

NOTES ON THE PAST AND FUTURE OF VENESECTION.

When to let blood has, from the earliest days of medicine, been a burning question. The Saxon Leeches were divided on it, their difficulty being the phase of the moon most suitable for the operation. Two or more centuries later, rival schools of medicine held different views as to which side the patient should be bled; some contending that the side on which the inflammation existed was the proper one for venesection; the opponents of this view of the site for bleeding adduced many and learned arguments to prove that venesection was not efficacious unless performed on the side opposite to the inflammation. All this time, however, no physician questioned the value of venesection. The first shock to the medical profession practising this time-honored custom came from a layman, Alaric René le Sage, who caricatured the Sagredo of Espinal, the great doctor of Valladolid, Sangrado, who informed his pupil, Gil Blas, that "other physicians made the healing art consist in the knowledge of a thousand different sciences, but I go a shorter way to work, and spare the trouble of studying pharmacy, anatomy, botany and physic. Know, then, that all which is required is to bleed the patient copiously."

Patients appear to have enjoyed the operation. We read that Mary Anne, daughter of Don Jerome, of Quito, was bled, according to M. Guérin, five hundred times in the space of two years.

In the British Islands phlebotomists travelled the country, thatching houses, spaying sows, and bleeding. A spring and autumn venesection was considered a necessity. Young and old underwent the operation. Nor was the custom confined to this country: Italian families kept their bleeding vessels, and it was an accident of plebotomy that gave Anel the opportunity for testing his operation for aneurism.

The operation was grossly abused for ages, and, as a consequence, the medical profession and the public became prejudiced against the lancet; it fell into disuse, and thus a useful and efficient therapeutic agent was disregarded.

We are now, however, coming to recognize that venesection has a place in practical medicine, and that the abstraction of a few ounces of blood is sometimes one of the most efficient measures we can adopt. There is a general consensus of opinion in favor of a careful clinical study of the value of venesection.

The paper on venesection read by Dr. Pye-Smith before the Royal Medical and Surgical Society in January, 1891, attracted much attention, and in the discussion that followed, it was felt that Sir George Humphry voiced the opinion

of every thoughtful member of the profession: "that bleeding was one of the most important agents in the treatment of disease." That, as stated by Dr. Pye-Smith, "the accumulation of experience would soon lead to the formation of an opinion as to the cases in which this measure was desirable," will meet with approval of the great majority of the profession at home and abroad, is noticeable from the discussions and papers on the subject appearing in foreign journals.

In the Royal Academy of Medicine in Madrid, Senor Iglesias recently made venesection the subject of a paper which produced an animated discussion, in which Senor Palido fairly stated that not from any bad results of the operation, but from its abuse it became discredited, an opinion which re-echoes the view of the French Academy.

The operation also forms the subject of a valuable paper by Dr. Stone in a late number of the *Therapeutic Gazette* in which, after reviewing at length the conditions which call for venesection, he concludes that he "sincerely hopes that he has convinced some of his audience of the great therapeutic value of the remedy."

Sooner or later the lancet will again come to be a valued weapon in contending with inflammatory diseases.—George Foy, F.R.C.S., in *Medical Press and Circular*.

TREATMENT OF INOPERABLE MALIGNANT TUMORS WITH THE TOXINS OF ERYSIPELAS AND THE BACILLUS PRODIGIOSUS.

The histories of ten cases of inoperable malignant tumors and a tabulation of forty-four cases of the same are given, showing the results of treatment with injections into the tumor of the products of the streptococcus erysipelatosus and bacillus prodigiosus. In the course of his experiments the author at first used living fluid cultures of the streptococcus erysipelatosus in ten cases. The difficulty in producing erysipelas and the danger attending an attack induced the author to use the toxic products of the growth of this micro-organism. The cultures were obtained from fatal cases of erysipelas, and were grown for three weeks at a temperature of 37° C., and then passed through a Kitasato filter. The filtrate was put in glass-stoppered bottles, a small quantity of thymol crystals added, and kept in a dark place. Later the toxins of the bacillus prodigiosus, prepared in the same way, were used in combination with those of the streptococcus erysipelatosus. Again the streptococci were grown ten days in bouillon, the bacillus prodigiosus then being added, they were allowed to remain two weeks longer. The bouillon was then filtered and the filtrate was