SOME PRACTICAL REMARKS ON GENERAL BLOOD-LETTING.

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(Concluded from p. 146.)

IN my former communication upon this subject, I considered the cases in which general blood-letting is, in my opinion, altogether improper; and other cases in which, although it may not be altogether improper, yet its use may be superseded by other therapeutical agents. The substitutes for blood-letting must of course be sought for in those measures which reduce the force of the heart and arteries, which attenuate the consistence of the blood, or which diminish its sources of nutriment. Among these remedies, the tartar emetic holds a very prominent place; for its direct operation is to depress the circulating system, and thereby to diminish inflammation; while the vomiting which it generally occasions, acts like a shock to the system, and diverts the current of morbid action *in limine*. In inflammatory diseases of the respiratory organs, the tartar emetic is pre-eminently efficacious; and I have no doubt that the timely use of this remedy has often checked an incipient attack of a most severe character, and has rendered other measures unnecessary. Digitalis, by its sedative action on the heart, has a somewhat similar tendency; but this drug is by no means so much to be depended upon as tartar emetic. Purgatives, both of the drastic and of the laxative kinds, are also valuable instruments in warding off inflammatory and congestive attacks, and sometimes in arresting them when they have commenced. Calomel, in particular, often acts like a charm; and in certain inflammatory attacks, as may often be seen, especially in children, a dose of this drug calms down the erethism, and appears to act like a direct sedative to the system, and the patient falls asleep as if under the influence of opium. In congestive diseases of the head, the stronger kinds of purgatives, such as scammony, jalap, and colocynth, are undoubtedly most valuable means of cure, by acting powerfully upon the alimentary canal, and diverting the morbid action from the superior parts of the body; and the saline purgatives, especially the sulphate of magnesia, and the tartrate and bitartrate of potash, are hardly less useful, by causing a copious draining of fluid from the mucous follicles of the small intestines. The immense influence of diet, also, in the treatment of inflammatory and congestive diseases, ought never to be overlooked; for if the supplies which nourish the blood are withdrawn, it is clear that the progress of inflammatory and congestive attacks must be materially controlled. Indeed, if there be any truth in the so-called cures performed by the homœopathic practitioners, the results, in my opinion, are entirely to be attributed to the system of dieting adopted by the professors of this form of quackery. The researches of chemistry also enable us to select, as articles of diet, those substances which are least likely, in inflammation and congestion, to increase the consistence of the circulating fluid; and by removing the azotised or nitrogenous kinds of food, and substituting the simply carbonaceous, we possess a powerful means of preventing the formation

of superabundant fibrine, and of diminishing the number of the corpuscles.

III. It remains for me now to consider the cases in which blood-letting is absolutely and imperatively necessary. In the foregoing remarks, I wish it by no means to be understood that I am an enemy to the use of the lancet; on the contrary, I believe it to be one of the most powerful weapons at our disposal for the cure of disease; and, in certain cases, it must be used boldly, freely, and decidedly. I argue only that it must be used with discrimination; that the lancet is like a two-edged sword, of mighty power for good or for evil, and that it must be wielded with caution and discretion, as to the proper cases, and as to the proper times for its employment. But when the cases have been selected, and the necessity for blood-letting is fully established, then let a decided impression be made upon the system; and in the presence of imminent danger to some important organ, it is better to take a copious amount of blood at once, than to trust to small blood-lettings at repeated intervals, which plan only exhausts the powers of the patient, without making any impression upon the disease.

CASE VII. A young gentleman, about twenty-two years of age, rather reserved in his manners, was observed, in the year 1846, to be more than usually depressed: he became indifferent to his duties, careless of his person, and negligent of his nearest relations. In order to amuse him, he was taken one day in summer down the river in a steam-boat, and, while his father and brother had their attention momentarily diverted from him, he threw himself overboard. The tide, however, was running out at the time, and the water was low; he was therefore soon taken out of the water and conveyed home, and he experienced no injury from the immersion. Soon after this time, I was called in to see him, and found him in a low and desponding state, and subject to hypochondriacal illusions; he insisted that he had had gonorrhœa, for instance, and that he was now labouring under disease of the prostate gland; but for neither of these statements was there any foundation. He had no pain in the head, nor did he complain of any other bodily illness, except that just mentioned; his appetite was good; he did not sleep well at night, but disturbed the inmates of his house with strange noises; he went out every day, but would not go to his employment; he said he was haunted by the devil. After trying moral means for some time without any avail, and finding that the pulse was full and strong, and the head rather warm, I determined on bleeding him, which I accordingly did, to the extent of twenty ounces. He did not faint, nor did he feel much better. He was also ordered drastic purgatives to be taken every day. In about six weeks, I found that he was not better; he still had bad nights, and supposed himself to be haunted; his appetite was always good; his pulse strong and full; his head warm. I determined on bleeding him again, and resolved not to limit the quantity, but to take as much as I could. I therefore made him sit up in bed, and drew from him about thirty-five ounces of blood, after which he became faint, but did not actually faint away. By this measure he was somewhat reduced, and was obliged to keep his bed for some days; but the effect was decidedly beneficial; his pulse was reduced;

