

In years gone by we did not dally or play with such a condition, and trust to relief from remedies that might or might not reach immediately, as we would desire. When ordinary means did not relieve, we, without hesitation, made a temporary safety valve by opening a vein which relieved the fluid accumulation and lightened the work the often debilitated heart was called on to perform. Venesection carried to such a point as lowered arterial tension, slowed down the pulse, cut down the dyspnoea from 30 or 40, to 20 or 25 respirations a minute, or until the suffused face became paler and a feeling of comfort replaced distress. I know of no therapeutic measure that gives such an immediate and satisfactory response.

When used with judgement, I never saw occasion for its repetition in the same illness, but it must be followed up by appropriate treatment and remedies. What we must specially avoid is any procedure that will increase the heart's action, let it have all the rest possible, as it has apparently a herculean labor to perform.

My rule, and the one that generally obtained was not to be guided by the quantity of blood removed, it may be 4 or 40 ounces, but to let it run until some of the symptoms above referred to were realized. (Generally all the distressing conditions began to recede and recovery was comparatively rapid. With long distances and bad roads, few visits were made to a patient, often not more than two or three, but enough,—for a strong impression made on the disease at first, and this followed up by appropriate treatment allowed the vital powers to resume their sway.

An increased temperature not above 103° or 104° F. was looked on as a good sign that the system was react-

ing and was not interfered with and should not be, because in the language of to-day "the high temperature inhibits the growth of the morbid microbes."

Of late years there appears to be a needless fear of venesection. I question if you could bleed a person to death by ordinary venesection, as fainting comes on and the flow ceases, this was at one time the gauge of the amount to be removed, but I never found it necessary to proceed as far as this stage, and again, when we know the large losses of blood that may occur and be rapidly recovered from, the loss of a quart or more need give little concern even when it does not assist to elevate the energies of overloaded lungs and heart.

I found acute pneumonia and bronchitis to be maladies particularly tractable under the lancet when it was used sufficiently early, at the commencement of the congestion and consolidation.

It would be hopeless to wait until all energy was dissipated, and yet I have had surprising results even when vitality was low, for venesection often acts as a tonic because of relief to the incubus on the straining heart and lungs.

Alcohol and so-called powerful remedies I should deem very risky where such physical as well as pathological conditions prevail. Oxygen holds out hopes but the shallow respiration prevents it in any quantity reaching the places where it would do the most good.

ALCOHOL.

This a drug requiring great discrimination in its use. When in hospital practice I for years gave it in its different forms, a careful and varied test. It may serve as a placebo

doing neither good nor harm. In a weak heart it is a danger and the weaker the heart the more dangerous.

You may put the horse to reach the journey where the food for him to reach he may travel until tracks.

We are apt to forget the aphorism "*Excited by depression.*"

We should place the fact above any is to cure, Academic follow, hence I. h profound faith and tion when judicious so often seen it act any other treatment though we may *operandi*, in the patient the benefit. many cases but it much time at pres

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One of the recent paper was the recipient honoured, beloved

doing neither good nor harm, but in weak heart it is a double-edged sword and the weaker the heart's action is the more dangerous is its use.

You may put the lash on to a tired horse to reach the not distant end of the journey where there is rest and food for him to recuperate, otherwise he may travel until he drops in his tracks.

We are apt to forget the old medical aphorism "*Excitement is followed by depression.*"

We should place a known therapeutic fact above any theory, our object is to cure, Academic discussion may follow, hence I have always had a profound faith and belief in venesection when judiciously used as I have so often seen it act like a charm when any other treatment was futile, and though we may discuss its *modus operandi*, in the meantime give the patient the benefit. I could detail many cases but it would take up too much time at present.

As to the properties of strychnia as a cardiac stimulant I have no reliable personal experience, but since it excites muscular contraction its use with a debilitated heart I should consider a question demanding excessive care and tentative action.

What the practice is to-day you know better than I, but this I do know that according to the statistical tables we can scarcely congratulate ourselves on it. Weak heart appears to be more common or more intensified than formerly and the question presents itself—Have we a properly systematized management and nursing of this ailing and at the same time paramount influence in our economy?

One of the reasons for the above paper was the recent death of our honoured, beloved and revered King.

I have been unable to get any details of his illness and treatment other than chronic emphysema, dyspepsia, dyspnoea, and fainting turns with bronchitis, likely followed by pulmonary congestion and consolidation to some extent, pulse 90, temp. 98° F., rapid breathing and a chronic weak heart.

The treatment as described even in medical journals was "powerful remedies," to which he did not react. Knowing so little about the condition any remark I make must be taken "*cum grano salis*," yet the condition is not uncommon, and it may be considered. It must be stated at the same time that the King was an intractable patient and would not follow the directions of his medical attendants.

However, we may assume, that a stout, full habited, full blooded man with the symptoms above detailed would indicate that the bronchitis passed into the more serious physical lesion, and extra labor was thrown on the weak heart, this would counsel *first, rest*, were this not attainable then get as near it as we can. As to remedies the indications would point to an engorged and enfeebled heart and lung passages, fluid as well as aerial passages blocked, and for relief we should unload the heart and lungs. Would "powerful remedies," I assume alcohol, strychnia, etc., as included, tend to carry out the indication? Sedatives would likely increase the difficulty by, to some extent, paralyzing the functions of the economy.

What tonic for the weak heart would have been equal to removing a part of the blood that oppressed it as well as the clogged pulmonary and systemic vessels, while allowing the smaller quantity of blood passing through the lungs to be better oxygenated and hence more stimulant

and nutritive and how could this be affected otherwise than by venesection. It may be said it was too late. but delay should not have taken place and in any case venesection incurred no greater risk as he was evidently in *articulo mortis*, and it alone could have stimulated the heart by the access of better oxygenated blood. Pow-

erful remedies look to me like using a club on the fainting marathon runner as he was approaching the goal. he may rally for a few yards to drop in his tracks.

I will not draw a moral and must ask you to overlook my pertinacity in not co-inciding in opinion with the wise heads of the profession.



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