Thesis,

On Inflammation

and the

Bloodletting Controversy

1861

William Alcorn
1861
Thesis on Inflammation and the Bloodletting Controversy

The subject of this paper is far exalted the great medical question of the present time.

It is acknowledged by both parties in the controversy that it involves no less than a complete revolution in practice: the "Abandonment of a method of treatment which had received the sanction of many centuries." Came recommended by having been adopted by the wisest, most virtuous, the greatest, best of the physicians in all ages." It is confided on all hands that a very great change has taken place within the last few years in the practice of the best physicians and this revolution is still progressing. Were this a mere theoretical question it would still appear of much interest for the medical student; but now it claims his attention not only as a scientific discussion but as a question affecting the fundamental principles of the art of medicine in one of its most important departments, the decision of which by him for right or wrong only
influenced very considerably his future professional career. There are some who regard the question of bloodletting as unsaturation as practically settled in the negative. They appeal in proof to the practice of many eminent physicians. I suspect there are few of the older members of the profession who would make such an admission. We find many who, although confessing that they seldom use the lancet in their own practice yet stand boldly up for the advantages of bloodletting and some have been so inconsistent as to say that their using it as seldom themselves gives them all the more freedom to condemn for it. Dr. Alexander Wood in addressing the Medical Chemical Society, an assembly of Edinburgh Medical Men said: "Was there a practitioner in this room who had not repeatedly had under his care cases where the patient dread of resection has influenced him against me? Contrast to his better judgement a while during weeks of active treatment he had leisure enough to regret that he had allowed the disease..."
early hour of the disease to keep symptoms 
when the fever would have proved the 
way for after treatment and determined a 
more complete and rapid cure. But 
write on practical medicine still speak of 
bleeding as the highest term of treatment 
and. Dr. Alison says that in acute inflammation 
all other remedies are trifling compared 
with this. These considerations show the 
important practical bearings of this question 
at the present time. 

I shall now state the 
point at issue—both parties are agreed 
that internal inflammations ought not now 
to be healed as they did when days by 
progressions depletion, to account for the 
change. Dr. Alison invented the theory of the 
"change of traffic" which has many distinguished 
advocates in the city. He says that many 
of the symptoms of disease usually attending internal inflammations 
resulting from cold or other causes 
independently of the application of morbid 
processes are liable to variation—and that they 
have at least undergone very considerable change.