he became more quiet; and, in a very short time, he was able to walk about as usual. He became, however, indolent and intractable; and, although he manifested no longer any suicidal tendency, and ceased to complain of his imaginary diseases, yet he was unmanageable at home, owing to the want of the means of moral control on the part of his relations; and he was therefore sent for a short time to a lunatic asylum. There he was very quiet; his health was good; but he was still subject to delusions. His pulse was now moderate, and his head cool; and after some time his delusions wore away, he returned to his employment, and he is now perfectly well. The whole duration of his illness was about eighteen months.

In this case, I have no doubt that the abstraction of blood was imperatively called for: and it must be remembered, that it was not adopted until all other means had failed; that the strong, full pulse, and heat of head, justified its adoption; that the restlessness and incoherence were materially relieved by the copious abstraction of blood; and that the suicidal tendency, and the fear of imaginary diseases, subsided after the venesection. I believe that this was a case of sub-acute inflammation of the membranes of the brain, and was one in which bleeding was not only useful, but imperatively necessary.

CASE VIII. J. S., aged 33, was brought into the Islington Infirmary, July 20, 1846, in a state of furious delirium. His speech was incoherent; his tongue white and furred: he was so violent, as to require the restraint of a strait-jacket. (I ought to mention that, much as I admire the system of non-restraint, and the adoption of padded rooms, yet as these latter conveniences are not to be found at many infirmaries, or in private houses, I prefer the old habit of applying a strait-jacket, to the abandonment of an insane and violent patient to the guidance of his own impulses, and the consequent mischief which must ensue. I always, however, apply restraint with great caution; never allow any violence or injury to be done to the patient; and remove the restraint the moment that it can be done with safety.)

July 21. He was much better; spoke rationally. The strait-jacket was removed. He was ordered to take a pill containing one drop of croton oil, and a powder consisting of five grains of calomel and fifteen of jalap. In the evening, he became again delirious, and so violent, that three men were unable to hold him; the strait-jacket was therefore again applied. Bowels very freely opened.

July 22. He was quiet and sleepy; the tongue was furred; pulse 104, full; head hot. He was bled to twenty ounces, and was ordered to take a mixture of one-third of a grain of tartar emetic, in an ounce and a half of aperient mixture, every four hours.

July 23. He had passed a restless night, but this morning he was rational. His tongue was white and furred; and he had a tremulous motion in all his limbs.

July 25. The tongue was rather cleaner; the pulse quick. He said he wished to speak to me by myself. I therefore sent the attendants out of the room, and he then told me that he was being murdered in the infirmary, and wanted to converse with some person outside the gates. He talked very incoherently. He gradually, however, became better, and in a few days was so much recovered, that he was sent away to his own home.

I never knew any farther particulars of this man's case, and do not know anything of his previous history; but I consider his disease to have been inflammation of the membranes of the brain; and that the blood-letting, in conjunction with the other measures, was decidedly beneficial.

CASE IX. J. H. T., aged 36, was brought to the Islington Infirmary, August 17, 1846, for the purpose of being sent to a lunatic asylum. He was a druggist's porter, and had been very much frightened, by being exposed to a severe thunderstorm. After that time, he became inattentive to his work, although before, he had borne a very good character for diligence and activity. He became insane upon religious subjects; felt that he was doomed to perdition; and thought he was haunted by the devil. Under ordinary circumstances, I should have sent a person exhibiting such a condition, at once to an asylum: but I found that his head was hot; his pulse 100, full and strong; and he had great thirst. I therefore bled him to sixteen ounces, and ordered him a powder containing five grains of calomel and fifteen of jalap, to be taken immediately, and a saline purgative every four hours. The next day (Aug. 18) he still talked very incoherently; the head was still hot; tongue clean; bowels opened once; some thirst; pulse 132, full. I bled him again to twenty ounces. He did not faint, but became more tranquil and cooler after the bleeding; and in a few days he was sent to Hanwell, as the confusion of his intellect still continued, and his friends were unable to take care of him. At the asylum, however, he gradually recovered, without any return of the acute symptoms; and in about four months he was discharged, cured. He has been quite well ever since, and is now (Feb. 1852) in the same employment as that in which his seizure by illness occurred.

