

wrote: "It would be difficult to determine whether great injury has arisen in the practice of physic from undue or from inefficient bleeding. To neglect the full use of this most important of our remedies when it is required, or to institute it when it is not so, is equally to endanger the safety of the patient." How essentially and widely different our theory and our practice is to-day need hardly be insisted on. A distinguished practitioner once told me that he had never drawn an ounce of blood nor even seen a cupping-glass in all his life. A teacher will name a dozen drugs as useful in uterine disease, but in all his course will never once suggest a single leech. In fact we seem to shrink from the lancet as if it were an assassin's dagger. But the more I see of the incalculable benefits of blood-letting, the more I am convinced that the whole question of its employment in the treatment of disease has yet to, and must soon, be settled on a scientific basis. I desire now to produce evidence that in some gynaecological cases we have in local bleeding a most important and a most powerful remedy. In the last few years I have employed the treatment in more than a thousand cases.

The local abstraction of blood in gynaecological cases can be attained either by leeches or by scarification—i. e., free puncturing of the cervix uteri—or by cupping. The first, and of course the last, method I have chiefly used for external application on the abdomen or round the anus, where the creature can be easily applied and easily controlled. But as I know that many practitioners leech the cervix, I would state what I believe to be valid objections to that procedure. Leeches are, in the first place, somewhat awkward to use and difficult to apply to the cervix successfully; secondly, they individually draw very little blood; thirdly, they leave a wound which in some individuals heals badly; and finally, they are endued with a spirit of intense curiosity, and this leads them to explore the interior of the uterus, the Fallopian tube, and even the abdominal cavity, if an opportunity be afforded them. I have heard of a case in which sudden collapse due to hæmatocele, followed by severe pelvic

cellulitis, ensued on the disappearance of a leech from a cervix which it had been, the operator thought, contentedly chewing. The patient happily recovered after many months of illness—under the care of another practitioner, it may be noted. What became of the leech the historian was therefore unable to say. But scarification of the cervix, carefully performed, is a perfectly safe and perfectly simple operation. The patient is laid on her left side, with her hips quite out to the edge of the couch, and the knees well drawn upwards. A speculum, of as large a size as the vagina will permit, is passed, and the cervix brought fully into view and cleaned with a mop of cotton wool. The best form of scarifier is a sharp-edged, lance-shaped knife mounted on a long handle. The operator, sitting or kneeling with his head on a level with the speculum, steadies this with his left hand, while his right, holding the knife pen-fashion, passes the blade up the passage and punctures the cervix at as many points as he thinks necessary, to a depth of about an eighth to a sixth of an inch each. A small basin is now held under the mouth of the speculum to catch the blood, and its flow is assisted by the injection of warm water. As the cervix becomes blanched the bleeding lessens and finally ceases. An injection of hot water is then given to wash away the clots, and a large plug of cotton wool, which has been well soaked in glycerine, and round the middle of which a long piece of twine is tied, is packed round the cervix and the speculum withdrawn, leaving the end of the string outside to enable the patient to withdraw the plug in twelve or fourteen hours' time. There are several practical points to be well remembered in the procedure, which I would especially insist on, as each has been impressed upon my mind by experiences which I need not relate in detail. When there has been long-standing congestion the mucous membrane and its subjacent tissue are almost always hardened and thickened in consequence, and the punctures therefore have to be made more deeply and more freely than usual to make blood flow. Next the knife-edge should be very sharp; if not, the pressure necessarily used may send the knife much deeper than wished, and