

tion. This view of the matter is untenable; and I need only now repeat that in some parts of the world it is still the fashion to treat inflammations by copious blood letting, and that it is difficult to imagine how the type of inflammation could have changed in one country and not in another. There can be no doubt that much mischief was done in former days by copious general bleedings in inflammation. In order to diminish effectually the quantity of blood in the inflamed part through the general circulation, it is necessary to take such a quantity of blood that its quality becomes impoverished, while the heart's action is weakened and the reparative powers of the system are impaired. But the same objection does not apply to local bleedings. In many of the inflammations at or near the surface of the body which come under the notice of the surgeon, the effect of local bleeding in relieving pain, diminishing congestion, and otherwise moderating the intensity of the inflammatory process, is so immediate and marked that it is difficult to account for the modern antipathy to blood-letting in any form. It is argued that the loss of even a small quantity of blood weakens the entire system, and especially impairs the vitality of the inflamed part, but such statements have been chiefly advanced by writers who have had little or no experience of blood-letting themselves, and are, as I think, contrary to the evidence of our senses, while repeatedly you will have occasion to observe that a congestion of the brain or of the lungs is at once relieved by a natural hemorrhage—by a copious epistaxis or hæmoptysis. There is one important difference, however, as regards local bleeding, between an inflammation of some internal organ and one on the outer surface of the body. In the latter case there is no difficulty in understanding how local bleeding diminishes the quantity of blood in the inflamed part, but it is not so in the former. Yet, on calm consideration, you must see that it is not necessary for local depletion to act beneficially that it should do so through the general circulation. It may do so through the nearest arterial trunk, which is in common to the external surface and the inflamed organ. The intercostal artery can only transmit a certain amount of blood, and when the blood is made to flow from its superficial branches, less will go to the deeper branches. But whatever be the explanation, there can be no doubt of the clinical fact that the intensity of inflammation