In the next case, although the result was fatal, I consider copious venesection to have been a very proper measure, and that the *post-mortem* examination confirms this opinion.

CASE X. C. J., a person who was afterwards ascertained to be a gentleman of some property, was picked up insensible on the Highgate road by the police, who considered him to be intoxicated, but conveyed him to the house of a medical gentleman at Islington, on the 28th of July, 1847. At that time his face was found to be much flushed, and the eyes were wild and inflamed; he would not answer any questions. He was sent to the Islington Infirmary; and when admitted, his pulse was full and strong, and the pupils were rather dilated. When questions were put to him, he merely repeated them. I saw him soon after, when he presented the following symptoms:—he was lying on his back; his countenance was flushed; the eyes were bloodshot, the pupils were fixed between contraction and dilatation; the tongue white, and covered with a creamy fur; the bowels had not been opened since his admission; the pulse was 120, full, hard, and strong; the head burning hot; the skin moist. He was bled to thirty-two ounces; the hair was shaven off the scalp, ice was applied to the shaven surface, and three drops of croton oil were poured upon his tongue.

July 29. He was worse; pulse 160; respirations 56 in a minute, breathing laborious; eyes still bloodshot; pupils the same as yesterday. The blood drawn yesterday was buffed and cupped. When spoken to, he seemed incapable of answering. As the croton oil did not operate, a

clyster was administered, which brought away a copious evacuation. A blister was directed to be applied to the nape of the neck. He continued to get worse all day, until five o'clock P.M., when he expired.

POST-MORTEM EXAMINATION TWENTY-FOUR HOURS AFTER DEATH. Nothing particular was observed on the surface of the body.

Head. There was a considerable quantity of blood effused between the scalp and the skull. The dura mater was congested. The arachnoid membrane presented a whitish, opalescent appearance, and was thickened; the pia mater was more than usually vascular; there was a large quantity of serous fluid between the layers of the arachnoid and in the ventricles. The substance of the brain, when sliced, exhibited a great number of bloody points.

The other organs of the body were carefully examined, but exhibited no remarkable traces of disease. The stomach was removed, and the nature of its contents investigated: its mucous membrane was quite healthy, and its cavity contained only about half an ounce of an inodorous fluid.

I have very little doubt that the four cases just recorded were of the same character; and I have, therefore, classed them together. In all of them, there appears to have been an inflammatory condition of the membranes of the brain and of the surface of the organ; and I believe that in all of them copious blood-letting was decidedly indicated. In the last case, it is, I think, probable that if blood-letting could have been practised at an earlier period, the result might have been favourable; but I make this statement with caution, because I am aware of the very dangerous, and often rapidly fatal, nature of meningeal inflammation.

The cases which follow are instances of cerebral congestion; which leads, if it be not arrested, to cerebral hæmorrhage and destruction of life, but which is decidedly relieved by copious and early blood-letting.

CASE XI. J. T., aged 47, a porter, a stout, muscular, and plethoric man, with a short neck, fell down suddenly in the High-street of Islington, on June 8, 1842, and was found by the police in a state of insensibility. He was seen shortly after the attack, and found to be in an apoplectic fit. The pulse was full, hard, and strong, 120 in a minute; there were total insensibility and stertorous breathing, livid face, contracted and immoveable pupils. He was removed to the Infirmary at Islington, and immediately on his admission was bled to thirty-two ounces; after which he became rather better, and indicated by his manner a return to consciousness. He was ordered to take immediately two drops of croton oil, and a saline purgative draught every four hours.

June 9. He appeared better, and was now sensible. There was an ecchymosis of the left eye, caused by the fall which he experienced when seized with the fit. The bowels had been freely opened. To continue the purgative draughts.

June 10. He expressed himself as feeling much better: and left his bed, and walked about. He was discharged cured, at his own request, on the same day.

