Gulstonian Lectures

ON

THE USES OF BLOOD-LETTING IN DISEASE.

Delivered at the Royal College of Physicians.

BY

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To show the difficulty of rightly appreciating the real effects of bleeding in disease—at all events, when the mind is occupied with preconceived views of the nature of the disease for which the bleeding is practised—I think I may safely mention a fact which has left a lasting impression on my mind. I refer to the treatment of typhus fever in the Edinburgh Royal Infirmary some twenty-five years ago. At that time, the fever-patients were massed together in separate wards in one wing of the hospital; the wards being one above the other, and containing a similar number of beds on each story. Dr. Alison, at the time I refer to, was physician of the first floor; Dr. Craigie of the third floor; and Dr. Shortt, whose house-clerk I was at the time, ruled in the second floor. The fever-patients were all of them contributions from the famous, or rather infamous, wynds of Edinburgh; and, as they were indiscriminately introduced into these wards day after day, I suppose nothing need here be said of any difference of type. Now these patients were subjected to the following treatment. Dr. Alison, from first to last, carried out a sustaining treatment; stimulants and wine and nourishment being his main therapeutical agents. On the second floor was followed no one particular line of treatment; there was bleeding and blistering and wine-giving, according as the patient's actual state seemed to require one or the other kind of cure. The treatment was, in fact, something of the expectant; for Dr. Shortt had no particular theory about the nature of fever. On the third floor, Dr. Craigie reigned; and, indeed, a very sanguinary government his was. In his wards, bleeding, leeching, cupping, blistering, were the order of the day, and, I may say, of the night; and a Maine liquor-law was rigidly enforced. I need not say that each physician was thoroughly satisfied of the correctness of his method of cure, and found nothing in the results to induce him to change his plan. Now here we have physicians of the highest repute practising, not at different times and in different places, but at the same moment, in the same hospital, and on identical cases of disease, diametrically opposite methods of treatment, and each fully convinced of the excellence of his method—of the use and of the hurtfulness of bleeding. No one, surely, would conclude that bleeding was the right method of cure for typhus, merely because it was so extensively used by one of these physicians. Yet this is just what they have done, who support the change-of-type theory on the strength of the practice of certain admirers of bleeding in other days.

Perhaps some of my hearers may be curious to know what was the actual result of these different methods of treating typhus; and I will just mention

the sequel, to show the fallacy to which we are exposed in judging of the effects of remedies from the statistical method point of view; and therefore, I may add, the double fallacy into which we may fall through concluding, because men of high repute in other days employed a remedy, that therefore it was a right remedy; and that, consequently, if men of high repute employ it no longer, diseases have changed their type. It happened, at the time to which I am referring, that Dr. John Reid was pathologist of the Edinburgh Infirmary; and perhaps I may be pardoned for saying that the mention of that name brings before me the memory of one of the most profound, accomplished, and philosophic minds with whom it has ever been my good fortune to hold intercourse: so kind, so gentle, and so generous to his inferiors in age and knowledge—himself with the most masculine and powerful of intellects, as simple as a child in the acquisition of knowledge; and, above everything, calm, honest, and truthful in research, and in the story of his researches.

Dr. John Reid's duty at that time was to record the *post mortem* examinations of hospital patients, and his attention was particularly drawn to the facts I have mentioned here; and he thought that, from the very large number of fever-patients who were then crowding the hospital wards, some authentic results, as regarded the effects of treatment, might be obtained. He, therefore, carefully noted the number of deaths in the fever-wards of the three physicians alluded to; and he assured me that the year's account showed that, as regarded mortality, there was not a pin to choose between the three methods of treatment. That such was Dr. J. Reid's deliberate conclusion I can have no doubt; for, within the last few months, I heard Sir D. Brewster say that Dr. Reid had, many years afterwards, made a similar statement to him.

I think, therefore, the argument, that men ceased to bleed because patients would not bear the bleeding—*i.e.*, because diseases had changed their type—cannot be accepted.

A well-known writer (Buckle) has said words to this effect, that there is no example in the world's history of a theory having been put away through observation of the practical evils which it produced. Change in knowledge, he says, comes and upsets the theory; and not till then do men see the viciousness of the practice. I believe his saying finds an apposite illustration in the case before us.

In advanced physiological knowledge, and in the birth of a more scientific humoral theory, must we seek an explanation of the change in practice which occurred about the year 1832. Let me remind you that this change in practice began coincidentally with the rise of a new era in medicine. The researches of Prout, Andral, Magendie, Liebig, and a host of other observers, touching the blood, etc., revolutionised our notions of diseases, and created quite a sensation in the minds of physicians. The theories which sprang out of those researches undoubtedly had a most powerful influence in arresting the blood-letting treatment. By these theories, men were taught that bleeding neither was nor ever could have been a proper remedy for many of the diseases in which it had been used so freely. They, therefore, began to doubt of its use in other diseases.

Let it also be remembered, that the time preceding the use of our modern humoral theories was one of the

most sanguinary epochs of English medicine: so that physicians, under the light of their new theories, had an especial occasion to be impressed with the evil effects of the indiscriminate and baneful bleeding which was going on around them. Their theory was there to lead them to a distrust of blood-letting; and then were their eyes opened to the evils which now showed themselves so flagrant to their observation.