Since the early part of the present century, and that it is on this account that inflammation of the lungs in particular are treated with equal success, at present, with much smaller loss of blood. The change of type is regarded by this party as affording the true solution of the change of practice, and the solution is perfectly satisfactory if the theory can be established. The other party reject this explanation, ascribing the revolution in practice to our improved pathology and accuracy of diagnosis, implying of course that the practice of former times was erroneous and often made a prejudice to their patients. This party supports its views by appealing to the pathology of the inflammatory process asascended learned by our latest and authoritative physicians and physiological appeals to the statistics of pneumonia, as variously treated in hospitals of Paris & Edinburgh. These two parties include the leading members of the profession both in this country and on the Continent, but there are very
many who are content to plow with the stream and follow the popular practice without caring much about the decision to which the disputant arrives — Thus one again others, remnants of the old school who still believe in practice bleeding but yet are zealous in ever, utterly incredulous of the alleged change of type and experience as they affirm the good effects of this incomparable remedy. Perhaps the most distinguished of these is the French physician Bouilland who when St. Bonnet visited him in August 1867 was still pursuing the Corpse and Corpse treatment in acute inflammations — his words of La Charité Hospital. I shall first examine the subject at large — whether inflammatory disease has really changed its type, and then discuss the question whether bleeding is a proper and remedial agent in inflammations — let us once examine the groups of the alleged change of type — the proposition we prove is this. Since from the earliest ages of Medicine till somewhat about the beginning of this century, as proved by the practice of physicians, inflammatory diseases presented a chronic type
but somewhere about that time they appeared and still continue to manifest an asthenic phæd; in the former case demanding, but in the latter not admitting of abscission of blood. This is a most extraordinary proposition and we may well demand the most convincing evidence of its truth before we admit its admissibility of our list of firm principles. We must not allow ourselves to be led away by mere authority in this matter, and the respectable quarter from which this theory originated, ought not to weigh with us further than valid argument and evidence in its support. To do otherwise would be surrendering the proper method of modern scientific research to favoring a habit of mind false to all real advancement. He may notice here that Woodson & Watson differ in their statements of the proposition. While Dr. Allin regards the disease as asthenic till the beginning of the present century. Dr. Watson is firmly persuaded that there are traces of time through which the asthenic and aethenic characters of disease prevail in succession, and that we are one of freight living under one of its aethenic phases.
Disease is no abstract entity, and a change of type means such a change in the constitution of the individual affected, that attached by a local inflammation now he is not as likely to recover as he would have been 50 years ago had he been living there and exposed to exactly the same exciting causes. But the inflammatory hypersensitiveness accompanying local inflammation has assumed one of a hypertrophic character as evidenced by the change in the pulse & by the inability of patients now bearing such eruptions, deflections as it is termed they formerly bore with advantage. As it proceeds upon the supposition that a man of average strength now always seized with inflammation presents all the symptoms that used to be observed in a weak one that such a change has taken place over the whole world is a proposition difficult to accept impossible to be proved and no satisfactory proof has yet been adduced. There is every reason on the contrary to believe that the human constitution is as vigorous now as it ever was before or the average duration of life is greater. As proved by accurate physiological observations.
the statistical force of the pulse is the same now as formerly. Tales published his experiment as referred to in 1731, Poirotte in 1828, Valentine in 1844, Lucie in 1847 and Viemondt, as late as 1855. Their results show that no great variation has taken place during 127 years. The main argument relied on to prove the change of type is the change of treatment—that is the same disease, bleeding was requisite and had superseded a true congerion now. This can only be proved by comparing accuracy of particular diseases as treated by new and treated old. The interval taken by both as approving a fitting case is Pneumonia. How can we be sure that a fair comparison is possible? Our knowledge of pathology, Applied diagnosis have undergone a complete revolution. The knowledge that we possess of internal inflammations—all must admit is vastly superior to and different from that which our forefathers possessed. When Cullen speaks of Pneumonia he means the whole of the inflammation affecting either the viscera as the thorax or respiratory membrane lining the interior surface of that cavity, and he adds that the symptoms differ.
have little or these inflammations, nor do they lead to any symptoms of cure. Dr. Gregory says that there are several different causes for diseases of the thorac as the inflammation attacks different viscera, as the pleura, lungs, mediastinum, diaphragm, pericardium, but all these are so connected that it is difficult to make a proper distinction—and besides from the symptoms it is almost impossible to say what part is affected. We have no means of determining therefore what one of many diseases they had before them when they describe a Pneumonic. Their Pneumonia was not a disease but a number of symptoms—fever, cough, short breath, thoracic pains and expectoration. In the number of these says Dr. Monkhouse we may be certain that there must have been included cases of heart affections, kidney disorders, hepatic diseases, etc. Certain other abdominal affections through which agency the thoracic organs may have been secondarily disturbed.” All these as presenting Pneumonic symptoms need relief immediately by bloodletting.
Praise them that even if they had left us regularly recorded clinical cases in such numbers as it have been lately arrived - this comparison we would still have been liable to the proper fallacies if we placed our accuracy diagnosed Pneumonia side by side with theirs. Here is another circumstance that would go - largely to invalidate the analogy. These treated by Cullen's preceptor were not hospital cases where those circumstances which cause disease there as well as now to prevent one adaptive aspect, were not in operation. We have only their general statement as the good effects of bloodletting, but he is observed, they had never tried a never dreamed of trying an opposite course. They received the repertory of knowledge from their predecessors, believed in it practiced them themselves and so have handed them down. They were misled as many still are by the relief of symptoms which the exhibition of bloodletting occasioned into the belief that the disease was thereby shortened or subsided unless that it can be shown that bloodletting
was proper in all cases in which these physicians used in the argument falls to
the point. Surely no one will maintain that they always blotted sightly in that group
of various effects Causing primarily secondary
symptom of Callens Pneumonia. But
let us take an instance of which there
Can be no doubt. Tubular disease if the
lung must always have been of an
adymnomic character, indicating defective
nutrition impaired vital vigor. Acute pl unc
acute Pneumonia arising in the course of this
disease would present the usual
Pneumonia symptoms and would be blotted,
Callen tells us expressly. The inflammation of the
tube in of the lung as was avoided upon
the general plan for avoiding inflammation
by bloodletting and an antiphlogistic diet.
Gregory also says that he found bleeding
"of" pleural service in the beginning of Pneumonia.

