SOME PRACTICAL REMARKS ON GENERAL BLOOD-LETTING.

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NOTWITHSTANDING the immense importance of venesection in the cure and alleviation of disease, it must be confessed that its injudicious employment in many cases almost counteracts its beneficial influence in others; and its failure on many occasions, and the positive mischief which it sometimes produces, have not unnaturally led to its general condemnation by a few well-informed and judicious practitioners, and have also afforded a handle to quacks for censuring the pursuits and practices of legitimate medicine. Every man who has seen much practice, and has reflected upon the progress and results of the cases confided to his care, must seriously revolve in his mind the evil of which he has often unintentionally been guilty, on the one hand by the employment of unseasonable depletion, and on the other by its omission in cases which urgently demanded it. There can be no doubt whatever, that a prompt and full abstraction of blood will in many cases rescue an important organ from irreparable mischief, or the patient himself from impending destruction; but, on the other hand, a full or even moderate bleeding, resorted to when too late, or in cases of peculiar idiosyncrasy, has often accelerated the progress of disease, and hurried the patient to the grave. Considering, then, the serious responsibility which the abstraction of blood by venesection involves to the practitioner, and the effects, whether good or bad, upon the life and constitution of the patient, it cannot be uninteresting to throw, from the records of personal experience, some additional light upon this somewhat trite but inexhaustible subject. It is the more important for each one to develop his views in publications like the *LONDON JOURNAL OF MEDICINE*, inasmuch as the student and the practitioner may search in vain to obtain any definite views on the advantages and disadvantages of blood-letting from books and lectures. In fact, the peculiarities of the human constitution are so numerous, the effects of locality so striking, the influence of a host of physical and moral causes on disease so various and inexplicable, that each person must draw up rules for his own guidance, not from the dogmata of this or that school, or from the dicta of this or that professor, but from the stores of his own experience, strengthened by the exercise of judgment and discretion.

In the following remarks, I offer no dogmatic opinions whatever; but convinced of the powerful influence exercised by general blood-letting over disease, I propose to make some practical observations on the subject, drawn from a rather extensive experience in a considerable public and private practice. I may state, that when I was very young, the practice of blood-letting was general among the profession, and exceedingly popular with the community; just as the stomach-pump was supposed to be indispensable in every case of poisoning, so was the lancet supposed to be necessary in almost every case of serious disease. But whether the characters of disease have changed, or whether me-

dical practitioners have begun to exercise more discrimination than formerly, it is certainly the case that blood-letting is now far less generally resorted to than at the commencement of the present century.

This change of practice is, I think, by no means to be attributed to caprice or fashion; but I am willing to believe that the type of disease has in some measure been altered, and that the present generation bears the loss of blood far less easily than their forefathers. I can also state pretty confidently that *locality* influences most materially the toleration of blood-letting, and that even the different parts of our metropolis exhibit remarkable variations in this respect. In Islington, where the situation is elevated, and the north wind and north-east wind are prevalent, I find that diseases generally assume the sthenic type, and blood-letting is generally well borne; while in the central portions of the metropolis, and in its southern, and south-western suburbs, bleeding is generally unnecessary, and even injurious. I think that the experience of practitioners would confirm this opinion, and I should be happy if these remarks were to elicit from our medical friends some statistical results upon the subject.

I propose to consider the question of blood-letting by venesection under three aspects: I. Where it is altogether improper and injurious. II. Where its employment may be superseded by other therapeutical agents. III. Where it is absolutely and imperatively necessary.

I. In the first place, I believe that blood-letting is altogether improper and injurious in the treatment of FEVER and INFLUENZA, two of the most common diseases which are brought under the notice of the practitioner. Whatever may be the essential nature of fever, it is clear that the nervous system is deeply involved in this disease, that the powers of life are profoundly shaken, and that the vascular excitement is out of all proportion to the strength of the vital powers, and is by no means an index of their energy. Hence a grievous error would be committed, if general blood-letting were resorted to merely because the impulse of the heart was considerable, and the pulse was full and strong; for, although such a measure might for a time alleviate the violence of the symptoms, the apparent improvement would soon be followed by prostration, and the patient's life be probably sacrificed. I need hardly remark that, where there is serious visceral inflammation *superadded* to the general symptoms of fever, then the lancet may be, and ought to be, used; although it is a matter of question in many cases whether local blood-letting, or the use of tartar emetic, or other medicines, may not be advantageously substituted. In dismissing the subject of blood-letting in fever in this summary manner, I think I shall be excused for making so brief an allusion to a subject so important, from the belief that my own opinions are the same as those of the majority of medical practitioners.

