

Contribution to venesection as a remedy / by John Shand.

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CONTRIBUTION

TO

VENESECTON AS A REMEDY.

By JOHN SHAND, M.D., F.R.C.P. ED.

(Read before the Medico-Chirurgical Society of Edinburgh, 17th December 1890 ;
and reprinted from the *Edinburgh Medical Journal* for February 1891.)

MR PRESIDENT AND GENTLEMEN,—In response to the request of some of our ex-Presidents, I have selected the subject of Venesection. Though regarded as a *bête noire* or almost forbidden subject—indeed, a *questio vexata*—at various periods during the last three centuries, yet as a wave in its favour seems now impending, I feel it my duty to contribute a few cases from past practice in illustration of its utility.

I am the more encouraged to do this, as the example has been already set by professional men of such distinction as Dr Broadbent of St Mary's Hospital, London, the President of the last meeting of the British Medical Association in the capital of the United Kingdom; as also by His Excellency¹ the philanthropic Dr Gunning of Brazil, otherwise so well known in this city for his munificent contributions to our various schools of learning. Indeed, my cases which I propose bringing before you are to my mind much in the way of a complement to his own paper on this subject,—which paper, on account of his impending blindness, I read for him, at his request, to this Society some six sessions ago. To my disappointment no discussion followed the reading of the paper—a striking proof how little palatable the subject is even yet, else what I have to say now would have been said then.

I may here be allowed to remark how much admiration I felt

¹ A title conferred on Dr Gunning by the late Emperor of Brazil for his benevolence and generosity to its inhabitants, on whose behalf he is even now *en route* to Brazil to institute an orphanage at his sole expense. By special permission of Her Majesty, Dr Gunning is permitted to use this title here as he did in Brazil, though it is a title usually limited to ambassadors.

for the heroic moral courage of the man who did not hesitate to confess to a fatal error of practice during a period of ten years in Brazil, and who also felt no humiliation in adopting an entire change of practice in conformity with that of the local practitioners—in short, employing venesection, which he had discarded. This change improved his results to a proportionate extent.

The subject of venesection, if entered on historically, is of such magnitude, and is so amply discussed in our *Edinburgh Medical Journals* of 1856-7-8, that detail here on a topic already so exhaustively discussed by Alison, Christison, Alex. Wood, Andrew Wood, and Prof. Wm. Gairdner, on the one side, and Dr J. H. Bennett on the other, is quite unnecessary. Sir D. Maclagan referred his auditors of the Royal Medical Society to those journals, and I cannot do better than advise those who have not read them to do so at their convenience. The criticisms of Dr Gairdner, I may say, accord pretty nearly with my experience.

Prof. Sir D. Maclagan narrates his being bled at the age of 18 months. No higher testimony could be given to the harmlessness of venesection than his activity of mind and body at the present day, together with his distinguished career and the position he has achieved, both professionally and as a citizen of Edinburgh.

FREQUENCY OF VENESECTION.

Dr Broadbent writes:—"The spring and fall bleeding of our forefathers must have been a great relief to many of those upon whom it was practised, and in some, I have no doubt, it prolonged life. I have had under my care from time to time an old lady, the only clue to whose age is the fact that her father, who was a historical character, died in 1803. She had been bled fifty times, first for puerperal convulsions, and for their prevention afterwards. The punctures at the bend of the elbow had been so numerous that there was no room for more, and the later bleeding had been done from a vein in the foot. I do not think the old lady would have been alive now but for the bleeding. When I last saw her, about two years since, she was managing the family of a deceased daughter."

Although the habit of venesection was much modified in my time, chiefly from the influence of my predecessor, I knew and conversed with two men who were sure that considerably over sixty times in their lives they had been bled,—for many years regularly at the rise and fall of the year. One of the two was generally bled on the roadside by one of the stonebreakers, an occupation that, in the South of Scotland, seems to have been combined with venesection, just as painter and glazier and tailor and clothier are.

