

the profession at large, rapidly extended itself over France, the continent, the British Isles, and crossing the Atlantic, reached these western regions. It is now nearly thirty years since the preparations of antimony have taken the place of repeated blood-lettings in the treatment of pneumonia, and it seemed impossible that there should ever be a return to the wasteful practice of former times.

#### 4. IMPROVEMENTS IN PHYSIOLOGY.

The study of the blood might well be expected to influence our estimate of its value; and nothing is more worthy of notice than the change among physicians in this respect. An excess of blood was a condition constantly recognised in former times (though seldom observed at the present day) and they did not hesitate to diminish the excess by venesection. The difficulty with which the blood is renewed was evidently unknown or not fully appreciated by our predecessors. They bled in pneumonia; the patient recovered, but it was a long and tedious process, and for months he was unable to resume his ordinary occupations. But so long as all pneumonias were bled, there was no opportunity for determining whether this long convalescence was due to the nature of the disease or to the treatment adopted. But so soon as the contra-stimulant method was employed, it was observed that one of its marked peculiarities was the abridgement of this period of weakness and inaction. As Trousseau said in 1833 (V. Antimoine, in Dictionnaire de Médecine, "a most important fact in the treatment of pneumonia by antimonials is that *there is no convalescence*." It was then found that bleeding had done harm even in those cases where it had seemed most successful, and thus physicians became more and more inclined to "spare the vital fluid." Among the ill-fed, ill-clad and ill-housed poor, the process of repair is at all times difficult and tedious, and the difficulty is often increased by a too early resumption of their usual labours. Many a poor man can barely keep up his strength when there is no sickness and no loss of blood; how then can he be expected to repair any serious losses? Nor is this state of debility confined to the poor; the rich are often as feeble as their poorer brethren. It is gravely maintained by many physicians that Europe is now passing through an asthetic age and that the general vigour of the people is declining. Be this as it may, it is certain that we now assign to the blood a higher value than formerly, and are unwilling to shed it unnecessarily. We have learned to regard it as the great reservoir of constructive material and the true origin of nerve-force, on a full supply of which we depend for the rapid recovery of our patients. We see that while great immediate relief and apparent improvement result from bleeding in pneumonia, the relief is not permanent, and the distressing symptoms soon