In the treatment of influenza, my objections to blood-letting are equally decided; this disease is certainly one of depression, and blood-letting must undoubtedly do harm. But it is the duty of the practitioner to watch most carefully for the supervention of inflammatory disease in any important organ, and if such should be found, then venesection may undoubtedly prove highly beneficial. I happened to see a very great multitude of cases of influenza when it first broke

out in this country, and on many subsequent occasions, and I never abstracted blood in any case which was free from visceral inflammation; except on one occasion, when I was called to see a policeman in the middle of the night. The pulse was so full and strong, the cough so distressing, the pain in various parts of the body so acute and agonising, that although I could detect no specific inflammation in any part, yet I drew blood; and in this exceptional case I believe I acted correctly, for the distressing symptoms were relieved, and the patient rapidly and completely recovered. It is possible in this case, that if bleeding had not been practised, some severe visceral inflammation would have ensued. I believe that my objections to bleeding in influenza are shared generally by the profession.

It is by no means difficult, in the course of practice, to bring forward cases where general bleeding has been improperly resorted to,—to the great danger of the patient, and to the aggravation of his disease. I shall confine myself to two instances of the kind, which are very striking in their character. I may mention, that I am so unwilling to lend myself to anything like professional jealousy, that I have purposely drawn my illustrations from the cases of persons living abroad, and of whose medical advisers I never had the slightest knowledge.

CASE I. In August 1848, a young French lady came to me one evening in the greatest alarm, and requested me to bleed her, as she had the same symptoms which she had before experienced in France, and for which she had been copiously bled. She complained of pain and swimming in the head, and she was in imminent fear of an attack of apoplexy, which she thought would be averted by immediate bleeding. She informed me, that when previously attacked in a similar manner, she had been bled immediately, and that the bleeding had been repeated two or three times a week, but without any relief; her pain and giddiness became worse and worse, and for three months she was confined to her bed; but eventually she became better, having been saved from apoplexy, as she supposed, by this enormous loss of blood, but having remained in a weak and exhausted condition ever since. I examined her condition; and found that the pulse was weak, the head cool, the tongue somewhat foul, the bowels rather confined, and the menstrual discharge irregular and scanty. I had no difficulty in perceiving, that the three months' illness which this young lady had suffered, was due to the treatment, and not to the disease; but I had the utmost difficulty in dissuading her from being bled. I at last prevailed upon her, however, to defer the bleeding for a short time, and prescribed for her some aloetic purgative pills, and some saline purgative medicine. The next day she was rather better, her bowels were relieved, and her head was more comfortable. She continued the medicines for some days with decided benefit; and when the uterine secretion was regulated, I prescribed the sulphate of iron in pills, and the daily use of bitter ale. She was quite astonished at this recommendation, but she nevertheless followed it, and soon became quite well, never having been confined to her bed or to her house for a single day. I have very frequently seen her since. She has had no return of her severe symptoms; and has enjoyed general good health. She has occasionally taken quinine and iron, and has never again been bled.