CASE XII. M. R., aged 56, a woman of rather weak intellect, who had long been an inmate of the workhouse at Islington, dropped down suddenly and became insensible on the 7th of December, 1851. She

was seen about three-quarters of an hour afterwards, when she was found lying in bed, quite insensible, and foaming at the mouth; respiration was stertorous, and during respiration the cheeks were flapped outwards. Eyes open; pupils contracted much, and quite insensible to the action of light. Pulse rather frequent, and full. The arms and muscles of the face were occasionally convulsed, but not violently. When not convulsed, the limbs lay apparently lifeless; and if raised, they immediately fell on the support being withdrawn. The countenance was of a deathly paleness, with a fixed, glassy, and vacant stare of the eyes. She was bled from the arm to twenty ounces. After the bleeding, the pulse lost its fulness and power, the eyelids closed, and she became excessively weak, so that it was deemed advisable to administer a little stimulant of *spiritus ammoniæ aromaticus*.

Dec. 8. There was very great improvement; the nurse said she changed for the better about three hours after the bleeding; her appearance had quite altered, and she answered questions rationally. She can swallow with ease; pupils still contracted; bowels have been open once since the attack. Ordered a blister to be applied to the nape of the neck, and a saline purgative draught to be taken every four hours.

Dec. 9. Much better to-day; pulse 88, tongue clean. She is quite rational.

This case shows also the great benefit which often follows a copious bloodletting in cases of cerebral congestion.

CASE XIII. H. G., a lady, about 55 years of age, of great accomplishments and very mild and amiable disposition, had suffered for many years from a variety of nervous and hysterical symptoms. She habitually slept but little at night, was subject to giddiness, indigestion, flatulence, and acidity; she often passed a very large quantity of limpid urine. Her pulse was always weak, her tongue generally foul, and no trace of organic disease could anywhere be discovered; she suffered often from headache. There was no disorder of the uterine organs, but she ceased to menstruate at about forty-eight years of age, and her symptoms had become worse after that change took place. She had consulted a great variety of medical practitioners in London for these symptoms, and their opinions and their treatment nearly all seemed to coincide upon the nature of the case, which was considered to be a form of hysterical dyspepsia. The prescriptions written for her consisted of mild purgatives, antispasmodics, carminatives, and tonics, and only one of her medical advisers recommended the abstraction of blood, by the adoption of which measure she became decidedly worse, and did not recur to it. After a full consideration of the case, I came to the conclusion that the case was one of purely nervous disease, for although she often had headache and giddiness, her head was not hot, and her pulse was weak. I therefore recommended very mild purgatives to be taken occasionally, together with the ammoniated tincture of valerian, and paid great attention to the diet, recommending a nutritious but not stimulating kind of food, with the occasional, but very moderate, use of wine, and gentle, regular exercise in the open air every day. These measures were attended with considerable benefit; but, as usually happens in what are called nervous affections, it could not be said that the lady was cured: but she was not considered to be seriously ill, and went into society as usual. But on the

27th of December, 1845, I was requested to come and see her immediately, as she had been taken dangerously ill, and was supposed to be suffering from a paralytic attack. I learned that while she was sitting up in the forenoon, working with her needle, she suddenly felt a numbness in the fingers of her right hand, and was unable to hold her needle; her speech was also affected, and she suffered from giddiness. Knowing her previous nervous attacks, I was inclined to think at first that this was one of their varieties; but upon visiting her, I found that the pulse was rapid and full, 120 in the minute, and her head was hot; the mouth was also slightly distorted, and the speech sensibly affected. I now felt that the case presented features of peculiar difficulty, for although in all her previous illness I believed that bloodletting was not only unnecessary but injurious; yet as I now felt convinced that congestion of the cerebral vessels actually existed, I resolved to take blood from the arm. This I accordingly did to the extent of sixteen ounces, and prescribed some purgative medicine. The blood drawn was not buffed or cupped. The next day I had the gratification to find that the bleeding had been decidedly beneficial; the head was cooler, and she had passed a tranquil night. I directed her to be put upon very low diet, and to take occasionally some purgative medicine. I also recommended strict rest, the head to be kept cool with vinegar and water, and a blister to be applied to the nape of the neck: this blister was kept open for some time. I also ordered calomel to be taken, in doses of one grain, twice a day for several days, until her mouth became sore,—a measure which I believe to be very efficacious in relieving cerebral congestion. By these means this lady entirely recovered, and at the present time is in very good health; and although more than six years have elapsed since the seizure, she has had no return of the cerebral symptoms. I need hardly say that a strict watch has been, and still is, kept upon her diet, and that she takes regular exercise. I consider this case to be one of the deepest importance, as showing the value of timely and seasonable depletion: had it been resorted to at any other time, it would probably have been injurious; but being adopted at the very onset of cerebral congestion, it seems at once to have produced a salutary shock upon the system, and to have checked the progress of morbid action.