I may premise that, like Dr Gunning, I commenced the first few years of practice without the use of the lancet, and was aided by the fact that for a time no acute cases presented

themselves. In the Edinburgh Royal Infirmary, while I was a resident there, I had never seen a patient bled, and afterwards in the South of Scotland, I found what appeared to me a very decided change of type from acute to mild forms of congestion in various organs, but chiefly in the lungs. I attributed this change, which was so general, to a change in the mode of dieting, namely, from oatmeal porridge with good milk to tea and bread served often at every meal; and change of occupation, from outdoor to indoor work. Indeed, I found that little but dieting, poulticing, and rest was required.

As an apprentice to a doctor in my earlier days, I had imbibed what would now be regarded as a prejudice in favour of venesection. Afterwards when acting as a resident in the Royal Infirmary, and undertaking simultaneously the duty of assistant pathologist to Professor Hughes Bennett before he obtained his chair in the University, I abandoned my early views on venesection and largely adopted his.

This change was all the more easily effected, because, as above stated, I had never seen venesection performed on any of the patients under my charge, which may be partly accounted for by the fact that I cannot recall a single case of true sthenic pneumonia during my period of service.

I will here detail a case which chiefly effected my conversion again to venesection.

A stalwart septuagenarian, well known for his contributions to the history and local antiquities of the South of Scotland, consulted me for symptoms clearly indicating an impending attack of apoplexy. After asking his age, I remarked, "I daresay you wanted to be bled, but at your age a prescription will do better." Accordingly I prescribed a mixture no doubt containing *tr. aconiti*, etc. We parted, and I think three days afterwards I observed him in the street in front of me. I was struck by the comparative elasticity of his step. I hailed him. "How are you, Mr N.?" I asked. "Thank ye, Doctor," was the reply, "I'm *perfectly* weel." I observed a little hesitation in his manner, and an expression as if he feared to pain me. Then suddenly, as if he had made up his mind to a crisis, he resumed—"Weel, Doctor, I maun just be honest wi' ye. I didna like the look o' yon bottle at a', nor the paper neither, so I let them alane, and gaed to the clogger" (a safe hand with the lancet, and a most intelligent man), "and had a wheen cups ta'en frae my airm." Then with a low, sweeping bow—"A' the same thanks tae ye, Doctor." He lived to be in his fifth year as an octogenarian, and died of hæmorrhage from internal organs. Would he have lived to a hundred if he had been bled, as in former days, twice a year? This has been a consideration with me, as it has been with Doctor Broadbent in his case mentioned above of the lady who was bled fifty times. My patient here mentioned was one of the two already referred to

who had been bled over sixty times. Their practice was venesection twice a year, at the rise and fall, whether by doctor, minister, lady-practitioner, or stone-breaker.

Deeply interested in the history of my patient, I learned that his first venesection was in his second decade, in a case of strong fever. The arm broke out during the night, saturating the bed-clothes. He awoke in discomfort, and summoned his mother, who in alarm sent off for the doctor (Nathan ——, if I remember the name aright). He lived a few miles off at a hamlet called Causewayend, now Castle-Douglas. "Did the doctor come?" I asked. "No; he just sent word, 'He'll be a' the better o't.'"

This apparently heartless response I interpret as a proof of the sagacity of the doctor, who I suspect had on reflection thought he had not bled enough, considering the violence of the attack and the powerful frame of the youth.

