

A HUNDRED YEARS AGO

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BLOOD-LETTING IN 1916

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WITH SIR CLIFFORD ALLBUTT as its high priest, bleeding, with restraint, is in the process of coming by its own again. I first heard Sir Clifford Allbutt speak in praise of blood-letting in 1907, and I find this view confirmed in his recently published book.¹

Blood letting has been advocated during the last fifteen years by those best qualified to speak of it from experience, namely, the general practitioners. However, they speak furtively, shamefacedly, and in the fear of the pseudo-scientific superman. These gentle counsellors have been assailed with such vociferous energy by the pseudo-scientist, that their timid voices have scarcely been heard.

Of late, one or two more adventurous spirits have actually dared to suggest that in the broken compensation of mitral disease, especially in stenosis, phlebotomy should be a regular rule of practice.

In deference to the unyielding prejudice of the public, some will use leeches, but not the lancet. But, to afford any real relief to the labouring right heart when the hepatic relief-tank is full to pulsation, venesection should withdraw at least twenty ounces of blood. Therefore, although leeches are undoubtedly valuable in local congestions, in their relation to general blood-letting, leeches are neither fish, flesh, fowl, nor good red-herring.

A case of spasmodic asthma

In my student days, I would occasionally accompany on his rounds a very shrewd and observant old general practitioner in a country district in Wales. I wish now that I had gone with him more frequently, for I never returned without having learnt something of value.

It was then that I saw my first venesection. The patient was a young woman in the throes of what I now know to have been a typical attack of spasmodic asthma. My old friend improvised a ligature with a wet and dirty duster, which he tied tightly above the bed of the left elbow. With his unwashed hands, from the depths of his breeches pocket he pulled a grimy vaccination lancet, the point of which he plunged without further ado into the already-bulging median basilic. There was a terrible mess but relief to the patient's condition was speedy and complete. When about thirty ounces had been extracted (circumfused over the floor and the furniture it seemed like a gallon) the same duster which had served as a ligature was applied to the bleeding point, and we left, to continue our round.

As soon as the pony had settled into his leisurely amble, the old doctor turned to me and said, not without acerbity, "Nothing else would have relieved that woman. Don't you ever believe the damned nonsense which is talked against bleeding." And I never have.

From the empirical country practitioners of the early eighties to the courtly Professor who learnedly discourses of Physic in the University of Cambridge to-day, it is a far cry; and the interval has

been fraught with many vicissitudes to the practice of phlebotomy.

Other writers of credit and prestige are now extolling blood-letting in conditions other than the hyperpiesis to which Sir Clifford Allbutt confines his attention. Rose Bradford lends the weight of his regnant authority to its use in acute nephritis: "In acute renal disease of a severe type, where the urinary functions are not only seriously hampered, but may be suppressed, great benefit may be obtained from venesection." Samuel West advocates it in acute uraemia. Oliphant Nicholson speaks of it as a "valuable therapeutic measure" in eclampsia. Cecil Wall gives it his blessing in pneumothorax; and Leonard Guthrie, his benediction in apoplexy

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Hale White² is also among the prophets. His blood-letting activities are, however, confined almost entirely to conditions in which "the right side of the heart is over-gorged with blood." He quotes Wilks' classical picture:

"You see your patient sitting up in bed, the face, tongue and lips blue or purple, and the jugular veins starting out of the neck, and often visibly pulsating; the heart beating quickly, with, perhaps, a tricuspid bruit, indicating the gorged right heart and obstructed lungs," and says that such is the most satisfactory case to bleed.

"It has been said," continues Hale White, "that bleeding would not do any good for such a case owing to the valves in the veins. All I know is that it does do good, and the distressing condition immediately passes off." There speaks the true clinician, independent in thought and resourceful in action.

For blood-letting, then, though it be no longer a common aid, we may claim that it has established for itself a scientific position from which it can scarcely now be displaced.

References

1. Diseases of the Arteries including Angina Pectoris, Macmillan, 1915.
2. Clinical Journal, March 31, 1909.

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