The next case was fatal in its results; but the adoption of copious bloodletting was undoubtedly demanded.

CASE XIV. R. U., a gentleman of great literary attainments, and much devoted to study, about 65 years of age, was attended by me in September 1845, for a slight dyspeptic attack, to which he was subject. I treated him with purgatives, antacids, and tonics, and he was apparently doing well; but after leaving him one morning in a comparatively improving state, I was called to him in the afternoon, as I was informed that he was dangerously ill. I found him sitting up, but evidently heavy and stupid; he had vomited very much; his face was red and his head was hot; his pulse, which in the morning had been regular and moderate, was now full, hard, and strong. He was evidently fast sinking into a state of insensibility. I immediately bled him to twenty ounces; he did not appear to improve; the blood was not buffed or cupped. A blister was applied to the nape of the neck; vinegar and water were assiduously applied to the head, and mustard

poultices to the calves of the legs and soles of the feet; but he never rallied: he became worse and worse, and died during the night, about twelve hours from the seizure.

The *post-mortem examination* showed that the viscera of the thorax and the abdomen were quite healthy, though congested with blood; the scalp, when turned back from the skull, exhibited great vascular fulness; and the membranes of the brain, and the vessels of the brain itself, were turgid with dark, fluid blood. No rupture or laceration of any vessels, and no effusion of blood, or of serum, could anywhere be discovered, and there was no appearance of softening in any part of the brain.

I certainly anticipated that I should find effusion of blood in some part of the brain, but I was deceived; the case was one of simple congestive apoplexy. The turgid condition of all the organs, and the fulness of the cerebral vessels, prove most satisfactorily that bleeding, although unfortunately of no avail in this case, was a very suitable measure; and if it had been neglected, the omission, in my opinion, would have been highly culpable.

CASE XV. W. D., aged 70, who had long been suffering from chronic bronchitis, was seized with a fit on the evening of January 4, 1852, at the Islington Infirmary. During the fit, he is said to have struggled and foamed at the mouth, and afterwards to have been quite motionless, the fit lasting about five minutes. He was seen soon after by Mr. Humble, the resident medical officer, when his replies to questions were incoherent: his face was pale, the eyelids were closed, and he resisted their being opened. I saw him very soon after on the same evening, when I found him in a state of partial insensibility; the head, however, was cool; the pupils were contracted, and were insensible to the action of light; tongue clean; pulse 80, full and labouring. The action of the heart was normal; sonorous and sibilant râles were heard all over the chest: there was no distinct paralysis. I considered the case to be one of cerebral congestion, accompanied by softening of the brain; and although I was aware of the condition in which the man was placed, I thought that the full, labouring pulse, justified depletion, and would perhaps avert a fatal attack of cerebral hæmorrhage. I accordingly directed him to be bled to twelve ounces, to have two drops of croton oil administered to him, and a blister to be applied to the back of the neck.

On seeing him the next morning, the beneficial effects of the bleeding were manifest, for it had evidently removed some pressure from the brain: he had recovered his sensibility, was quite rational, and, indeed, was better in all respects. I did not anticipate a perfect cure in this case, owing to his age, and the long-standing attack of chronic bronchitis; but I consider that the *post-mortem* examination, which was subsequently made, verified the prognosis, and justified the depletion.

Although very much relieved from the cerebral symptoms, he suffered much from cough and difficulty of breathing; and after various fluctuations in his symptoms, and after having experienced one or two attacks of rigidity in his right arm, he died on the 18th of February, 1852.

Post-mortem Examination. The scalp was natural. The skull was very thick, and the inner table was as tough and thick as the external. There were strong adhesions between the dura mater and the inner table of the skull; so strong, indeed, that it was impossible to separate them without the use of the scalpel. The arachnoid membrane and pia mater were very vascular, thickened, and presented a pearly appearance, owing to effusion beneath the arachnoid. There was an irregular patch of redness over the surface of the left hemisphere, and other patches of redness were scattered at intervals over other parts of the surface. This redness was entirely confined to the membranes; for, on removing them, the cerebral surface beneath was of its natural colour. A great quantity of serous fluid escaped on making an aperture in the arachnoid membrane. On slicing the brain on a level with the corpus callosum, the roof of the ventricles gave a distinct feeling and appearance of fluctuation, and on opening the ventricles, a large quantity of thin, colourless, transparent fluid, amounting to about three ounces, was found filling the cavities, the fluid of one ventricle being continuous with that of the other through the foramen of Monro. The structure of the brain itself was generally healthy, but the fornix was distinctly softened. On the superior surface of the cerebellum, on the right side, there was a mass of grey softening, which was quite in the liquid state; but below this softened mass, which was of about the size of a small nut, the structure of the cerebellum was natural.