We might as well argue from this
that Pneumonia has changed its type because
we find bloodletting prejudicial in
similar cases. We see that
nothing can be gained by an attempted
Comparrison of disease as healed now to as healed by Cullen & Gregory. The main steps of the change of Physic theory thus crumbles into dust. The theory indeed is the offspring of an overestimate of the wisdom of Physicians in past times. The history of Medicine however shows that we have little to boast upon that respect. To bear out this view of the case I shall adduce a few facts from the relative practice of the past. During its history the practice of Physic has been subordinated to two grand theories. The one regarding the fluids of the body as the elementary vehicle of life and also the vehicle of disease. The other gives the same place to the solids. Medicine is divided with reference to these into three great periods. The 1st from the origin of Medicine to Galen. The 2nd from Galen to Hoffman & Stahl. The 3rd the present time. During the 1st period neither of the ideas of the theory predominated some held one to come the other. The second period including 15 centuries was the reign of Fluidism. It was the beginning of a great century on which the offspring in the County of Cullen.
and supplanted by the doctrine of Secundus. The humours maintained that there were four elementary fluids whose vitalist changes sufficed to explain the natural happenings as well as all diseases. These fluids seemed to accord quite well with the theory. They did not say that a disease was in the liver, stomach, or lungs. They said it was situated in the blood, the bile, or the lymph. They carefully studied the colour and consistency of the blood, together with the other as an indication of the changes occurring. They explained the alteration of symptoms in the course of a disease by changes in the humours. The three principal periods of disease were termed: Catarrh, Cholera, and Evacuation. In the first, the morbid matter spread in all its destructive energy, enveloped by the organs. It is still crude. In the second, Mature, gradually gains the ascendent. Cholera has taken place. In the third stage, the morbid matter was evacuated by more respiration, or dejection, and health restored. Post mortal examinations only proved their belief.
In reply, I wish to say:

[Possible handwritten text]
The named Leucitic state of the inflamed
parts were regarded as congestion of the
blood. Drunken was a dilatation of its
vessels, even simple convalescent aphorisms
and their organic alterations were nothing but
an increased viscosity of the humours. All
their treatment was directed to change the
quality or quantity of the humours. Venetian
was employed to most extraordinary extent to
deutos, purgatives and cathartics as like
mormon. It is acknowledged by all parties
that they committed homicide by wholesale
for fifteen centuries. Seven bleedings a
year were reckoned necessary for the endurance
of health, and the annual bleedings in
the spring and fall still common among
the reason of Spain, Italy and Turkey in a remnant
of the once universal practice. As an instance of their treatment
in the sick the case of Louis XIII. of France may be cited
in one year his poor monarch had
more than forty bloodletting inflicted on him
more than a hundred cathartics.
What then is to be gained by
appealing to the experience of physicians
During the 15 centuries of the reign of Medicine—certainly not an admirer of their science or their art, but a deep
conviction of the terrible consequences that
may follow the adoption of a false
theory—space prevents me from discussing
the corrected doctrine of modified practice
of the solids—diffuse. It is true that they
long retained a great antipathy for the
temper, especially—all diseases of phlegm
or inflammatory nature. It is not long since
bloodletting and phlebotomies have been
abandoned in epidemic fever and its
episodes—malignant is hastening to close.