With the deepest respect, therefore, to the great authorities to whom I have referred, I must, and as I think most reasonably, ascribe this change in practice—this non-bleeding in inflammations—to our better scientific knowledge; to the rise of modern animal chemistry and physiology; and partly also to the observation of the fearful mischief thereupon noted as done by the murderous bleedings of the first quarter of this century. I see no necessity for the calling in of this change-of-type theory; and I can find no sufficient evidence on which to satisfy myself of the validity of the theory.

[To be continued.]

Original Communications.

CASE OF NEURALGIA OF THE ABDOMINAL MUSCLES FOLLOWING ACUTE TONSILLITIS: RECOVERY AFTER SIX MONTHS' ILLNESS.

By W. H. DAY, M.D., L.R.C.P.Lond., Newmarket.

Miss —, aged 34, a pale and delicate-looking woman, was making a good recovery from a very severe attack of tonsillitis, when she was seized with pain in the right side of her abdomen. Her former attacks of quinsy appear to have been less severe, but of longer duration. The tonsils were large, causing painful respiration. Incisions were made into them, from which a very fetid discharge of blood and pus escaped. Portions of the tonsils sloughed, leaving a moderately clean and healthy surface. The treatment consisted at first in the administration of effervescing salines with spirits of nitrous ether and chloric ether; and brandy and soda water to allay thirst, and to support her feeble circulation. Milk and water was the only nourishment relished for the first few days; but afterwards strong beef-tea, jellies, and port wine, were taken daily. Contrary to my advice, she left her room at an early period of convalescence, and walked out of the house. She returned home, complaining of discomfort (rather than pain) in the right iliac region. As her bowels were sluggish, she took the previous night two strong pills, of her own accord, without effect. During the next day, I ordered a mild aperient; this also failing, it was followed by a warm water enema, to which the bowels responded. The uneasiness now increased to absolute pain, and occupied the right iliac, hypogastric, and left iliac regions, extending through the right flank to the gluteal region. No pressure could be borne. The pulse was slow and weak, and the skin cool and moist. Her face indicated suffering. On the following day, every thing she took made her sick; the pulse was weak, and averaged 70; the tongue was large and clean; and there was headache. She lay with her knees drawn up, unable to turn in bed.

On the 26th of February, she was ordered five grains of citrate of iron and quinine with half a drachm of aromatic spirits of ammonia twice a day; an ointment composed of one part of extract of belladonna and nine

parts of extract of white poppy, to be applied, on linen rag, to the abdomen; six ounces of port wine daily, and strong beef-tea.

Feb. 27th. She had had no sleep during the night, from the violence of the pain. When she took food or drink, she had most acute pain, especially in the groin, through the right iliac and lumbar regions. The pain never left her entirely, and she had occasional severe paroxysms. The pulse ranged from 60 to 80, and was very small and weak. She still felt sick.

February 28th. The pain was excessive, and the slightest pressure could not be borne; especially in the right iliac region, through which, at uncertain intervals, she had most severe lancinating shooting pain. There was also severe pain in the epigastrium, descending colon, and left iliac region. She was perfectly helpless, and cried out when any attempt was made to move her. Scanty menstruation set in to-day, but there had been no action of the bowels since the 24th, and the belly was rather tympanitic. A turpentine and assafetida enema was immediately ordered; an opiate liniment to the body; and half a grain of the muriate of morphia every six hours.

The pain was described as unendurable; she tossed her head to and fro, and spoke in a low faint voice. She had severe crampy pains in the lower limbs, which were relieved by smart friction. The pupils were dilated and fixed, and her expression remarkably vacant and meaningless. She had been once or twice very incoherent. She had had no rest, notwithstanding the morphia. The steel mixture and morphia were omitted. A draught of quinine mixture and chloric ether was ordered every four hours; and one tablespoonful of brandy every two hours in place of the port wine.

March 1st. She slept about two hours, and was more calm and rational this morning. The pain occupied the same situation, but was much less acute. She complained of similar pains under the left breast, and in the left groin. The urine was clear; there was no action of the bowels without the use of an enema. She had taken a good allowance of nourishment regularly; but any attempt at swallowing was painful. She made the most extravagant remarks about people, and imagined her family close to her, and her brother on the bed.

March 2nd. She was improved, except that the pain in the right iliac region prevented her from getting a moment's sleep. A small blister was raised on the right side of the body over the seat of pain, and dressed with a lotion of morphia (eight grains to the ounce of water).

March 3rd. There was pain on slightly pinching up the fleshy portions of the muscles; but the most severe was in the abdomen on the right side. She lay moaning at intervals of a minute, there being partial opisthotonos with the recurrence of pain. The spine and sacro-lumbalis muscles were painful on pressure; and almost any part of the surface when touched was uneasy. The catheter was passed. The turpentine and assafetida enema was repeated. A belladonna plaster was applied to the back. Thirty drops of chlorodyne were ordered to be taken every night; and a draught containing ten minims of tincture of sesquichloride of iron, ten minims of chloric ether, and five minims of tincture of nux vomica, three times a day.

March 4th. As she was sick, champagne was ordered instead of the port wine. In addition to her mixture, I ordered five grains of compound galbanum pill three times a day.

March 8th. The pain now occupied the left side principally. A liniment of equal parts of compound camphor liniment and tincture of aconite was ordered