-pox. Here, a poison being introduced into the economy, the alteration in the condition of the blood which follows, is recognised by the development of fever and the appearance of pustules on the surface of the body, and either the fever or the suppuration may kill; but we should be viewing these actions in a very false light if we were to regard them as of a destructive nature. The poison acts on a living organism which has the inherent power of self-preservation—it does not act on a dead body. And, although it be true that the poison itself is regenerated ten thousandfold—that every pustule contains a hundred times as much poison as that which, in the form, perhaps, of an insensible miasm, first entered the patient's body—yet we must believe that the blood throughout conducts itself in a manner calculated to restore the patient to health, simply because after the introduction of a sufficient amount of the poison, he could not recover without every one of these stages being gone through. But, just as in inoculation, he might recover without more than the occurrence of a few pustules on his arm; so we believe that the amount of these vital acts for recovery may be far in excess of what is absolutely needed, and do, so far, constitute disease, and must be regarded as pernicious. The very same relations may be established in regard to inflammation, which is a vital reparatory process in the solid tissues, as fever and pustulation in small-pox are vital reparatory processes in the blood—neither being limited to the part first affected, but in the one case the blood being altered as consequence of alteration in solids, in the other, solids being affected in consequence of a change in the blood.

This reparatory process, then, may fail at any stage of its progress, in consequence of its erring either on the side of excess or deficiency. The action may be carried far beyond what is necessary for recovery, and so may either interfere with some vital function, or may produce such changes in the body, that the parts cannot be restored to their natural conditions. On the other hand, it may be from the first insufficient, or at any period of its progress it may be arrested by inherent weakness of vital force, or by some other injurious influence being brought to bear upon the body. Here it is that the question

of the beneficial or injurious influence of venesection opens upon us. If it be true that vital action in excess may be arrested by blood-letting, and prevented from proceeding to an injurious extent—its influence is beneficial—if, on the other hand, by diminishing the quantity of the life-blood in the body, and reducing it to a more watery condition, the powers of the constitution are so weakened, that, at some future period, the vital reparatory process will be unable to proceed—it is then an unmixed evil. For we never can by any means, except transfusion, restore blood.

The answer to this inquiry seems to me to embrace three points. 1. The antecedent actual condition of the patient. 2. The known course of the disorder at all periods, or any special modification of it for time existing. 3. The stage at which the remedy is proposed.

The first of these is one on which no general propositions can be laid down, except such as are familiar to the merest tyro in medicine. No one who practises medicine in a rational manner can think that an anæmic ex-sanguine person can bear the same amount of loss of blood without contingent injury, as one who is plethoric. No one can imagine a fat flabby person, with a weak heart and a small pulse, is likely to derive benefit from bleeding in the same circumstances in which he might think it likely to do good to one with firm flesh and full pulse. But in each case the circumstances differ so greatly that the disease, call it by what name you please, may be such as to call for loss of blood in the weak, and not to require it in the strong. The very fact of the heart being weak may, for example, cause the circulation to be so laboured in an attack of bronchitis that venesection may be justifiable, or even imperatively demanded, in such a case, when the very same amount of mucous inflammation might be left to warm drinks and starvation in one whose health was previously good. This part of the question, then, resolves itself into an examination of the actual condition of the patient, and the probability that loss of blood will really materially improve that condition, and will not entail future evil which cannot afterwards be remedied.

Attention has been called by writers on this subject to the difference between the local and the general abstraction of blood. And I think we may concede without hesitation the principle that when blood can be withdrawn from the immediate neighbourhood of the distended capillaries, so as to obviate their undue congestion and restore them to their natural calibre, we can afford much relief to the patient without any appreciable diminution of his powers of rallying from the disease. But for this purpose there must be actual vascular connexion between the inflamed part and that to which the leeches or the cupping glasses are applied. So far as we can reason on this subject, I should be inclined to say that leeching can have as little influence over a pure and simple pneumonia or bronchitis—I mean one in which there is no pleurisy—as the loss of the same amount of blood by venesection, together with perhaps the adjunct of some counter-irritant to the thorax. Upon this part of the subject it is quite unnecessary to occupy your time. The only points to be considered in regard to the local abstraction of blood are merely whether the relief of the congested capillaries can be effected, and whether such a mode of relief is called for in the circumstances of the case. For example, in an inflamed joint, if the action be set up by external violence, when we know that suppuration or adhesive inflammation may result, the propriety of applying leeches will be questioned by none; whereas if it be of a gouty or rheumatic character, in which such results are rare, and the constitutional malady is the important element, there are few persons who would advocate the practice.