In a village hard by there was a famous Jane Sproat who practised the art, and the Lady Grierson of Rockhall had a very high repute in the first quarter of the century. I was told that "folk went from all walkable distances" to be bled by her ladyship, whose social position lent an additional charm to the performance. Indeed, the clergyman, the dominie, and the smith, with a few amateurs, all practised this art. In proof of the clerical performance you will find a record of it in Dr Russell's book on *Yarrow*, where he says that on the Monday after the Communion all who wished to be bled were requested to go into the vestry. In the beginning of this century and the end of last, no young man belonging to a family of any position ventured on the Continental tour without being thoroughly coached in the art.¹

Personally, I may say, that a courteous offer of venesection was once made me by a gentleman of the old school, an octogenarian, who addressed me after my horse had fallen with me in descending a steep hill. He begged me to step into a cottage close by and he would bleed me. I declined with thanks, saying that my hat had saved me. He repeated his offer, and said he always carried a lancet somewhere in the recesses of his habiliments for the benefit of himself or friends.

CASES.

I will now briefly describe a few cases bearing on venesection.

Pneumonia has been the field in which the battle has been principally fought, and coincidentally it happens that Dr Gunning's cases are likewise pneumonic.

According to a letter in the *Lancet* a year ago the stages of pneumonia are still far from being definitely defined, even in our

¹ *Vide* Waterton's *Wanderings in South America*, where he bled himself for an attack of fever, and with perfect success. And again, at his own estate in Yorkshire, fearing mischief from the blow of a branch, which fell upon the back of his head, he used venesection with equally good result.

text-books. What is known as congestion has such a width and uncertainty of meaning that from the simplest catarrh up to almost engorgement, with febrile pulse and quick respiration, all pass currently under the same denomination.¹

THE CUTTING SHORT OF PNEUMONIA BY VENESECTION.

CASE I.—Some twenty-five years ago, my then assistant, the late Dr Cumming of Wigtown, was attending a case of pleuro-pneumonia some four miles off, and his daily report becoming less and less satisfactory, and no venesection having been used, I on the fourth day arranged to visit the patient with him, and found the case so serious that I sat cogitating at the bedside several minutes before I decided on bleeding him at the arm. Knowing that bleeding on the fourth day was exceptional, I used my lancet with my left hand, and kept my right ready with a pledget of lint to arrest the bleeding the moment I perceived it was not answering the wished-for object; but I had hardly begun when a gradual improvement in the pain and dyspnœa ensued, and I continued the venesection till I considered the amount sufficient to produce a favourable turn in the disease. Next day the report was brought me by the cotman's master, an intelligent farmer, reliable for counting the pulse and respiration correctly. After I had seen him Dr Cumming came to me inquiring what the report was. "What was the pulse?" he said. "80," I replied. With a look of cynical incredulity at what he considered the absurdity of the report, and turning on his heel, he responded, "180, more likely." However, the daily report rendered any further visits unnecessary. To use the South country expression, the man "never looked over his shoulder again."

CASE II.—At a time of sickness in my family which debarred me from practice, and when I had Dr F. R. Cadell as my *locum tenens*, and Dr Harry Hay, now of Leslie, Fifeshire, as my assistant (both of whom, I need scarcely say, had been educated in the Dr Bennett theory of no venesection in pneumonia), I was asked by Dr Cadell to see a man in the surgery, who, he thought, I might consider should be bled. On seeing the man, a rapid and cursory examination with ear and fingers satisfied me of congestion existing in both lungs, with all the symptoms of going on to the stage of inflammation or pneumonia. Accordingly I bled him on the spot, and as he was a man of sthenic habit, I literally followed out the well-known Cullen's prescription of a pill of calomel and

¹ In cases of true first stage of pneumonia, I have regarded a modification of the normal sounds (as if heard through a coating of blanket), with a corresponding dulness on percussion, as sufficient evidence in the physical symptoms of the chest to warrant venesection. The degree of fever, pain, thirst, and especially of dyspnœa, should help in deciding on the quantity of blood to be withdrawn. Crepitus is a stage beyond this, and proportionally less favourable for having the attack arrested.

opium—one immediately after the venesection, and one, minus calomel, at bedtime for three nights.

