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ON BLOODLETTING.

BY WM. KERR, M.D., GALT, ONT.

The tide of medical practice which has for many years been setting in against bloodletting, till now perhaps most, practitioners never bled at all, is now beginning to ebb. Having been educated in a period when to omit the abstraction of blood in an inflammatory disease would have been considered most culpable neglect, permit me to make a few remarks, the result of the experience of a good many years. Without attempting to generalize, I shall take a case of enteritis, and tell how it was treated; say that the pain in the abdomen was severe, and increased by the slightest pressure, that there were vomiting and the bowels obstinately constipated. If the patient had taken a purgative it had been vomited, or if retained had produced no effect. Sir Thos. Watson tells what happened to himself when seized with enteritis. The time referred to he was a young lad, and a medical attendant for two or three days gave drastic purges, with no other effect than that of increasing his sickness, and adding to the pain in the abdomen. Another physician was now called, who at once bled him copiously, with the immediate effect of producing a call to the night. The remainder of the treatment is not mentioned, because most likely there was nothing to be done, nursing for a short time would complete the cure. Sir Thomas in relating the good effect of bloodletting only states what occurred in every case of enteritis, where the remedy was not too long delayed, and what may be now met with, if medical men would only lay aside groundless prejudices, and use their lancets. During the whole of my own experience I have seen no ex-

ception, and no year in which it was unsafe to bleed, the constitution of the disease remaining all along unchanged. I cannot say how often I have without delay, bled the patient to faintness, this being accompanied by a copious evacuation of the bowels, and immediate subsidence of pain. Not unfrequently in the course of twenty minutes, when the patient had rallied, more blood was allowed to flow till some degree of faintness again occurred. Those, like myself, familiar with this mode of treatment, will agree in saying that one or perhaps two free bloodlettings at the beginning, and not very distant from each other, are infinitely preferable to a greater number of small bleedings spread over a longer period. Years ago I was called to a gentleman who had become ill during the night; the attack being so recent I hoped to relieve him by a purgative enema, but it came away bringing nothing with it, and not even discolored. I then proposed to bleed him, but his friends strongly objected, and wished to have the opinion of another medical man, who however did not arrive till sixteen hours had elapsed. He advised calomel and opium, and assured me that bleeding would sink the patient, who it was true was about fifty years of age, always pale looking, and not robust. Notwithstanding this adverse opinion, I bled to faintness with the immediate effect of opening the bowels, followed by great diminution of pain; as soon as he was a little restored the vein was reopened, and more blood allowed to flow. It might be said that the treatment was now ended, he did not sink, calomel and opium were not required, and rest and warmth in bed completed the cure.

Before the use of the lancet had gone into desuetude, the application of leeches was adopted by some, as a sort of compromise, I suppose, but the process being tedious, the medical man, if his time is valuable, cannot wait to determine when the bleeding is to be stopped. By using the lancet the flow of blood is completed in a short time, of itself an important circumstance for the relief of pain, and lastly he judges, and not inexperienced attendants, when a sufficient quantity of blood is abstracted.

Take a case of pneumonia as another illustration of the efficacy of blood-letting. The patient complains of severe pain in the chest, so much increased by inspiration that breathing is short and frequent. He has cough, but every cough greatly aggravates