VIII.

Effects of Venesection in certain forms of Dropsy. By ADAM HUNTER, M. D. Fellow of the Royal College of Surgeons, Edinburgh.

DEAR SIR—Dr Abercrombie having, in a late number of your Journal, presented to our notice an extensive and well connected series of opinions and facts regarding the mode of treatment adopted by the ancients in certain cases of dropsical affections, and supported them by the relation of several interesting cases, in which the same practice was instituted by himself, and found successful, I was led to try the effect of the same treatment in the following highly interesting and instructive case, and, I am happy to say, with the most beneficial result.

Why the powerful remedy of venesection was altogether abandoned in dropsical complaints, seems to meet with a satisfactory explanation, as Dr Abercrombie has pointed out, in the false theories engendered under the doctrines of the humeral pathology. From whatever cause, however, the use of the lancet was deprecated in affections of this nature, it seems to have acquired, by length of time, a species of prescriptive right in the practice of physic; and the practitioner who would have acted in violation of the established dogma, would have been looked on as a fiend waging war against suffering mortality, and spreading death on all sides with a two-edged weapon. To Dr Abercrombie, therefore, are we indebted for renewing a practice which had become obsolete, for setting it forth with all the imposing authority of antiquity to sanction it, and for supporting it with the result of his own satisfactory experience.

When an opinion, in any degree novel in the practice of physic, either from its originality, or, what approaches nearly to the same thing, from its revival, after lying long in obscurity and neglect, is obtruded on the world, it becomes the duty of every member of the profession to repel its dangerous tendency by facts, if it should not be found correct, or to support it by every energy in his power, should it be found true. It is under this latter impression that I feel happy in being able to contribute my mite.

C. O. æt. 42, married.

About the beginning of June, I was requested to see this patient, who, having accidentally received a blow on an anasarctous

leg, was alarmed, from the appearances it had assumed, it would prove of serious consequence. On examination, I found situated about the middle of the right leg, which was prodigiously swelled, the mark of a blow, surrounded for the space of three or four inches by inflammation of an erythematic character, attended with a sensation of tension, and burning pain, and studded in various parts with minute vesications. In the immediate vicinity of the injury were distinctly perceptible the various colours of livid blue and green, of impending gangrene, and not those arising from ecchymosis in its progressive stages of absorption. The cuticle of the whole limb, except the part described, was of a deadly pale waxy hue, with a polished glistening surface, and in some places, beset with fissures, which gave vent to a serous oozing. The left leg was equally swelled, but without the gloss of the right:—the arms, hands, and face, shewed the same marks of general dropsical diathesis. The abdomen was very tumid, but seemingly more from effusion into the cellular membrane of the *parietes*, than accumulation in the *cavity* of the peritoneum. Pulse small and weak, but the surface at the wrist was so much raised above the artery by the effusion, that it could be with difficulty felt. Some thirst; bowels costive; urine very scanty, thick and muddy.

About fourteen years ago, became asthmatic from exposure to cold, which has continued to recur in paroxysms ever since. Five years ago, the menstrual discharge did not take place on weaning the youngest child. Soon after she felt her general health much out of order, and swellings began to appear in her limbs, slightly and evanescent at first, but long since become extensive and permanent. The menses had hitherto continued very irregular. Had used a great variety of means, and applied to many medical men, but had experienced little or no benefit.

The remedies prescribed at the first visit, and continued for a fortnight with little apparent benefit, were combinations of the various diuretics; dusting the limb with an absorbent powder, and placing it in a horizontal position. Dissatisfied with the progress of the case, and at this time re-perusing Dr Abercrombie's paper with care, and studying the cases, authorities, and inferences, I was led, but not without numerous ill-defined apprehensions, to adopt the same practice, and abstracted about $\frac{3}{4}$ vi. of blood. The evacuation was borne without any unpleasant occurrence, and next morning the patient expressed herself relieved. Two days afterwards, the quantity of urine was increased, and the swelling diminished. The diuretics appeared now to be affecting the kidneys, and the improvement was progressive for ten days, when the quantity of urine again diminished, and became muddy, and the swellings resumed their former magnitude. For three or four days