I heard no more of the case at the time, but some eighteen months afterwards a woman presented herself, who turned out to be the man's wife, and said she called to thank me before leaving the district for another dairy elsewhere, informing me at the same time that her husband had walked home after the venesection—four miles uphill—and was at work in three days or four, and had remained quite well ever since.¹ Was this amelioration of symptoms, or cutting short the disease?

CASE III.—Another cotman, some three miles off, was put under my care after an attack of pneumonia, for which he had not been bled. I found him with his life hanging by a thread. He had been kept alive for several weeks by the kindness of neighbours, who had supplied him with soups and jellies. He made a slow and precarious recovery. Knowing the likelihood of a return of his attack in the hay season, on bidding him good-bye I told him, if he should be attacked again by the same symptoms as at the beginning of this attack, he was at once to get himself bled, if not by a doctor, by any one who could bleed him—not difficult to find then, at the same time giving him Cullen's prescription to follow. Some ten or twelve months afterwards, as I had started in my saddle, I was hailed by a man who blocked the way, bawling out, "I hae lost the line!"

On recognising him as my old patient, I pulled up and said, "Are you ill again?" "Yes, and I've been to the clogger (reliable bleeder) and been bled, but I hae lost the line." (This was Cullen's calomel and opium pill.) I turned my horse, telling the man to follow, and at the chemist's gave the required prescription.

Three, or at the most four days afterwards, I visited the cottage where I had attended this patient, but found he had removed three miles further down the coast. I followed up, missed him, but saw his wife, who said, "He's doon at the hay, and quite weel."

I know I should have heard had anything gone wrong, but I never did hear. I repeat the question, Was this cure, or amelioration only?

CONGESTION, OR SUBACUTE FIRST STAGE.

Slight.—Four or five cases occurred of sickness sufficient to confine the patients to their beds, without any urgent symptoms, but sufficient to need the doctor's advice—so the friends thought. In all these cases the symptom most complained of was *constipation*, although in each I found slight dyspnœa, and very slight occasional cough and absence of appetite. An examination of the chest revealed in each case subacute congestion of one or both lungs, but

¹ Dr Cadell lately told me that No. II. Case was the first case of venesection he had ever seen, and the last. In neither of the above cases had crepitus been reached.

only in patches. Rest in bed, with poulticing, and a few leeches at the hollow above the sternum in two of the cases, which were more decided than the others, with a mild opiate and mild aperient, was all that was needed to set matters right. There was no epidemic in the district to account for this.

I must remark, also, that in the two cases where leeches were applied, followed by a gentle opiate, the constipation yielded before any aperient was given. Probably the metastasis of blood from the vessels of the abdominal viscera to those of the chest might account for the constipation. At all events, the next case remarkably illustrates this view.

CASE IV. (Apoplexy of Lung).—Called to see a young man of about 22, of remarkably good physique, whose friends told me that constipation was all they thought the matter with him, and that it had resisted the ordinary aperients employed in domestic medicine. On my way to visit this patient, the question occurred to me, Can this be another case of congestion of the lungs? I found it to be so, and of both lungs, to an extent that I might call engorgement or apoplexy. The propriety of venesection was uppermost in my mind, but, understanding that the patient's father was a medical man in large practice in England, and being unable to ascertain his views, and immediate action was necessary, the question was simplified by my being recalled suddenly to the patient's room. I found Nature was undertaking the doctoring herself, and that blood was gushing from both nostrils and mouth in an impetuous stream. His brother-in-law, whom I had taken into my confidence as to venesection, quietly observed to me, "You will not bleed him now?" "I don't know," I responded. Afraid that the loss of blood might be greater than was useful, I opened a vein widely, and before three ounces had escaped the hæmorrhage at mouth and nostrils at once ceased, as I had hoped, and I continued the bleeding at the arm till I thought a satisfactory impression had been made.