CASE II. When visiting at a French sea-port town, in 1847, I was requested, as a matter of curiosity, to see a poor young woman, whose deplorable state was a matter of common conversation among her friends and acquaintance. She was represented as suffering from an incurable disease of the heart, was bed-ridden, and was daily expected to die. When I saw her, she was lying in bed in the greatest state of exhaustion: her breathing was rapid; her pulse feeble; her legs swelled. The action of the heart was rapid, but there was no morbid sound, and the impulse was not increased; there was no sign of disease of the lungs. The menstrual secretion was very scanty and irregular. She was bled about once a week; and this practice had been continued for some months, but not much blood was drawn at each occasion. She was also kept on low diet. I thought that she was very ill, and that she had really been brought to the point of death by the treatment; but, without stating that such was my view of the case, I merely recommended her not to allow any more blood to be drawn, and to take some meat, and occasionally some wine. I also directed her to take some aloetic pills, with rhubarb. She improved decidedly under this treatment; and I then recommended her to take pills containing each one grain of the sulphate of iron. I subsequently learned, from my friends in France, that this girl's improvement, under the altered régime, was most rapid; she left her bed, and was soon able to walk; and the last news I had of her was, that she was married, and had a child. I confess that I was as much astonished as any one else at the result of this case; for, although I did not believe that the *disease* would have destroyed the patient, I certainly thought that she never could survive the *treatment* which had been adopted previously to my seeing her.

II. I shall now consider the cases in which, although the use of the lancet is not absolutely improper, it may yet be superseded by other therapeutical agents.

The grand object to be attained by blood-letting is, to lower the action of the heart and arteries, and thereby to relieve congestion and inflammation, either general or local. Where, again, the plastic elements of the blood are in too great abundance, as, for instance, where there is an excess of red corpuscles or of fibrine, blood-letting is undoubtedly a most powerful agent in attenuating the vital fluid, and preventing or arresting dangerous or fatal consequences. But, reserving for future consideration the cases in which blood-letting is imperatively demanded, I propose to consider, in the present section, the cases in which the loss of blood may be avoided, and the patient nevertheless restored to health. Here I should remark, that the avoidance of blood-letting very materially depends upon the period at which a patient is seen by the medical attendant; and hence a very different practice is required in the cases of persons living in ease and comfort, and in the cases of those who are compelled to gain their daily bread literally by the sweat of their brow, and who are attended in our hospitals and infirmaries, or come for relief to the union surgeon, or to the dispensary doctor. Among the former class of patients, every symptom is carefully watched, and remedial means promptly resorted to; among the latter, whether from ignorance or carelessness, or, what is still more lamentable, from the utter privation which must

accompany the abandonment of work, the unfortunate patient neglects his symptoms, and allows his disease to run on until dangerous, or even fatal, mischief has taken place. Too often does it occur to those who practise among the poor, to find that they are called in only when remedial means are too late; and the post-mortem examination reveals the destruction of vital organs by the effusion of serum, of pus, and of albumino-fibrine, which, in all human probability, might have been arrested, if remedial means had been more early resorted to. Whatever may be the doctrines of the disciples of the *expectant* method of treating disease, to say nothing of the flagrant criminality of the homœopathic system, it must be admitted by all honest practitioners, that the aphorism of the Roman poet is still strictly applicable to the treatment of disease:

“Principiis obsta: sero medicina paratur
Cum mala per longas convaluere moras.”

There is very little doubt that many remedies have the power of arresting disease at its very commencement, and of rendering unnecessary those energetic measures, which are often required in its more developed forms. The power of tartar emetic, in lowering the action of the heart, is indubitable, and, when administered early, will often cut short an inflammatory attack of the chest; and it is probable that digitalis might be employed with equal advantage in somewhat similar cases. But there is always uncertainty in the action of digitalis, owing to the different qualities possessed by different specimens of the drug.

The following remarks and cases will illustrate the views now advanced.

CASE III. In February 1851, I was called to see a young gentleman one evening, who was complaining of illness. He was about twenty-five years of age, of stout proportions, and had generally enjoyed good health. He had felt ill all the previous day, had cold shivering as the evening approached, was troubled with a hacking cough, without expectoration, pain in the side, and general uneasiness. The breathing was rapid, the pulse full, and rather hard; there was slight crepitant rhonchus on the right side, over the lower portion of the right lung. The disease was therefore quite in the incipient form. I explained to this gentleman's mother, who called me in, that her son was suffering from inflammation of the lung, but that the disease was not at present fully developed; and that there were two methods of cutting short the malady, namely, by bleeding, or by the administration of medicine. The lady had an objection to bleeding, and I therefore directed a mustard poultice to be placed over the affected side, and prescribed a mixture containing four grains of potassio-tartrate of antimony, in six ounces of fluid, and directed an ounce of it to be taken every three hours. The next morning, I found that he had been excessively sick; but the pain in the side and the cough were better, and the pulse was reduced in force and frequency. This plan was pursued with the greatest success; the tartar-emetic was continued; the patient was kept in bed, and low diet was enjoined. All the symptoms soon subsided: a little cough remained, which was treated with syrup of squills and syrup of poppies; and in less than a fortnight the patient was quite well, and able to return to his business.