Venesection stands on a wholly different ground. It is scarcely possible within any reasonable bounds to carry venesection so far as to relieve local congestion. The *vis à tergo* may, indeed, be greatly reduced, the heart's action lowered, and the pulse reduced in frequency and firmness; but the local congestion is not dependent on the force of the circulation. The quick hard pulse is a consequence, not a cause, of the local inflammation; and while any blood remains in the body the distended capillaries continue in their state of dilatation, because they have lost their contractile force. The rules for the practice of venesection must be derived from the general condition of the patient, and not from the special condition of the inflamed part, over which we must admit that it has very little control. I must, for my own part, express my conviction that when such cases are met with as are described in our systematic treatises as models of genuine sthenic inflammation, where the patient is full blooded, or perhaps inclined to plethora, the abstraction of a few ounces of blood is as clearly called for, to

reduce the inflammatory fever, as any mode of practice is ever indicated to us in the whole course of medical experience. And I think we may be perfectly satisfied that if a moderate loss of blood has done such an one no good, it has certainly done no harm. Persons in good health who have suffered very considerable hemorrhage from a wound, are not therefore found to recover less satisfactorily from the results of the injury, although the loss of blood was quite unnecessary. No one can doubt, unless we doubt all empirical knowledge together, that patients previously in robust health recover better from inflammatory attacks when the febrile state is encountered by antimony and salines and starvation, than when it is left to run its course, to whatever point that may reach. And it is my firm conviction that the same course of treatment will be still more beneficial in the class of cases to which I have alluded, when venesection forms a part of the means employed. But let me repeat that it is not against the inflammation as a local disorder that we have to contend, but against the excess of the reparatory process in the fever which accompanies it. When that is moderate, neither antimony nor blood-letting will do good, and even starvation becomes pernicious when the fever is of an adynamic or typhoid kind.

One other indication in regard to venesection has been mentioned by a recent writer on this subject. It is the presence of general venous congestion, leading especially to congestion of the right side of the heart, and necessarily also of the lung. This may very well be the result of imperfect arterial action, and we may have to employ means to stimulate the action of the heart and arteries, while removing part of the circulating fluid in order to counteract this condition of congestion. It seems not improbable that the beneficial action of blood-letting in apoplectic attacks is in great measure due to the relief of this part of the circulation rather than to any reduction of the amount of blood in the brain. Even in cases of peritonitis, pleurisy, and pericarditis, it is well to bear in mind this second indication of laboured action of the heart, in consequence of its impeded movement, as well as that to which I have already referred, the amount of the inflammatory fever.

The argument generally brought forward against venesection—that it has no power of relieving the local distension of blood vessels, or of restraining the effusion of lymph by lessening the amount of blood in the body, or diminishing the *vis à tergo* of the circulation—seems to me a very erroneous one. It is not with that view that a rational practice suggests its employment at all,—any such mode of reasoning leads us at once into hypotheses; and as blood letting based on theory has in times past led to great abuse, so we may be sure that abstaining from it on theoretical grounds, is no less likely to lead to erroneous practice. I feel sure that, in the present state of our knowledge, the true—the only reliable indication, is the condition of inflammatory fever present in any given case presented to us, and I cannot help fearing that most of us are too apt, in the present day, to neglect this very powerful means that we possess of checking that fever when it runs too high, of keeping this part of the reparatory process in proper control.

