

the pain, and the expectoration has a rusty color. Let a vein be opened, and before the blood has ceased to flow, even before the accession of faintness, he is easier. One or perhaps two bleedings will be required, though seldom so much blood must be abstracted as in enteritis, and in most instances recovery will go on.

The immediate relief given by bloodletting in a case of laryngitis related by Dr. Macnamara in the *London Lancet* had many parallels in former years. In croup, a kindred and more common disease, many illustrations might be found every winter. In one season I treated eleven cases; one of these required only an emetic, the remaining ten were not relieved till they were timeously, I am glad to say, bled to faintness. In every one the cessation of distress was speedy or almost immediate, and recovery rapid. At that time I knew nothing about the narcotic combinations described in this journal; these have enabled me to cure some whom I formerly would have bled, and to save life at a more advanced period of the disease, but my belief in the utility of bloodletting is unchanged.*

A few more diseases will complete the list of those benefitted by bloodletting. Let us now enquire why such a potent remedy has, till of late, been abandoned by most medical men. The answer must be that it was carried too far, and a revulsion was the natural consequence. At one time, bleeding was employed for most diseases, and an idea became prevalent that besides those highly inflammatory, there were others of a more obscure and insidious character, which required to be treated by small bleedings repeated every few days. Even phthisis was placed in this list; pain in the back, in many instances only rheumatic, was called incipient disease of the spine, and too frequently doomed the unfortunate patient, not to a comfortable bed, but to lie for many months on a thinly covered board, and to have leeches applied once or twice a week, with blisters on the intermediate days. Were I to say how often I have heard such patients were bled and blistered, I would most probably be accused of want of veracity. The Sangrados of those days seemed to think that the extension of bloodletting was a proof of the advance of the art of healing. I can remember medi-

cal men boasting of bold and heroic practice, the heroes not being the patients who were in danger, but the doctors who were in none. The good which bloodletting is capable of accomplishing in the comparatively few cases where it is required, was lost sight of in the evil effects in the greater number where it was employed, but not needed.

There is a marked hesitation in the tone of writers regarding the employment of bloodletting in pneumonia, and a want of precision in the rules of practice very embarrassing when a dangerous case has to be faced. As a contribution to the subject, and in the hope of removing at least one difficulty, I published in the *Edinburgh Medical and Surgical Journal* for April, 1840, a paper entitled "On collapse occurring during the treatment of some Acute Pneumonic Diseases," which I shall take the liberty of transcribing nearly in its original form.

The object of my remarks is to call the attention of the medical public to a dangerous train of symptoms immediately succeeding, in some instances, the inflammatory stage of pneumonia and pleurisy. In those to which I allude, a state of sinking, suddenly and unexpectedly occurs within a day or two after the removal of the pain, when the patient is much easier, and apparently about to be restored to health. The following cases were intended for publication, and probably would have been printed, had I not found from conversation with several gentlemen of considerable eminence in the profession, that they were ignorant not only of the treatment, but of the occurrence of the above dangerous attendant upon acute pneumonic complaints. With this apology for cases which do not possess the copiousness of detail which I could have wished, I proceed to relate them, hoping that they may at least serve as guides till further and more minute observations are made.

One forenoon in March, 1836, I visited a man 50 years of age, who complained of severe pain in the right side of the chest, which prevented him from lying in the horizontal position in bed, and was greatly aggravated by inspiration and coughing. The pain had come on some days previously in consequence of cold, but had not required much severity, and was unaccompanied by cough till twenty-four hours before my visit. I immediately opened a vein, and abstracted six ounces of blood, with such great and immediate

* See this Journal for Dec., 1873, where my experience of blood-letting in Scarlet Fever is also given.