

be assailed by some new enthusiast in blood-letting, who, in imitation of Dr. Welsh, and regardless of the fate of his doctrines, will accuse us, with equal justice, of having made our late fevers asthenic and typhous by blindly withholding their fittest remedy.

I may now add the results of my own experience in this matter. I remember the period when the change of type took place in Ireland; and am under the impression that it was observed earlier in Ireland than in Scotland, or at least in England. The great epidemic of fever in 1828 was a remarkable one from its compound nature, and seemed to be made up of synocha, synochus, and enteric typhus. But nothing was more remarkable than the vehemence of the inflammatory reaction in many cases; and it is a curious fact that this was sometimes seen at its highest pitch in the relapses, when it was often far more violent and dangerous than in the first attack. Local bleeding was largely employed. In many cases, venesection or arteriotomy had excellent results; so that, although there were abundance of cases with prostration, and others marked by the typhoid condition, the old sthenic character had not disappeared. The amount of wine used at that time in hospital was quite insignificant as compared with its consumption for the last twenty or twenty-five years. In Dublin, at least, this epidemic passed into one of intermitting fever: and it was then I ventured on testing the nature of the practice recommended by Dr. Mackintosh of bleeding in the cold stage. The result of the experiment was against the use of the lancet; but I mention it, as indicating the time when it may be said venesection was abandoned in our wards.

Thus, between 1822 and 1828, the sthenic character of essential and of local disease existed, and the lancet was freely used, often, as I believe, and as I have elsewhere stated, with too great freedom; but I well remember observing the frequent occurrence of the phenomena mentioned by Dr. Christison—the vehement action of the heart, the incompressibility of the pulse, the vivid redness of the venous blood, and the force with which it spouted, almost *per saltum*, from the orifice in the vein. I have myself taken as much as sixty ounces in a case of active congestion of the brain, with hemiplegia, before any impression was made on the arterial excitement: in this case, complete success followed. In rheumatic fever, too, we found the use of the lancet in the early stage of the disease to be productive of great relief. Venesection was seldom used more than once; but its effect was to shorten the duration of the disease, to lower the fever, to lessen the liability to the so-called metastases, and to render the whole case much more amenable to treatment. But I have not bled in rheumatic fever for the last quarter of a century; for the