I need scarcely need to notice the enigmatical
of the argument which is derived from
the supposition analogy between local
inflammation and epidemic fever. Epidemics
The analogy will not bear an severe
examination. Cycles the weather through
thought by one learned gentlemen do
hence something both with the question.
The might as well have told us of the
variations of the magnetic needles,
He dismiss this part of our subject then by saying that the supporters of the theory have addressed no satisfactory arguments in its favour. But as often has been the case with practices among a rural population, there is no change in the cases that come before them. Dr. Bell says that of 24 cases of pneumonia which came to him has treated 23 were athesic and only 1 asthenic. The medical practice in the army and navy still pursue the old anathema method. Scheme no different is discerned as it comes before them. Dr. Simpson said that he believed that the mortality would have been greater than it is if they had been subjected to the chances of an appropriate treatment. The medical men of Paris have observed no change of type and according to Dr. Arthur Mettench, there is nothing to indicate the revolution in practice to the improved pathology and diagnosis now so happily introduced that the influences which surround or working man of a large crowded city, while he is badly fed, badly clothed and badly housed, should have a
All mental effort as his constitution needed
surprise no one and those who are found
in any public hospitals are very often of
this kind. Rarely attached with precipitancy to
no doubt prevent the asthenic type. But these
lost influences were at work fully as much
a former day as now I must always have
presented the asthenic type of disease.
In the crowding of mental a clearing brain have
rendered these cases of mine frequent them
formerly, the cause in brain I needed no
Theory of Change of type to account for it.
We now turn to the second part of our
subject the propriety of bleeding as a
remedy for inflammation. We shall only
take inflammation into consideration so far
as is necessary to a fair discussion of this
supposed remedy. Both parties in this controversy
are agreed that Exudation of the lesion and
of the blood is the characteristic feature of
true inflammation. This is never absent in a
Case of inflammation and enables us to
distinguish at once between it and mere engorgement
of the vessels which some have erroneously
timed with curation.
The inflammatory process, as observed in the transparent web of the frog's foot, presents the following phenomena. The capillaries are first diminished in Calibre and the blood flows with increased rapidity. The vessels after a little begin by increase in diameter, soon regain their normal dimensions and quickly become over dilated. The blood is yet flowing rapidly and the blood corpuscles that normally slip through the capillaries in files and keep along in masses, the current of blood is now becoming much slower. The white corpuscles alone to the sides of the vessels and the red corpuscles are becoming entangled amongst them. A gradually all mingled with the blood corpuscles. The capillaries are now jammed full of blood corpuscles and the life of the organism has extended into the neighboring tissues. The contraction and subsequent dilation are supposed to allow oxygen to pass in and subsequent relaxation to allow muscular fibre. The coats of the capillaries being thought by eminent authorities to be largely composed of non-contracted muscular fibre.
The causation of fever seems to depend on an attractive force exerted by the neighbouring tissues. We know that health tissue exerts an attractive selective with free cells deriving their nutrition from the blood, and we suppose the attractive force increased and the selective diminished. The explanation of this phenomenon is formed on a plausible explanation of the phenomena.

So far as agreed, we have entered the debatable ground. A matter of some importance is to settle the origin of what is called the "Determinative" of blood by the infected part. Another leaves no doubt whether the increased flow of blood is owing to the central action or to a peculiar action of the part affected. Many speak of it as such a way as to lead us to infer that the depelc are at fault in causing too much blood. This idea lies at the root of the bloodletting theory, for it further appearing that the evil is caused or at least kept up by the determinate flow of blood, proceeds but on the general circulation so as to weaken
thy heart action and diminish the flow of blood to the part. It is important to observe that the cause of the increased flow is in the capillaries themselves. The blood is not sent to them against their will but drawn to them by some peculiar vital attraction incident to the part affected.

