

Sections: Medicine.

VENESECTION.

Dr. Broadbent's paper, on this subject, recently published in the *Lancet*, is likely to set men thinking as to whether we have not acted very foolishly in utterly abandoning a powerful therapeutic measure, based as it is on such good physiological grounds.

There is now beginning to set in a gradual reaction. It has been shown, notably by Sir James Paget, that venesection is attended with very little risk either of immediate or remote injury, while on the other hand it is in suitable cases a remedy of striking power.

General bleeding is not a remedy for inflammation as such, nor for pyrexia, whether the result of a local inflammation, or of one of the specific fevers. By venesection we seek to modify the distribution of the blood and the pressure within the arterial or venous system.

Aneurism.—When an aneurism is giving rise to severe pain, or is threatening life by pressure upon a nerve or some important organ, Dr. Broadbent has repeatedly seen immediate and striking relief afforded. Last year a patient under his care in St. Mary's Hospital, suffering from a large aneurism of the arch of the aorta, was suddenly seized with violent dyspnoea. The face became purple and swollen, and death seemed imminent, *VS. ad. 3 viii.* The patient was soon in a comfortable sleep. Such treatment is, of course, merely palliative.

In *Mitral Stenosis* bleeding is most frequently demanded. With a narrow mitral orifice there is chronic distension of the right ventricle. Here digitalis is not to be trusted. Dr. Broadbent has not often bled in this affection. He thinks it probable that the hypertrophy of the right ventricle which is established during the gradual increase of pressure in the pulmonary vessels, makes the over-distension less dangerous. In deciding then whether to bleed or not in mitral

stenosis, account must be taken, not only of the degree of distension and embarrassment of the right ventricle, but of the way in which it has been brought about. When it is the result of cold, or excitation or emotional excitement in a patient previously manifesting little evidence of heart disease, then bleeding may be of the greatest service.

But, in most cases bleeding from the arm is unnecessary. Amongst the working classes, rest, warmth, and food constitute a difference in their favour. Here, Dr. Broadbent has often found that six or eight leeches applied over the liver, enlarged and painful through venous obstruction, are of very great use.

Over distention of the right side of the heart. It is claimed to be of still greater benefit in this condition whether from disease of the heart or obstruction to the pulmonary circulation by disease of the lungs, especially pneumonia or bronchitis.

Pneumonia.—The clinical history of pneumonia, uninfluenced by any but hygienic treatment, having been carefully followed and ascertained, it became possible to estimate the effects of bleeding, and it may be stated confidently that in some cases it is most useful, preventing suffering and saving life, whilst in others it is injurious. Bleeding combats, not pneumonia but a particular complication—over distention of the right side of the heart. In some cases rapid consolidation of a certain portion of the lung with congestion of a still larger part, gives rise to a degree of obstruction in the pulmonary circulation which embarrasses the right ventricle; this no doubt being enfeebled by the high temperature of the blood, induces dilatation, and eventually almost paralysis. The patient is usually livid instead of flushed, gasps for breath, and is unable to lie down; the *alae nasi* are working; the cough, if any be present, is a mere short hack, raising no expectoration; there may be a cold sweat upon the face. The heart is beating violently, and a striking contrast is present—