Remarks

ON

EXTREMES IN PRACTICE.

BY

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THE tendency in medical practice to adopt extreme views in favour of methods of treatment—extreme, I mean in the sense of being in advance of our actual knowledge, whether inductive or deductive—is a well known fact, and must be an obstacle to sound medical progress. Now, a very important instance of the varying extent to which medical practice runs at different epochs, with no adequate difference of concomitant circumstances, is offered us at the present day, by the exclusion from practice or diminished use in practice of depletory measures, and principally abstraction of blood.

Without endeavouring to bring back the mischievous excesses in depletion of a former day, I think I may do some service in cooperating with others, who, I know, are anxious to steer a middle course in regard to this class of measures; and this I shall endeavour to do by pointing out or investigating the instances in which the total absence of depletion in illness is questionable or the performance of it desirable.

That a procedure involving *primâ facie* some diminution of vital force, is *primâ facie* undesirable under disease which is itself a depressing agent, must be admitted; and it is equally unquestionable, that this principle has been amply borne out by mischievous debility ensuing in unnumbered cases on depletion. Let us see what, if any, are the special instances in which the veto on depletion thereby suggested would be questionable or confessedly undesirable. "I do not bleed in pneumonia," was said to me by a very deserving physician of the present day. The remark was unguarded in its unconditional extent; for there are cases, such as in the number of this JOURNAL for April 25 is given by Dr. Newman, in which free venesection was performed with a result which could scarcely be impugned.

"I admitted," says Dr. Newman, "into the physicians' wards in the Salop Infirmary, a man, aged 30. He was suffering from most intense dyspnoea; the face was almost livid; the heart acting violently, and pulse hard and rapid; the skin burning. Not a sound could be heard in the lower half of either lung; there was vesicular murmur above. The history was that of exposure to extreme cold, with resulting shivering and fever, two days before admission, and extreme pain in the lumbar region. The immediate abstraction of thirty ounces of blood relieved him immensely; the breathing became much less difficult; the lividity disappeared; and the condition of the man at once improved. It then became evident that he had double pneumonia with partial consolidation of each base, and a tedious convalescence ensued."

This case (and I could adduce many more) tells us that full depletion is sometimes required, and borne, in pneumonia; and I would advise any one who wishes to estimate the possible advantage, as well as the mischievousness, of sanguineous depletion in pneumonia, to examine with this view the cases of the disorder reported in the *Clinique Médicale* of Andral. I was myself formerly surprised to find how little notice this diversity of results obtained from that great physician.

Pneumonia is not cured by blood-letting, and it may be rendered fatal by excess of it. But a moderate loss of blood early in the disease has sometimes the power of determining favourably both its type and its duration. In bronchitis, a small early abstraction of blood is sometimes advisable; and many an old man who would have borne with advantage a very moderate loss of blood by leeches at the outset of this disease, dies for want of it, or from its infliction when its performance is too late. Head-disease is open to very important distinctions, suggestive of the occasional use of the lancet or cupping-glass, distinctions which, in the present day, are liable to be neglected in favour of a stimulating practice; with which, I may observe, the removal of some blood may often be advantageously combined.

A young lady was sent down to me, when resident at Tunbridge Wells, as a fit subject for the chalybeate waters of that place. She had intense neuralgia in a limited space over the longitudinal sinus; a full person, a florid face, and a very small pulse. I thought the chalybeate treatment appropriate to this case, and was surprised to find it totally unsuccessful. Finding some heat on the affected surface, I then applied some leeches to it, with no immediate effect. I next resumed the chalybeate waters, under the use of which she now promptly and entirely lost her neuralgic pain.

The following case occurred in the infirmary of St. Marylebone while I was physician there. I will give it in the statement made to me by Dr. Allen, the resident medical officer. It is instructive, both in relation to the large amount of blood taken and the apparent successfulness of the practice.

"I was sent for," Dr. Allen observes, "in the night of the 11th of November, 184—, to Joseph Taylor, in the workhouse. I found him quite insensible; pupils much contracted, pulse about 60 and very low, the extremities cold. The right side of the body was affected by convulsive movements, which occurred at intervals of three or four minutes, and lasted the same length of time. I could not easily ascertain how long he had been in that state. For the last three or four days, he had been complaining to those about him of pain in the head. I gave directions for his removal to the Infirmary. When he arrived there, he was in a state of partial collapse; the face and extremities of the pallid blue colour; the pupils still contracted and insensible to light; the contractions of his limbs were recurring with much force. As he appeared a strong muscular man, a vein was opened. The pulse, which I have described as low and feeble, improving under this measure, the bleeding was continued until he had lost about fifty ounces; a considerable quantity being also spilled on the floor in consequence of the spasms, on which this loss of blood seemed to take no effect. As soon as the pulse began to give way, the vein was closed. The symptoms, however, continued in

every respect the same, except that the natural heat of the body had been in some degree restored. Recourse was then had to cupping on the temples. When he had lost about six ounces (when the brain was depleted), the convulsions suddenly ceased, and the pupils began to contract irregularly. In a short time, he started up in bed, endeavoured to mutter something, and looked about him in a bewildered way. The cupping was continued until he had lost about twenty ounces; he was then sensible, but could not give a collected answer."