If a foreign body such as a thorn is lodged in the finger, then it is followed by an inflammation in its neighborhood of the arteries of the finger commences thinning showing an increased action of the heart. If an injury of a more serious nature be received in the hand, the arteries of the arm evidence the increased current of blood they convey, but always in such a way as to show that the symptom of the lesion originate at locally and become extended towards the central. Now the blood sent to the infected part by a vis-a-vis the heart would necessarily be the first to show symptoms of increased action. It is not however till the lesion is of some considerable extent that the general circulation is affected and in all
lesion of small extent as a thorn or the finger tip, the general circulation is totally unaffected.

This principle applies alike in all cases of proper inflammatory action, for all are local lesions with dependent on specific injuries direct as in the case of mechanical violence or indirect dependent on a reflex action, as in the case of internal inflammation consequent on exposure to cold. Since increased amount of blood is thus supplied by nature to an injured part, we can hardly be surprised to find that it is because it is needed. Sir Astley Cooper says: Inflammation is the means by which local injuries are repaired and it may therefore be considered as the "Restorative Principle." In the case of a fractured limb the increased flow of blood is needed to convert the lost tissue into new tissue in the neighborhood of the fracture. But suppose tissue is increased action required. Thus we find an increased supply of blood. While a limb is exercised more than it will be as a blacksmiths right arm there is an...
(a) The exudate being a blastema in which cells form. These live their natural term and die. The change in exudate is more absorbed into the blood and is excreted from the system in different ways.
increased flow resulting in an increased development of all the structures of the uterus. The same occurs in the uterus during pregnancy with the expulsion of foetuses, during the secretion of the milk, in the generating organs of animals during the period of heat and in the stage head during the growth of the horns.

Increased blood flow to the part because increased blood is wanted. It is now doubt that this is beneficial in the case of practical accidents when repair by type is needed but it has been imagined that when the renal column is extended to an internal organ then the case is altered, that instead of being beneficial it becomes injurious in the highest degree. This fallacy has caused an immense deal of mischief. When the liquor vomit is exuded into the pericardium heart cells of the lungs in a Pneumonia it becomes organized and forms the putrid foreign body. There is no other way in which it can be removed and the function of the part restored except by a process of cell growth. This is admitted by all physiologists.
Now that this process may be carried on, it is an increase of fluid of blood required according to the general laws above stated, and the greater the amount of the exudation, the more blood will be required. Physicians were formerly prejudiced lest the exudation should suppurate and destroy the texture of the lung. This danger to the texture of the lung is totally an imaginary one, as has never been known to occur in a person previously healthy. Now obviously in these cases physicians interpreted the quick pulse, septic symptoms attending pneumonia as the internal inflammations. Instead of assisting nature they opposed her by every means in their power. While nature was building up they were pulling down, and nature overcome was too often obliged to succumb to the heroic process of the doctor. Dr. Astley Cooper remarks: When you have accidents brought to you which will require a long time for their recovery you must be exceedingly careful how you take away blood from the general system for if you take away blood from the constitution
too much of the vital fluid—nature will enable to execute the usual processes for the restoration of the injured parts. The most disastrous consequences i.e., such cases follow the indiscriminate employment of bleeding and there is not to be found in the whole range of surgical practice a greater error than this—having proved that the same vital act is required for the transformation of the one into cells previous to its reabsorption into the blood, one may adopt Sir Astley Cochrane’s reference to bleeding, that spirit which inspired here. “There is not a greater error in medical practice than this—

Let us now examine a few of the alleged remedial effects of bleeding—

As stated in our standard works—e.g.,—‘Opening the amount of blood in the system’—that this is the case is evident enough, but that it assists in the cure of the lesion or in anything but an unmitigated evil remains the theme.

