

Medical Matters.

PHLEBOTOMY.

The *London Hospital Gazette* contains an interesting article on the above subject. The writer says in part:—

Venesection has had an established place in medicine for over two thousand years, but of late has fallen into great disuse; lip service is still paid to it in examination papers but it is seldom practised. Years ago every hospital had an official cupper on the establishment who followed the physicians round and drew blood at order. Little boys in the country added to their pocket money by searching for leeches and selling them to the local apothecary.

At the beginning of last century all inflammation, general or local, peritonitis, meningitis, whitlow and gout were treated by blood-letting, often repeated. Obscure diseases were subjected to blood-letting on the same lines as we now prescribe a course of iodides or give anti-streptococcal vaccines.

Dysmenorrhœa was treated by rest in bed, poultices to the abdomen and blood-letting, though when gynæcologists became separated off as specialists, to show their ingenuity and independence, they applied leeches directly to the cervix.

Let me give a typical case of the great benefit of venesection, and then point out a few of the many cases in which it is of service.

Mr. A. is an elderly adipose merchant with chronic bronchitis and emphysema. By medical advice he is sent to a watering place on the South Coast. There, in a relaxing atmosphere, he catches a chill and develops an attack of bronchitis. The symptoms alarm the friends, and with great difficulty he is brought back to town. You are sent for in haste: you find him seated in the drawing room, blue in the face, staring eyes, and gasping breath, with audible bronchial rattles. Pulseless at the wrist and speechless, he turns his head despairingly from one to another, seeking help and finding none.

According to current ideas the treatment will run as follows:—A diffusible stimulant will be poured into the stomach, strychnine will be injected into the blood-stream, and oxygen be offered to the lungs, despite the fact that the stomach is now coated with thick ropy mucus as impermeable as a leather bag; the circulation is feeble, and the heart muscle already overtaxed, and the lungs are already choked with viscid exudate, so that if oxygen gets in, carbonic oxide has great difficulty in getting out.

All these things are good in themselves, but

the immediate treatment is to bleed the patient; the over-tired right heart is not to be whipped into further exhaustion, but its severe load should be lightened. Draw off a pint of blood from the arm: at first it will be black and viscid, later its brighter colour will show that the circulation is re-establishing itself. The colour of the patient becomes a healthier pink, his face loses its anxious expression, and with easy breathing he sinks into a refreshing sleep, after which rational therapeutics can be applied to the chest with a good chance of a successful result.

A cyanotic pneumonia should certainly be venesected, the books say, providing the right heart is acting strongly, but if it is failing and the pulse is weak nothing is more rational than to ease its strain, and by withdrawing a quantity of blood to allow the distended right heart to contract under a lessened pressure. Some few advocate venesection from the jugular vein under the impression that the blood is directly withdrawn from the right auricle, and that the cardiac relief is therefore greater. Performed in the neck, venesection is a messy procedure and alarming to the patient; the inferior vena cava keeps the right auricle full of blood, and the jugular bleeding simply prevents so much blood entering and adding to the volume in the auricle, which is exactly what is done by venesection in the anti-cubital fossa with much less trouble.

The elderly arterio-sclerotic patient with a blood-pressure about 190, tortuous temporal arteries, a bull neck and distressing headache, experiences great relief from his symptoms by a timely bleeding; nature often averts an apoplexy in these cases by a profuse epistaxis lasting often on and off over 48 hours.

In the onset of uræmia, when methylamine is accumulating in the blood, the cerebral symptoms are often abated by venesection, and the transfusion of normal saline will then often promote diuresis.

In an acute attack of gout, besides local treatment and the exhibition of colchicum, venesection abates the severity of the pain and shortens its duration.

A patient seen in an attack of apoplexy should certainly be bled, and if on recovery of consciousness headache becomes increasingly severe, the operation should be repeated.

Eclampsia, CO poisoning, diabetic and uræmic asthma, all conditions of intoxication, are all benefited by venesection. The operation is easy, of great benefit, and devoid of danger; it is deserving of much wider use than it at present enjoys, and, when done, it removes the reproach that the physician stands by and does nothing but look on.

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