

As some one of the above conditions was pretty sure to occur in the course of pregnancy, parturition, or the puerperal state, it came about that almost every patient was bled at least once, and often many times, with every child. No doubt we could, nearly all of us, recall the picture of some jolly old grandmother, proud of her eight or ten children, and of the blood she had shed for each of them.

But were our predecessors all wrong, and is the recent practice all right? For his own part, the speaker found that, as he gained wider experience, he was gradually coming to bleed more frequently. This change in his practice had not arisen from any belief in a change in the constitution of the patients. But he had, for a considerable time, had a growing impression that this resource had been too much neglected—an impression recently strengthened by the suggestions contained in the introductory address of Dr. Benjamin W. Richardson. That paper, which he was surprised to see commanding so little attention in his country, no man in active practise could read without being instructed.

The speaker proposed to consider bloodletting exclusively as a remedy in obstetric practice. It was in this that it was formerly resorted to most frequently, and carried to the farthest extreme; and it was this in which it was now perhaps most neglected. He would speak of it in the diseases of pregnancy, in the complications of labour, and in the affections of the puerperal state.

Vertigo, flushing of the face, etc., used to be regarded as evidences of cerebral congestion, and bloodletting as the main remedy. To Cazeaux belonged chiefly the merit of calling attention to the fact that the most frequent of those disorders formerly attributed to plethora were really due to impoverishment of the blood, although doubtless many had before noticed that hydræmia gives much the same symptoms as plethora. Andral, indeed, had pointed out that a too great and a too small number of corpuscles passing through the vessels of the brain produce effects very similar. Cazeaux's tonic treatment had become generally adopted; but one result of this might be that real plethora was sometimes overlooked. Some feeble women would have the constitution so changed in pregnancy as to gain strength and flesh, and might become truly plethoric; and this might interfere with the foetal circulation and produce derangements in the maternal. That the cessation of the foetal movements is sometimes due to this cause was shown by the return of those movements when the mother is subjected to a moderate loss of blood.

Even in hydræmia there might be a serous congestion, a too great quantity of blood, where benefit would be derived from venesection followed by a tonic regimen and good diet.