

Those who practised our art forty or forty-five years ago will remember the beginning of the decline of the great and overshadowing therapeutic agent, *bloodletting*. Previous to that period no acute inflammation or congestion escaped the lancet, or scarificator, or leech. If a young practitioner was so unfortunate as to lose a case of pneumonia or peritonitis, in which he had not bled his patient profusely and repeatedly, he was in danger of being accused by his medical fathers and nursing mothers of allowing his patient to die. The young doctor was set down as timid and inefficient; he was not to be trusted. The wise and designing Sangrados could "sit down on him" in cool assurance that they would be sustained by the laity; for, notwithstanding the rising prejudice against the excessive use of the lancet and other powerful agents, the rank and file of people still blindly worshipped the "bold practitioner," while the cautious young physician was often looked upon as a skulker.

As time wore on, however, a better system of clinical study began to prevail; empiricism gave place to a more thoughtful method of observation, which resulted first in the diminution of the amount of blood lost by the patients, and finally in the number of cases in which it was thought that bloodletting was required in any measure. The laity also began to have opinions. Slowly the fashion began to gain ground of rejecting the lancet except in extreme cases, until at last venesection, instead of being the rule, became between 1850 and 1860 the rare exception. This change, however, did not in that period become alike complete in all localities.

In the period between 1840 and 1850 two forms of empiricism which had existed for several years began to rear their heads, and even to assert themselves. I refer to the Botanic or Thomsonian "system," so called, but which now has acquired or assumed the sounding name of "Eclectic," in which all sorts of bad things are accepted,—and all sorts of bad things rejected,—in which fierce lobelia, emetics, and huge draughts of bitter or aromatic infusions and decoctions figured as the health-giving agents. The other extreme and more attractive form of charlatanism was distinguished by its therapeutic dictum of *similia similibus*, etc., and its infinitesimal dosage. These agencies, with the waning faith of both doctors and people in the former rough plans of medication, made unfashionable the former leading remedies and therapeutic measures,—bloodletting, mercurials, antimony, and counter-irritants. Cathartics never lost their hold on the people,—as witness the triumphs of Brandreth and Ayer.

The unpopularity of the lancet in pneumonia—croupous pneumonia—arose from its outrageous abuse in former times. Its use and usefulness as an adjuvant of other antiphlogistic means in early stages of this disease have been forgotten or overlooked by those who were in practice thirty-five years ago. If they will recall the prompt relief which they witnessed from an effective but judicious blood-

letting, supplemented by the proper administration of antimony, they will wonder how they ever came to wholly abandon the treatment. The substitution of *veratrum viride* for antimony, much as it is decried on theoretical grounds (after the overburdened heart has been relieved by the abstraction of a portion of the circulating fluid), is a decided advance in the therapeutics of pneumonia. But, like the lancet and tartarized antimony, it is a powerful remedy, and is to be used with judgment, and when so used will help to limit the inflamed area as well as its duration, notwithstanding the fact that pneumonia in a certain but very limited proportion of cases suddenly subsides by crisis on the seventh or eighth day. That we do cut short—or, as the French say *jugulate*—pneumonia in a fair proportion of cases under the plan above indicated is a clinical fact too well known to be doubted, especially by those whose reaction from the extreme practice of other days was only moderate.

In a discussion which arose in the American Medical Association a few years ago, on venesection in pneumonia, a wide range of views was held. A Cincinnati professor indulged in inconsequential talk: "What advantage is there," said he, "in checking the force and frequency of the heart, when this increase in force and frequency is only compensatory, and is to be favored rather than checked? Pneumonia is due to a poison entering the blood and affecting the whole body, and no amount of bloodletting could let it out any more than we can drain out the impurities of a stream with a bucket." I say that this is inconclusive talk, and is not worthy of an attempt at refutation. In the same discussion such men as Dr. N. S. Davis, Dr. William Brodie, Dr. A. C. Post, and Dr. S. D. Gross of Philadelphia, spoke in favor of bloodletting and regarded it as an adjuvant or auxiliary of great value. Dr. Post, in allusion to the lower percentage of deaths from pneumonia treated by the modern methods, very justly remarked that no reliance could be placed on statistics, as they were chiefly drawn from a class of patients found in hospitals, who had been badly clothed, badly housed, and badly fed all their lives, and such statistics were not reliable guides. And a little reflection will show any one that in such a class of patients the modern expectant plan of management of pneumonia would show a better percentage of recoveries than the spoliative treatment of former times. But with the judicious use of the lancet among the healthy denizens of country villages and farming populations, I venture the opinion that the favorable percentage of recoveries would be recorded on the other side. If a name is treated instead of a condition, we must expect disappointment in the results.

Among modern writers, Dr. Henry Hartshorne, of Philadelphia, took a most sensible view of this whole question. He gave as reasons for the fact that bloodletting has more opponents than