The case was accompanied by all the symptoms of inflammation of the lungs, regarding this as the congestive stage. Of course, Cullen's opiate was administered, and the improvement next day was so great that the remaining treatment consisted chiefly of the neutral salts, especially the citrate of potass in an effervescent form. His father had arrived by this time, and his views proving to be uniform with my own as to venesection, he congratulated me on having saved his son. In his own practice, he said, he had lots of pneumonic cases, but, with few exceptions, of the mild subacute form, not demanding venesection. The patient made a rapid and satisfactory recovery, the venesection or the opiate, or both, removed the constipation, as in the preceding cases. Possibly Nature's loss of blood might have answered, but I felt more comfortable in treating by venesection.

APOPLEXY (One Case).

CASE V.—Sent by my senior to visit a lady attacked by an illness partaking of apoplexy, so termed, as this was her third attack in three years. I was starting without my lancet, but happened to remark to my senior, "Should I take a lancet?" I saw the response on his face, and immediately put myself in possession of the little weapon. During my ride I reflected as to the propriety of using or not using it. On arriving I found the question settled, not this time by Nature, but by accident. The lady had fallen against the sharp corner of a table and wounded the temporal vein, and was able to welcome me on entering the house. She conducted me to the scene of the accident, where I found a large coagulum of venous blood, about 4 inches deep vertically, and from 4 to 5 across the base. So far the treatment had been very successful, and I did not find it necessary to do more than enjoin rest in bed and arrange the diet. The lady died several years after, but during the interval had a longer immunity than usual from any attack.

PAIN (Two Cases).

I will now give two cases in illustration of the complete relief to excruciating pain. These both relate to the eye.

CASE VI.—Called to a case late of an evening, but was unable to attend to it till next forenoon. A stalwart young farmer had got his eye hurt by a branch, if I remember aright. When the doctor did not appear, the mother, in her anxiety, had some conversation with the smith hard by, in which he said that "if it had been a horse he knew what he would have done." "What would you have done?" "Bled it," he replied. "Well," rejoined the mother, "do you think you could bleed my son?" "Oh, aye; I *have* bled, and I wouldn't be afraid to bleed again." The son *was* bled—to the usual extent, no doubt, of three or four cups. When I arrived next forenoon, with smiling faces they informed me there was no patient—the smith had cured him. And so it was. I am glad to say no bad consequences followed. The gentleman is well to this day.

CASE VII.—Corresponding to this case I will shortly detail another, not dissimilar, but unfortunately much more severe. Being a guest at the house of one of our merchant-princes in the neighbourhood of Manchester, an accident occurred as the gentlemen of our party were playing a game at billiards. I was lifting my cue at one end of the table to play, when a noise at the other end, as of some one stumbling, attracted my attention, and looking up I observed one of the party recovering from a stumble, with one hand covering his eye, while the blood gushed from between his fingers. He had fallen on the broken end of a

cue. Instantly I rushed to rescue him. One look at the eye exhibited the pupil dilated to the utmost, and by the touch I perceived that the eye was becoming hard as a stone. Not to add to the alarm, as the ladies of the party were all seated round the room, I conducted my patient to an adjoining apartment, and got what fortunately was in the house, viz., ice, which was kept constantly applied, till the medical attendant of the family and the oculist, Mr Windsor, should arrive. The pain was to some extent ameliorated by these applications, but at times was almost unbearable. I was invited in to a consultation with the two gentlemen, who very quickly arrived; and on being asked to express an opinion, I narrated to them the case I have just detailed to you, and it was agreed to perform venesection. Suffice it to say, although I had to supply the lancet from my dressing-case, the operation was completed by the medical man, who said he had bled once or twice in his younger days. The patient was a splendid specimen of physique, and I rather think that Cullen, or even Alison, would have withdrawn more blood or repeated the venesection after a few hours.

Although the oculist hoped the sight might be restored, it was not. The only comfort—and that not a small one—was that next day the patient said—“Gentlemen, I must tell you that by this time I must have been either dead or in an asylum from the pain I was suffering, had it not been entirely and immediately relieved by the opening of the vein in my arm.” There was no return of pain or inflammation, but the sight was gone.