In this case, the disease was evidently arrested in the first stage by the influence of the tartar-emetic, which acted upon the same principle as a bleeding, by giving an immediate shock to the system, by lowering the action of the heart and arteries, and thereby removing the highly-fibrinised blood from the lungs.

In the following case, although of course general bleeding would have been inadmissible under any circumstances, the tartar-emetic evidently arrested a very formidable disease at its onset.

CASE IV. A stout, plethoric child, aged one year and eight months, was seized, on New Year's Day of this year, with hoarse breathing, cough, and general irritability. The gums were carefully examined, and, as four of the teeth had not yet appeared, free scarifications were made with a gum-lancet. A small quantity of antimonial wine was also administered occasionally. In the evening, the child was much worse; the croupy cough was decidedly manifest, the skin and the head were hot, the respiration hurried, the pulse 130, full and strong; the child was very uneasy, trying to sleep, but quite unable to do so, owing to the cough and dyspnoea: there was great thirst. I now obtained one ounce of antimonial wine, and administered it to the child by teaspoonfuls at a time, repeating the dose every five or ten minutes. This plan was continued for upwards of an hour, without producing any vomiting, and without alleviation of the symptoms; but when the whole quantity, one ounce, had been taken by the child, vomiting at last came on, the action of the heart and of the pulse was diminished, a perspiration broke out upon the skin, the cough and dyspnoea were relieved, the bowels were opened freely, and the child went to sleep. The next morning, the symptoms had nearly all disappeared: the breathing was natural, the pulse moderate, and the child was playful, although rather languid. He has since had a little cough occasionally, and his diet has been carefully watched; but he has had no return of croupy symptoms.

The treatment of *acute rheumatism* is unquestionably very difficult, nor does it seem possible by any means in our possession materially to cut short this very painful disease. It is an affection which has generally been supposed to justify the employment of venesection, and I confess that I myself held that opinion for many years. The great violence of the accompanying fever, the full and bounding pulse, the acute pain in the joints, the tendency to fibrinous deposits in various parts of the body, all seemed imperatively to demand the abstraction of blood; but I was always astonished, and not a little disappointed at finding, almost invariably, that this measure was attended with very little improvement; and that although abundance of fibrine was seen in the clot of the blood, yet its abstraction did not appear to relieve the symptoms. Many of the patients recovered entirely, but I could not persuade myself that the cure was wholly owing to the treatment; while others lingered through the acute disease to become victims of the chronic form. In short, I became persuaded, that although blood-letting in this disease might not do positive harm, it certainly was not attended by positive good. I therefore determined to adopt some other plan of treatment; and having heard of the great success which attended the use of lemon-juice in this disease, in the hands of Dr. G. O. Rees, I gave it a trial, and observed that its administration was followed by the happiest

results. Out of many cases which I have treated successfully in this manner, I select the following, as a fair specimen of the effects of this mode of treatment. I need hardly remark, that the practitioner should always watch carefully for any symptoms of pericardial or endocardial inflammation, and if they should arise, then leeches or cupping must be resorted to.