“Do beneficial effects” it is said “principally result from a diminution of nervous power or ascending Barrelin authority. A sedative result on the heart action & on the General Circulation” indicated by Aminatou
the hardenp and thrilling of the pulse as well as its falling and frequency. The author adds "it is plain, how such a call is advantageous as regards both the local treatment and the fever which accompanies it." He seems to suggest that the infected parts is like a ship in a squall at sea, where a lull may be of advantage to allow the sails to be prepared to resel but in order, to face the storm. But, I submit that it is not plain how weakening the action of the heart should affect the capillaries themselves or the stagnant blood corpuscles within them, and for left the circulation beyond their reach. Another effect of bloodletting is said to be that the blood is affected somewhat as to component parts. This when examined turns out to be an argument against instead of an asset. - for while it renders the blood "poorer in corpuscles richer in water" according to the carefully conducted experiment of chemists, M., J. Bzorges and Rodier. - it has no effect on the fabric whatever. Prof. Miller virtually allows this when he says that it is only after repeated and extreme bleeding that...
The pitire is diemseated. That the maletiers
mecti was somete in other diemseated by
bloodletting has been a prevalent idea
from the earlirest ages of medicine &
deems the principal reason for its
employment. We have a remnant of this
the popular notion of the good effects of
losing some of the bad blood, by a bleeding
at the nose - it we have will seriously
maintain this idea spirit, so I despise it -
The weakened flow of blood caused
by a general bleeding, and the diminished
vital energy, cannot act otherwise than
deteriorate on the inflamed part. The
vital actia thus weakened is not so able
as it was before to carry on the process of
cell growth - the reanimation. It goes
therefore with diminished energy and
consequently the disease is prolonged. And
the deferrary measures just Eannes a
little farther. The cell growth process would
be still further paralyzed, and the patient
would become very asthmic indeed - and
would not be long troubled with growth of
any kind -
General blood-letting, then, is only evil, and that continually and must have been so — whether in the hands of Galen, Cullen or Aliston. This is one of those horrible nightmares that has long oppressed sleeping humanity. Let us be thankful that the dark shadows of ignorance are now disappearing, before correct principles and more accurate knowledge & that those who would aid their fellow-men in their struggle with disease, do not now unwittingly aid the enemy — his exultation.

A few words will suffice for what is called typical blood-letting — The principles which render general blood-letting an evil show that this is of the same nature only deep in degree — the same serpent of error lying in store. The advantage supposed to be — This is the same as the former or diminution of the flow of blood to the part. He shewed above that it is a good and an evil — the local bleeding is in the off-spring of a false theory. It might indeed be questioned how it can in many cases produce the mechanical result of derivation intended by it — for example
There is inflammation of the kidneys or lungs. Leeches are applied to the thoracic wall or blood is absorbed by cupping in the lumbar region of the back. The inflammation is a tumor. Capillaries supplied directly from the heart by the bronchioli or pulmonary arteries or from the aorta by the renal arteries and the abstract blood from the skin supplied by the lumbar, intercostal, or mammary arteries. Anadenosis is out of the question as every anatomist knows. Here then is one fair and typical case of local bloodletting the absolute of which is evident enough even in the received principles of relief by derivation. It is needless therefore the subject further.