These symptoms did not recur. The patient was brought under the influence of mercury by one of my colleagues, whose patient he was, and in the space of a month had entirely recovered. This man, I ought to observe, had recently lived well, and drank rather freely.

The above case is, as I have said, instructive from the boldness and apparent successfulness of the practice. Those who would (reasonably) object to this practice, as somewhat too heroic, may be led to apply the principle without its exaggeration where some depletion seems requisite. Such seemed to me the requirement of the following case, which I extract from my own note-book.

"In June 182—, I was sent for, early in the morning, to the Hon. Mrs. P—, a lady of a nervous temperament, and of a habit neither full nor spare. She was described as subject to head-attacks, which were sometimes removed by stimulants; but in their severest forms required depletion. She had, in the preceding night, been much frightened by the sudden death of a servant. Some pain at the vertex came on, and gradually increased through the night to an excruciating degree, accompanied by a sense of weight and by sickness. When I saw her, she complained of these sensations and of extreme coldness, which appeared to be creeping and increasing upon her. The pulse was small, the visage contracted, the legs and thighs moved spasmodically. I first relieved her and somewhat lessened the coldness by a little brandy and water. Then, as the other symptoms were rather increasing than decreasing, I directed that fourteen ounces of blood should be taken. The blood flowed at first unwillingly, afterwards freely; and as it flowed, she expressed a sense of diminished pain and returning warmth. Soon after, the spasms and pain somewhat returning, I allowed about eight ounces more to flow. All the symptoms were from this moment relieved. In about thirty-six hours from the time at which I first saw her, this lady was perfectly well, without any other additional measure than a mild aperient."

There is a large class of cases in which the prominent symptoms are heaviness, tightness, and often a sense of fulness in the head, a deficient secretion of bile, and some depression of the animal spirits. In these cases, the treatment formerly adopted was often aided by the abstraction of a small quantity of blood. Men of good appetites and sedentary employments were frequently benefited by it, in addition to some purgative and alterative treatment.

The supply of deficient energy in the circulation of these cases would now be trusted too frequently to stimulants alone. Surely, if the dynamics of life, both in health and disease, depend upon depositions and absorptions, analogy seems to suggest that the medical art may proceed to the restoration of health through removals from the organic structure, as well

as through additions made to it. It is the fashion of a large school in the present day to depend almost exclusively upon the latter class of measures. Let them remember that if one thing more than another distinguishes the practice, which we are agreed to call quackery, it is the exclusiveness, and therefore narrowness, of the views on which it is based. The homœopath knows no remedy for a disease, unless it be something that would produce it in a healthy person.

I have given some weight to the arguments against venesection, in reference to the presumed diminution of vital power implied by disease. According to this view of the subject, it is not irrelevant to suggest that a state not amounting to disease, but tending to it, is perhaps more open to this remedy than disease itself. Many years ago, I was consulted by a lady, aged 30, in excellent apparent health, who complained of and exhibited symptoms of a very slight amount of pyrexia; which, however, had this condition—that it was continuous, and had existed some time. There was some appearance of excess in the circulating system; and I was induced to advise her to lose ten ounces of blood. She assented, and after this relief expressed herself and continued much relieved. But another fact presented itself in this lady's case. She was a married woman, and had given birth to two children; and then three years had elapsed with no further increase of family. But shortly after the bloodletting she became pregnant, and in rapid succession became the mother of a large family. Certainly, the lancet has in many instances seemed to relieve habitual constipation, and rendered aperients unnecessary after its use.

I have not advanced hypothetical grounds for a theory, on which depletion by bloodletting may be defended or antagonised. The contest between depletory and stimulant practice is, and has long been, much too heated for deductive reasoning. Attentive reference to the annals of experience—in fact, empirical enumeration of reported and observed cases, must precede such a theory as may place us in a safe position as to the respective claims of these two agents. The question, whether the horses are to be whipped or the dirt shovelled out in order that vital dynamics should be successfully maintained, is at present unsettled, as to the conditions in which one or both of these measures may be wanted. I have offered a few hints.

A COMMON CAUSE OF BALDNESS. A writer in the *Boston Medical Journal* suggests that the compression, by means of the hat, of the veins which return the blood from the scalp, is a common cause of baldness. He refers, in proof of this, to the much greater proportionate number of persons exhibiting baldness among the class who wear hats, compared with the lower orders who do so more rarely. Again, if we compress the frontal vein of a bald-headed person moderately with the finger, the scalp becomes speedily swollen and turgid: and, on inquiry, we shall find that he experiences an uncomfortable sense of fulness and constriction about the head whenever he wears a hat, especially in hot weather. It is true the hat does not induce baldness in all its wearers, those most liable to it being men of soft and pliable tissues, with large, superficial, and easily compressed veins. A large proportion of them have a long occipito-frontal compared with the bi-temporal diameter of the head—favouring the compression of the frontal and occipital veins.