

with which dose succeeded dose, would take the breath of a modern patient.

When in the latter part of the last century Samuel Hahnemann deemed that he had discovered the principle upon which all remedies acted, as expressed in the aphorism "*simil ia similibus curantur*," and acted upon it with the decided dosage of those days, he soon found he would have to give up his theory or his practice. He got over the difficulty by administering his infinitesimal doses, which really equal nothing. Patients undoubtedly recovered under his treatment. He professed the greatest contempt for the efforts of nature, and held that she rarely, if ever, made a cure, and therefore extolled the wonderful curative power of his dilution of a shadow. Sensible men learned from his practice the great recuperative power of the system, when neither assisted nor retarded by the action of medicine; and the result was a school of sceptics, led perhaps by Scoda, and a more or less general distrust in the use of medicine.

It was during this period, before the more modern, scientific, and exact method of investigation had demonstrated the real power and value of remedies, that the Edinburgh Professor, John Hughes Burnett, made his attack on blood-letting, especially in pneumonia; and by showing a larger percentage of recoveries without bleeding, than under the indiscriminate antiphlogistic, evacuant, and depressing treatment then in vogue, gave the death-blow to the use of the lancet. It was not a pleasant operation, especially for the nervous patient, and many a timid physician was glad to give up the use of it.

Undoubtedly, the indiscriminate use of blood-letting, on nearly every occasion, did a great deal of harm; but so did the indiscriminate use of medicine. A therapeutic agent to be in all cases, and in all hands safe, must be useless. The powerful remedy is only safe in the hands of those who know its power, recognize its dangers, and understand its *modus operandi*. To these, the more powerful the agent, the more certain its action, the more useful it is found to be in cases of serious disease; and I feel certain that discarding so potent an agent as blood-letting, has not been to the advantage of our patients.

My own personal experience had given me the greatest confidence in bleeding as a remedy in

congestion of the lungs. Just as I entered manhood, I had a most severe attack of pneumonia, and I well remember the sensation of suffocation, the feeling of impending death that I experienced. At the height of the congestive stage, my father took about sixteen ounces of blood from my arm, and I felt so much relieved, and so well, that I got out of bed and walked to the fireplace while I changed the linen that had become soiled with the blood. I was bled again the next day, and though the disease ran its course, I do not think that the loss of about a quart of blood within twenty-four hours retarded my getting up, and I am sure that no one who has experienced the relief which followed the loss, would ever forget it.

Soon after I commenced practice, I had a patient with congestion of the lungs, and all the symptoms of commencing pneumonia. My patient had been exposed to typhoid fever, and some of the symptoms led me to fear she would have it. This alone prevented my using the lancet. I saw her in the evening, and was in doubt whether to bleed or not. I left without doing so, and was called before morning to stop a profuse hæmorrhage from the nose. She had lost a pint or more; the flushed face had become pale, pulse soft, congestion of lungs relieved, and she recovered without a bad symptom, or the inflammation passing the first stage.

Dr. Shand, of Edinburgh, reports a case of congestion of the lungs; and as the patient, a student, was the son of a medical man, he deferred bleeding until he had the father's views on the subject. Before he left the house, blood gushed from both mouth and nostrils. Dr. Shand immediately opened a vein. As soon as enough blood had flowed from the arm to affect the system, the epistaxis ceased; and, after free bleeding, the patient was relieved, and rapidly recovered.

He gives a number of cases to prove that he has relieved congestion of the lungs, and cut short pneumonia by bleeding in the first congestive stage; and in one case of pleuro-pneumonia, in which the patient had been steadily getting worse—the pain and dyspnoea increasing—he bled on the fourth day. The pain became less, the breathing easier, as the blood flowed; and his patient recovered so rapidly that he did not repeat his visit.

Dr. Ogle, of St. George's Hospital, says that a