lancet under all circumstances. No one desires a return to the indiscriminate practice of venesection, but there is every evidence that it is now regarded by the profession as a valuable remedial agent, to be employed in all suitable cases, not merely in pneumonia but in other diseases as well, presenting the proper indications of course.

No one proposes to bleed simply because the patient has pneumonia or acute meningitis. If the pulse is weak and the system already reduced, the lancet is to be withheld. On the other hand, in the full-blooded, with a strong, corded pulse, all experience proves that the lancet is unequalled as a restorer of the balance of the vital forces. Dr. Atlee, late president of the American Medical Association, writes as follows: "In the early stage with a full, corded pulse, there is no substitute for the lancet. . . . In high febrile excitement it *unloads* the system, restores the suspended normal secretions, and awakens in it the dormant susceptibilities to the effects of our medicines The fear of debility has caused the death of thousands. . . . I cannot believe that the loss of ten or twenty ounces of blood in the commencement of an acute disease—as, for instance, pneumonia, when the blood is driven into the delicate tissue of the lungs, already filled to repletion by the previous congestion; which loss will not only relieve the congestion, but lessen the reaction, by weakening the power of the heart—can produce as much real debility as the progress of the inflammation will do if we endeavor to control it by less decided and efficient remedies. It is disorganization and not real debility and exhaustion we have to fear. Some years ago the late Dr. Gross placed on record the following words: "In the course of lectures which I annually deliver in Jefferson Medical College, I dwelt with much force and emphasis upon the employment of the lancet in the early stages of inflammatory affections involving important structures before they have been overwhelmed by inflammatory exudation. I wish to God that it was in my power to write the sentence in letters of fire, upon the brain of every practising physician and surgeon in the civilized world." These are strong and weighty words coming from such eminent men as Drs. Atlee and Gross. It would be easy to quote other distinguished authority, in all lands, expressing similar sentiments. In fact all recent writers of note strongly advocate the use of the lancet in acute inflammatory disease.

It is somewhat remarkable, in the face of such testimony, that venesection is so seldom practised. This may be due partly to the fact that the present generation of physicians matured their opinions at a time when their teachers stood in holy horror at the loss of blood, and believed in storing it up for the evil day to come. As then, so now, to use the terse words of Dr. Atlee, "the *fear* of debility" still haunts our imaginations and causes the sacrifice of many precious lives. The sudden deaths from pneumonia, so characteristic of the bloodless era, are due, in a large measure, to the "fear of debility" which prevents the "unloading of the system," so as to restore the suspended normal secretions, and awaken in it the dormant susceptibility to the effects of our medicines."

To be of service, blood-letting must be properly performed. The patient must be held in the sitting posture and bled until the approach of fainting, which requires the withdrawal of from ten to twenty ounces. Unless in the very robust, it is seldom advisable to repeat the operation a second time. After the fourth day it is generally held that venesection will do more harm than good in pneumonia. At the beginning of the disease is the golden hour, but we do not always see our patient then. When we do it is our duty to give him the benefit of this mode of treatment, provided the case is within the rules laid down for guidance.

LIBELLING BRITISH INSTITUTIONS

In a recent editorial in our contemporary of this city on the subject of some changes proposed in the curriculum of the Ontario Medical Council, the following gratuitous insinuations are made against the examining board of the Edinburgh College, although the writer has not the manliness to name the college in question. Happily the circulation of the journal in which the article appears is very limited, so that little harm will arise in consequence of any such random utterances as those quoted, of parties utterly uninformed on the subject on which they presume to speak *ex-cathedra*.

The following is the passage referred to:—"It is well to remember, at the same time, that the Council in its honest endeavours to raise the