This case appears to me precisely what Dr Alison describes—without venesection it must have gone on to suppuration and sloughing of the eyeball.

In regard to Case IV. I may here quote to you the interesting case of the late Earl of Malmesbury, which wonderfully corresponds, as a traumatic or surgical case, to the above idiopathic or medical one of the gushing of blood from the mouth and nostrils.

In Lord Malmesbury's *Life* it is stated that at the age of 21 he visited Geneva, and with a friend went to take lessons in fencing from the then celebrated teacher who lived there. While engaged with their foils, the button of the fencing-master's foil had come off, and the sharp-pointed weapon passed through his Lordship's right lung. He, fancying he had received a blow on the shoulder from the friend who accompanied him, turned round to remonstrate. As he did so the blood gushed from his mouth and nostrils. All the professional skill of Geneva considered the case desperate, but a surgeon of the old Napoleon (Le Grand) happened to turn up. He regarded the case hopefully, and quietly said in French, “Why, he's only 21; bleed him till he faints.” This was accordingly done, and he made a tolerably rapid and steady recovery. He died only two years ago, aged 84 or 85.

This case bears a striking parallel to Case IV., where the gushing of blood arose from congestion of lungs. In both the treatment was the same, and in both proved successful.

STENOSIS OF MITRAL VALVE.

Dr Broadbent in 1887 wrote strongly on the curative effect of venesection on this state of the system, detailing particulars of one case.

CASE VIII.—Some years ago I was called to such a case—a young lady of 17. Pain and dyspnœa were urgent. At first sight it simulated an attack of angina pectoris. The capsules of nitrite of amyl were then unknown, and after some hesitation I opened a vein of the left arm with my left hand, noting anxiously the effect of each drop, I might say figuratively. She got perfect relief by the time I had taken a wine-glassful, say $2\frac{1}{2}$ ozs. Again I was called in the day after, and repeated the operation to the same extent, with similar perfect relief. A third time I was summoned a few days after, and again opened a vein. This time the relief proved permanent, and I had the gratification last year of seeing my quondam, graceful, slim-figured young patient, now a becomingly “fat, fair, and forty” middle-aged lady. She told me she had had an immunity from serious sickness from that time, but said I bled her only twice, explaining that the second venesection was so soon after the first that I did not use my lancet, but only sprung the vein with the bandage, which confirms the statement that the interval between No. 1 and No. 2 must have been only one day.

CASE IX.—Although I succeeded in the above case, I lost my next by procrastination. I used stimulant and sedative treatment, with partial relief; but general dropsy followed in a week, and I lost my patient. This case was congenital. It is on my conscience to this day.

I can scarcely conclude this paper without admitting that on one occasion in '57 my curiosity and interest upon this vexed question of venesection was so overpowering, that I retired to my room and bled myself to the extent of between 30 and 40 ozs. into a washhand basin. The marks are still visible. So little inconvenience did I experience that I drove in the evening some six miles to dinner, and, though I was told I looked pallid for some days, I cannot recall that I was in the least inconvenienced by it.¹

Indeed, gentlemen, I entertain a high opinion of the utility of venesection when performed in cases suitable for it, and I am quite willing, like Dr Gairdner, to allow any theory, provided it does not interfere with my practice.

In addition, practically speaking, I would not hesitate to em-

¹ I remember that not many days after my venesection I overtook some of the hardest physical work in saddle I ever had.

ploy venesection in a case of whatever nature that exhibited asthenic circulation, endangering any of the vital organs.