But we have also to bear in mind, in the second place, the known character and course of any disorder at all periods and any special modification of it for the time existing; because if venesection be powerful for good in suitable cases, it is also powerful for harm in those to which it is unsuited. It must be in the recollection of many, that when influenza appeared some twenty years ago, when the natural course of the disorder was less known, many endeavoured to check the febrile symptoms which attended the affection of the mucous membrane by venesection, and utterly failed in their object, because that fever was not genuine inflammatory fever, but fever of an asthenic type; and we now know that where medical interference does good, it is rather by the administration of tonics and stimulants, than by starvation and antiphlogistics. The latter may, indeed, sometimes do good in moderation, but bleeding can only be regarded as injurious.

What, then, are the evils which may follow venesection, and against which we have to guard? They seem to be chiefly two: the lowering of the vital energy at the time to such an extent, that the reparatory process is suspended or interfered with; and the reducing the patient's strength, so that at some future period of the disorder his powers of life may fail, before recovery can be reached. These are the points on which the practitioner must exercise his judgment; and his decision, whatever it may be, is not one that can be brought to the bar of public opinion—the prudence of the course he has adopted can only be known to his own conscience, enlightened by a thorough knowledge of all the revelations of a constantly pro-

gressive science. It is, indeed, scarcely possible that the judgment should not be biased by popular prejudice one way or other; in a doubtful case, any single individual will not, as he certainly ought not, to risk his reputation by running counter to such a prejudice, when he foresees that the disease is very likely, under any circumstances, to prove fatal. This is just one of the points on which we might help each other by mutual counsel and confidence, and I am sorry that there is so much feeling with many against consultations. Each one of us is too fond of his own experience, too opinionated of his own knowledge. Let us not forget that we must be to the end still learners, and, as once said by your late president, none among us is too old to learn, none too young to teach.

The only rule that I can find for my own guidance is, that in all acute diseases a certain amount of febrile disturbance is an essential element in the reparatory process—without it there is no recovery—and it must be our care that this neither runs beyond what is necessary to recovery, nor falls short of that ideal standard. Where antimony and starvation are likely to do good, in the known progress of the disease, blood-letting is likely to do the same amount of good in shorter time, if the organism be otherwise healthy, and the pulse full and firm. But neither the one nor the other must be blindly followed simply because inflammatory fever exists, as if this fever were of itself an unmixed evil—their real use is to keep it within due bounds. My belief is, that excessive febrile action leads to further local mischief, and that by reducing the force and frequency of the pulse we can, to a certain extent, limit the amount of inflammatory disorganisation. But I must confess that this belief is rather the expression of an empirical formula than the enunciation of a pathological fact. It may be that the inflammatory fever is simply the consequence of the intensity of the local disorder, and does not in its turn react upon the diseased organ; but if we adopt this view, we must discard the whole of our antiphlogistic treatment together, we must unlearn all the teaching of experience, and I think we must ignore the very results of our own observation.

But further, if our knowledge of the course of disease, existing in the present day, teaches that a time will come when the death struggle will not depend upon the excess of febrile action, but on the failure of vital force; then we must carefully guard against unnecessary depletion: venesection is then an irreparable evil: starvation must give place to tonics and stimulants. I very much question whether this be the case to anything like the extent which is asserted by many of the supporters of the modern doctrine of stimulation. It is not the result of my own limited experience, that people die worn out with a protracted struggle in acute diseases so frequently as from the severity of the attack in the first days of its existence. All will agree, that in the aged and the infirm antiphlogistic remedies are wholly out of question, and, probably, most here present have seen life imperilled in such persons by a very moderate employment of these means.

Undoubtedly in the progress of any severe disorder, a time comes when there can be no longer any question of further lowering the strength of the patient, and this brings us to the consideration of the third point already referred to,—the stage of the disorder at which venesection may be beneficially employed. If the object of blood-letting be such as I have assumed, it is manifestly only in the access or increment of the disorder that it can materially aid our treatment; as soon as the congestion and exudation have become stationary, when the febrile action no longer excites fresh local mischief, the abstraction of blood must fail of giving relief, so far as the inflammation is concerned. Still there are one or two other considerations which must not wholly be overlooked. We must all, no doubt, have seen how remarkably pain may sometimes be relieved by it, and it may become a question at any period of a disorder, whether the persistence of pain may not cause more mischief than the loss of a few ounces of blood. Then again there can be no question that it often materially promotes the action of remedies. The text books, with which we are all familiar, abound with cases in which, although the febrile action was not such as to indicate the need for venesection, its judicious employment has been attended with the most happy results in bringing about changes which remedies previously administered had failed to do; and I feel that we are bound to listen to the teaching of experience in such matters.