CASE V. A brickmaker, aged 19, was admitted into the Islington Infirmary, in November 1851, presenting all the symptoms of severe articular rheumatism; he had been ill for several days; the wrists, knees, and ankles were swollen, red, hot, and very tender; the tongue was covered with a white fur; the pulse was full and strong; he had no sleep from the violence of the pain; there was great thirst. The heart was examined, but it presented nothing abnormal. He was ordered to be put upon low diet, to take the juice of six lemons daily, and to have one grain of opium, in a pill, every six hours. The next day, he was much the same, but he complained of some uneasiness about the cardiac region. The heart was carefully examined, but no morbid sounds could be detected; the impulse, however, was rather strong, and a thrill could be felt immediately beneath the left mamma. He was ordered to take three grains of calomel, with one-third of a grain of opium, every four hours. In the evening of this day he was seen again, in consequence of his complaining of increased pain in the præcordial region, and it was thought expedient to apply six leeches to the part. After this treatment, he passed a bad night, but there was less pain in the region of the heart; the thrill was still perceptible, but no morbid sound could be heard. There was still great pain and tenderness in the joints. I continued the lemon-juice, with the calomel and opium. The next day he was better, and he had slept a little during the night. The lemon-juice was continued, and he was ordered to take one grain of opium three times a day. Under this treatment he continued to improve; and although, from an error in diet, he relapsed afterwards for a few days, yet when the diet was again regulated, he went on quite favourably, taking the lemon-juice regularly every day, and taking also opium in grain doses at frequent intervals. He entirely recovered; the tongue became quite clean; the pain diminished, and, at last, left him entirely; and he slept well without opium. He was discharged perfectly cured about three weeks after his admission. If it had not happened that the pericardium became slightly affected in this case, requiring the application of six leeches, this boy would have recovered without the loss of a particle of blood; and I may also mention, that no colchicum was used in this case, as I had convinced myself that this drug was as little to be depended upon as the abstraction of blood in the treatment of acute rheumatism.

In the next case, the results are merely negative, and it is adduced only to show that blood-letting is not decidedly beneficial in acute rheumatism.

CASE VI. A young lady, who had previously had an attack of acute rheumatism, was seized with a variety of anomalous symptoms connected with disordered menstruation, in June 1850. On the 4th of July, the attack of rheumatism became perfectly developed, the tongue was white and furred, the wrists and elbows red, hot, and very painful: the pulse 120, full and strong. As I was not then fully persuaded

of the efficacy of the treatment by lemon-juice, and as I understood that in the former attack this young lady had suffered from pericardial inflammation, I abstracted blood to the amount of sixteen ounces. The blood was buffed and cupped. Colchicum was also ordered with alkalies. Very little amendment followed these measures. The pain was agonising, there was no sleep at night, and the rheumatic pains became complicated with other pains evidently of an hysterical and neuralgic character. Various remedies were successively adopted: solution of veratria, tincture of aconite, and extract of belladonna were applied,—sometimes separately, sometimes together,—to the affected joints; and opium was given internally in large doses. After nearly two months of intense suffering, this young lady became sufficiently recovered to be sent into the country; but in September, the disease assumed the chronic form, accompanied by neuralgia. This was treated by quinine, iodide of potassium, bicarbonate of potash, and vegetable tonics, alternated by iron. She eventually recovered; and although I do not positively assert that the venesection did actual harm, I think if such a case were again to occur to me, I would not practise it; but, if I were sure of the absence of cardiac complication, would treat the disease with lemon-juice and opium.

(To be continued.)

8, Torrington Square, January 1852.

ON VASCULAR TUMOUR, AND MORBID VASCULARITY OF THE FEMALE URETHRA.

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IN the last number of the LONDON JOURNAL OF MEDICINE, I have read with some surprise an article by Dr. Gream, on what that gentleman has newly named *Morbid Vascularity of the Lining Membrane of the Urethra*, in distinction to the title of Vascular Tumour, heretofore applied to the disease of which he treats, and generally adopted since Sir Charles Clarke wrote his work on the *Diseases of Women Attended with Discharges*.

I find no fault with the author for this change of nomenclature, which is to some extent justified by the facts of the case, nor with any of his descriptions of the appearances and symptoms to which this diseased condition of the urinary canal gives rise, although perhaps they fall short, in completeness of detail, of what has been elsewhere written by others.

But Dr. Gream is in error in supposing that, with the exception of Sir Charles Clarke, Drs. Ashwell, and Meigs, whom he quotes, no author has written anything material on the subject. In the *Edinburgh Monthly Journal of Medical Science*, for June 1849, there is a paper by myself entering very fully into this matter, amply illus-