these unfavourable changes went on without amelioration; when the patient told me it was about the period at which the menstrual discharge should have appeared, but had not. No longer dreading the effect of depletion, I now took $\bar{\text{z}}$ xiv. of blood from the arm, gave her two or three doses of gamboge, and cream of tartar, and then resumed the use of the diuretics. The improvement from this time was singularly rapid; the urine became clear; was evacuated in quantities of lb. ii. and lb. iij. daily; and the swellings decreased, until, in the woman's own words, she had pined away to nothing. It was at this stage of the case that Dr Abercrombie accompanied me to see the case, and was so much pleased with the result, that he requested me to give notice of the case through the medium of your excellent Journal. I was, however, anxious to watch it till a more distant period, and postponed it till now, when, from the occurrence of an acute attack of pneumonia, in the same individual, which required the evacuation of $\bar{\text{z}}$ ix. of blood within 48 hours, to subdue the pulmonic symptoms, I can no longer resist Dr Abercrombie's wish, as from the occurrence of this acute disease, and the activity of the measures that were found necessary to conquer it, the case has become one of the most satisfactory description in support of the practice, and points out, that, with due precautions, venesection may be adopted in dropsical cases of the most unpromising character, with prospect of ultimate advantage. Three weeks have now elapsed since she was convalescent from the pneumonic attack, and not the slightest appearance of dropsical effusion exists.

Another case of an equally interesting nature occurred to me a short time previous to the one just detailed, in the person of the patient labouring under the affection of the heart and arterial system, which forms the subject of the first case in the valuable Clinical Reports just published by yourself.

After leaving the hospital, the patient again came under my care, when the same means, viz. occasional blood-letting, digitalis, &c. were resorted to, and attended only with the same temporary alleviation. During the farther treatment of the case, the swelling of the limbs increased to an enormous extent, and the skin, being put completely on the stretch, possessed a smooth glistening polished surface, and was so tense as scarcely to yield to the pressure of the finger. In this state, having procured large shoes, and cut them up in front, he imprudently forced them on his feet, and walked about for a length of time, and when he came home, he found that the skin of the fore part of the left foot was abraded. A few days after this, at one of my regular weekly visits, I found situated on the front of the foot a foul sloughing sore, with dark edges, with erysipelatous inflammation, covering the foot, and ex-

tending midway up the leg. For two nights he had suffered much more severely than at any former period, from pain in his chest, and terrific dreams, when he happened to fall asleep in the recumbent posture. The secretion of urine had been diminished for some days, and the digitalis, having disagreed with the stomach, was discontinued.

His situation now appeared critical, and I felt myself placed in a dilemma from which I knew not how to escape. For his chest affection, experience had taught me that venesection was the *unicum remedium*, but from adopting it I was deterred by the state of the foot, for the effusion did not appear to me at any period to depend on obstruction existing to the free transmission of the blood, the pulse being always *full and regular*, the countenance *clear*, and the lips of a *bright vermilion tinge*, till now, when depletion had rendered them pale, but without lividity, states which, I conceive, cannot be reconciled with organic disease diminishing any of the apertures of the heart; but the effusion seemed actually to depend on the extent to which the depletion had been carried, the patient having lost, in a few months, not less than 250 ounces of blood, and the last evacuation shewing that fluid to be in a very watery condition. As he was himself aware of the relief that bleeding afforded, and as his chest affection had become extremely urgent, he was anxious to have some blood abstracted, which I was induced to comply with, and took away ℥xvi . with immediate relief. A poultice was ordered for the sore, and a horizontal position for the limb. Dreading the consequences of the loss of blood upon the state of the sore, I made an early visit next morning, and found he had passed a much better night, complained less of tension of the limb, and of the burning pain of the sore. For several days the sore retained a foul sloughing appearance, but did not extend in circumference. The swellings of the limbs began evidently to diminish, with the progress of which the improvement in the state of the sore kept pace, and in three weeks from the date of the bleeding, the sore was healed, and the swelling so much reduced, as to enable him to put on his own shoes. Shortly after this I lost sight of him, till about a month ago, when I saw him walking about the street in idle company. I am, Dear Sir, yours very sincerely.

George Street, 6th October 1818.