All that has been said against bloodletting, has been against it as a means of curing inflammation or cutting short the disease as it now formerly thought to do. The time yet to look at it in a somewhat different light. One might well ask how the same rule so much employed of its results were either strict or prejudicial. The answer is the found in the relief of the symptoms.
Which it produces in certain cases. E.g. supposing it apart from long time been heparized, the body by oxygenation by the whole blood falls upon lit long time that is yet unaffected. This is consequently overworked and engaged with an unusual quantity of blood, hence the dyspnoea accompanying this affection. A general convulsion by depriving the whole quantity of the blood peps relief to this part, the pulse becomes soft, the dyspnoea is greatly moderated, the patient is greatly relieved is apparently much better. The same may be said of the cases where organic function is interfered with by local inflammation as in the liver and kidneys. This abatement of the symptoms must not be confused with any improvement in the disease. The convulsion is safe and will remain at the longer, the greater the quantity of blood that has been abstracted. The danger which this bleeding combats in the case of a Pneumonia is that by such an interference with the organic function as would be immediately fatal to life, and would be the more necessary the longer the amount of the lung that had been heparized.
but we know that the longer a bleeding
is always greater, while a longer period of
its being affected, he cause all the vital
power will be needed, to remove the large
amount of exudation, he know also that
in all cases when only small portion of the
membrane affected the disease fades away
in the natural course of the disease, and
our experienced proofs that it is not necessary
from recourse to measures which give
present relief at the expense of a
prolonged convalescence, which probably weakens constitution.
I doubt not that there are many who
through content to give up bleeding while the
inflammation is somewhat advanced yet maintain
that it may be of great service yearly applied
"I cannot say" Dr. Watson too often to strongly
inculcate the precept that in order to check &
extinguish acute inflammation you must stop
all bleed early." Dr. Alison again says
yet be true as I firmly believe that many
cases termed inflammation, under bleeding and
other antiphlogistic remedies, terminate by
resolution without injury to the tissues visible
to the naked eye, which would otherwise show

mean to the injury of parts by excitation of lymph or pus that is surely in these cases no inconsistency in saying that inflammation existed lest was modified or even cut short by the treatment — Dr. Allen here draws a distinction between the period of incubation, or what he elsewhere calls the "rises of inflammation," and that period yet marked by the presence of inflammation — that a period of incubation always precedes excitation is manifest, but to diagnose that state is an involved problem. In precedes all the "typical signs," consequently we have no certain means of detecting its presence. were it true then that bleeding in this stage would curb the inflammation short it could be of no service practically — for we can never say that there ever existed a rises of inflammation unless it is followed by an excitation.

If bleeding is exhibited before the appearance of the stethoscopic signs it must be applied at random — i.e., a way as no judicious practitioner would ever apply it, and after the period of the excitation it is most distinctly prejudicial. We may ask finally — I think any proof that if applied while excitation
that it will control its progress or check its amount. The cause of the local
inflammation, in my estimation, is not dependent on the
determinant of blood as was shown formerly,
but on a local exciting cause direct or indirect.
The determinant of blood leaves this in full
operation and we cannot escape the conviction
that the process will go on unchecked.
Even Dr. Alston admits that inflammation may
advance after bleeding. The improvement
of the blood vessels does not cause inflammation
else the inevitable result upon partially excised
would be the complete injudicious self-digestion of all
the lung tissue — for if a part of a lung
is resected the remaining part of the lungs
has to do extra duty and is every where in
an engaged state — the insect come to the
conclusion then that even early blood
Letting has no forever either in checking
the inflammation or conducting it to a more
favorable termination. We shall now
conclude this paper by referring to the
most decisive argument in favor of
this mode of treating inflammation —
This is peculiarly suited for those who,
Despite general reasoning - blindly dictated more experienced, too often forgetting that his opinion of theirs may be dangerous in blinding. It is happy to meet them on their own ground - with their own weapons for "just are chills that wanna bring it down a bit disrupted" the one no longer dependent on the general abstinence of physicians as to the benefit of particular application. This cause is liable to fallacy at every step - we know that formerly a case of Pneumonia of a man was able to go about with a stick at the end of six weeks he was thought to have made a very good recovery. We have now hospital records kept with an accuracy that defies all suspicion in which the diagnosis & treatment of each case is open to the inspection of all. The mortality from Pneumonia in the Edinburgh Infirmary under the old treatment was one in three. In the Hospital of LaCharite at Paris under the care of M. Louis the mortality was 3%. Nasori at Milan treated his
For hospital patients with large doses of Tarento's union, with a mortality rate of 1 in 4.25, which he gave as a result more favourable than that from bleeding. M. Grisolle of Paris diminished the amount of blood taken. This average mortality was one in 6.5. M. O. Diett of Vienna hospitals pursued a dietetic existent treatment until a diet further diminished mortality. In the Edinburgh Infirmary under the treatment of Dr. Bennett the mortality is only one in 23. They must speak for themselves.