On examining the chest, distinct traces were found of chronic bronchitis, as indicated by thickening and redness of the bronchial tubes, and the existence in them of muco-purulent matter. An appearance presented itself which was not at all expected, namely, an abundant deposit of hard tuberculous matter, forming a large tumour, filling up the concavity below the arch of the aorta, and also occupying the upper third of the right lung. This deposit was of scirrhus hardness; but although it was examined microscopically by Dr. Ballard, no trace of cancerous cells could be discovered. It was a very dense form of tubercular deposit.

The last case was one of great difficulty during life at the time of the cerebral attack, and I hesitated for some time, and deliberated much, before I adopted the measure of abstracting blood; but I am convinced that the practice was correct, for although the man did not ultimately recover (an event which I never anticipated), yet the bleeding certainly removed pressure from the brain by relieving the vascular congestion, which the *post-mortem* examination afterwards revealed; and averted, I think, the fatal catastrophe for six weeks.

The length to which this paper has already run, does not enable me to adduce other cases, where the timely abstraction of blood has been attended with the most favourable results; and I have selected the above cases of cerebral diseases, because I think that bleeding is most remarkably called for in inflammatory and congestive diseases of the brain. For other remedies, which are with safety and propriety applicable to diseases in other parts, are quite inadmissible in a cerebral disease; tartar emetic, for instance, would be highly improper in a threatened attack of inflammation of the brain, or of apoplexy; and although purgatives, and especially the drastic kinds of them, are

exceedingly useful in many head affections, yet their operation is by no means sufficiently energetic to diminish vascular turgidity within the cranium. It is, therefore, in cases of inflammation of the brain, or its membranes, or where congestion of the brain is either threatened, or is already in existence, that full and speedy blood-letting is of paramount importance, and is equalled in efficacy by no other remedy. But even in cerebral affections, the use of the lancet requires the utmost caution in the selection of cases, for in many diseases of the brain, bleeding is decidedly injurious; thus in mere *pain* in the head, however violent, bleeding would most probably only aggravate the symptoms: in delirium tremens, to bleed would be to commit a fatal mistake; in softening of the brain, bleeding is also generally improper, and it is only in cases, which are by no means unfrequent, of the combination of softening with cerebral congestion or effusion, where the abstraction of blood in moderate quantity, may, as in Case xv., be attended with immediate relief of the urgent symptoms. I believe that in cerebral diseases the true guide to blood-letting is the state of the pulse, and if that be found full, strong, or hard, with decided symptoms of head affection, blood-letting may be always resorted to, not only without danger, but with decided advantage. The quantity to be drawn must of course depend upon age, sex, habit, and idiosyncrasy; and although it is quite safe sometimes to make the patient stand up, and draw blood in a full stream till he faints, yet where there is any suspected complication with softening of the brain, the lancet must be used with moderation.

In certain other cases, the adoption of blood-letting is imperatively called for, as where, in a plethoric subject, the eye, for instance, is threatened with inflammatory destruction; or where, with a full, strong pulse, the patient is suffering from epistaxis; or where inflammation of one or both lungs has become fully established; or where, notwithstanding the smallness of the pulse, peritoneal inflammation has been set up.

In such cases, and in many others, I have no wish to advocate the careless and criminal practice of leaving nature to cure the disease; on the contrary, the practice, under such circumstances, should be bold and energetic, and by adopting it, we may often save a valuable organ from destruction, and perhaps preserve the life of the patient. But in times like the present, of general scepticism in therapeutics, it is by no means unjustifiable to review our whole course of practice; nor is it dishonourable to be taught even by an enemy. Contemptible as are the different forms of quackery by which the public is deceived, and the profession injured, some good may possibly arise out of so much evil; and if medical men be led to additional caution in the selection of cases, and the adoption of remedial measures, and if a more philosophical tone be imparted to our investigations, then, even the mummeries of homeopathy, and the atrocities of hydropathy, may, perchance, not have been perpetrated altogether in vain.

8, Torrington Square, March 1852.