I may also again allude to the laboured action of the heart and the congestion of the lungs, whether due to the primary effects of the general inflammatory fever, or merely produced in a secondary manner by the movements of the heart being

impeded, as an important point in deciding the question of blood-letting in any case. Here the principles which guide us seem to me very analogous to those which may be beneficially followed in chronic disorders, attended with similar conditions of congestion and impeded cardiac action. I have frequently had occasion to observe the unmistakeable relief afforded to patients suffering under disease of the heart, aneurism, or chronic bronchitis with emphysema, by small losses of blood, and I believe that this must be the experience of all, who are not too much influenced by the too prevalent prejudice against venesection.

I fear that I have very imperfectly fulfilled the object which I proposed to myself in bringing this question before the society. It was my wish to elicit the opinions of others rather than to express my own, and I fear that too much of dogmatic assertion has mingled with what I have ventured to advance. I confess to a very strong feeling, that we are going away too much from what may be called the traditions of medicine, because of our just pride in the advances made in pathological knowledge in our own day. And when I find certain teachers advocating that all cases are to be treated by stimulation in place of by lowering remedies, I cannot but feel that there is a great danger of our running into an extreme, which will assuredly bring about a reaction; and some of us may live to see the doctrine of venesection as widely advocated as it is now by some persons indiscriminately condemned.

The evil of such teaching is not limited to our own ranks. Popular prejudice runs in favour of anything that is new, and popular conceit fancies itself well able to decide the merits of such pretensions. A gentleman told me the other day that he would never sanction bleeding of any sort in his house; and that he had consulted a homœopathic practitioner because he was sure that he would not bleed. But a few years ago, patients were in the habit of sending for a medical man simply in order that they might be let blood, and if he hesitated to perform the operation, however unnecessary it might seem, some more compliant person was sought for. It requires the exercise of judgment, conscientiousness, and firmness, to oppose such prejudices; but surely the exercise of these higher attributes of our nature will bring a more sure and lasting reward than the mere money-value of attaining popularity, if that be accompanied by loss of self-respect.

THE STOMACH AND ITS AILMENTS PRACTICALLY ARRANGED.

By W. S. OKE, M.D., Senior Physician of the Royal South Hants Infirmary.

[Read before the Southampton Medical Society, Nov. 7th, 1858.]

[Continued from page 169.]

VI.—SPASMODIC CONDITION OF THE STOMACH.

THE stomach is rendered liable to vehement spasmodic action by various exciting causes, acting upon the motor fibres of the par vagum nerve. These causes are—1. Crude indigestible food, such as shell-fish of every kind, raw cucumbers, melons, celery, and any other uncooked vegetables; 2. The sudden application of cold, either internally or externally, when the body is heated, as the hasty swallowing of an ice after dancing, or plunging into water of low temperature; 3. The passing of biliary concretions; and 4. The metastasis of gout.

There is also a peculiar spasm of the pylorus, that has not been noticed that I am aware of, independent of any of the above causes. This spasm is very similar to that of the bile-duct during the passage of a gall-stone, but it is very distinct from this, as the spasm is unaccompanied by the passage of any concretion, or jaundice, or slowness of the pulse. The urine also, although high coloured, is not deepened with a bilious tint; and, although the pain returns at intervals, it does not so completely and abruptly cease as in the passing of a biliary calculus, but more or less continues to wear the patient till another spasm returns; and the spasms continue to harass the patient sometimes for weeks and months together. I have met with several of these cases. The following case is one of this kind.

CASE X. A lady, aged 55, residing near Cowes, of spare habit, had been attacked for a considerable time with severe spasms in the epigastric region, accompanied with vomiting, and returning at intervals. The stools were full, and the urine high coloured. The pain was attributed by her medical attendants, very reasonably, to a morbid secretion of the hepatic