In illustration, I recall a case of a gentleman of about 30 years of age, of excellent physique, of the nature of whose case on my first visit I was unable to form a definite opinion. There was no epidemic prevailing at the time, but on my second visit my apprehensions were increased, in case of an attack of cerebral or pulmonary apoplexy, from the character of the pulse and the febrile symptoms. In short, I opened a vein, and took a fair bleeding. Satisfied that I had probably saved him from an immediate vital danger, the day following I found he had passed a much easier interval, and that a case of modified small-pox was now distinctly expressed. The case ran a benign course.

A case analogous to this in London came to my knowledge afterwards, where a lady lost her husband by his being overtaken with acute apoplexy before the small-pox had expressed itself.

In this case there was an epidemic of small-pox in the district, and the patient had never been vaccinated. In the previous case there was not another instance of small-pox in the district.

I have confined myself to venesection in respect of blood-letting, though I have also been much indebted to the use of local depletion, chiefly by leeching, in elderly people.

From a letter I received from Dr Gunning a few months ago I extract the following sad passage:—

“The attempt to read my paper, and afterwards to revise it for printing, was the last blow to my sight. I never recovered from the nervous depression and irritation thus caused; and no skill which I consulted could put right the obstinate glaucoma which ensued.” Near the end of his letter he says:—“I should not like to be the man to let a patient with pneumonia, acute bronchitis, or pleuritis, go on without the use of blood-letting. It would be ever on my conscience.”

I have many historical data of the good effects of venesection, but I must close with a quotation from Virgil, which I had intended to preface my paper with.¹

“Quin etiam, ima dolor balantum lapsus ad ossa
Quum furit, atque artus depascitur arida febris
Profuit incensos æstus avertere et inter
Ima ferire pedis salientem sanguine venam.”

—VIRGIL, *Georg.* iii. 457.

“Deep in their bones when fevers fix their seat,
And rack their limbs, and lick the vital heat,
The ready cure to cool the raging pain
Is, underneath the foot to breathe a vein.”

—DRYDEN.

¹ Though Latin is more than ever a dead language with the majority, yet some of my auditors may find for themselves how different it used to be, and possibly find on the shelves of the College of Physicians a Latin Thesis of a forefather, as I did that of my own father after I became a Fellow.

This very day I met an elderly man, who told me his mother is still alive, aged 90, and that in early life she had been well coached in venesection by the grandfather of a distinguished member of our Edinburgh staff, and exercised the art so lately as a year ago, and felt convinced on the authority of medical men in one of our northern counties that she had saved many lives. My informant's grandfather lived to the age of 101, and had undergone venesection annually for many years of his life. I have reason to believe the information is reliable.

After all I have said, still great prudence must be exercised in the selection of cases suitable for venesection, and as to the quantity of blood to be withdrawn.

ADDENDA.

Professor Alison and Dr Pherson.—"He's a wonderful man, that Alison," said Dr Pherson, of Cape Town, to me one day in my studentship.¹ "You know I'm attending a case in Nicolson Street, and finding it was apparently sinking, I caught Alison at his class door, and, though I thought the woman had no spare blood left in her, he opened a vein yesterday, and she is one-half better to-day already."

Charles II. was saved by a chance doctor who bled him when he fell in a fit of apoplexy in his palace (see Chambers' *Book of Days*).

Wounded Soldier.—On one of the battlefields of the Peninsula an Irishman supposed to have been mortally wounded was found to be still living. "Och," said he, "I was kilt, but a doctor came and bled me, and I'm all alive again."

Conclusion.—Like Dr Gunning, I am not particular about theories, and like him, I can adopt the exudation one in conjunction with venesection.

Professor Gairdner likewise says he is "willing to make a bonfire of all theories past, present (and probably future), provided the practice is correct."

I hope the Society will pardon any prolixity I may be accused of on this subject, but I feel that the time has come when venesection is recovering from the disrepute into which it had fallen, though I do not conceal from myself the danger, if the tide against venesection has indeed turned, of its possibly being carried to an extreme, as has happened more than once before.

¹ Dr Pherson was a graduate of ten or twelve years' standing.







