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Observations on the efficacy of Bloodletting in Hemoptysis. By
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A ROUGH draught of these observations was sketched nearly four years ago; and they were occasioned principally from the incident of the writer having met in a *then* recent medical publication,* a statement that Dr. Rees, a late English medical author, 'asserts that he has seen great and irreparable mischief produced by the use of the lancet in cases of hemoptysis, and knows the practice to be prejudicial.†

The method I shall pursue in the discussion of this subject, will be, 1st, concisely to review the opinions of some late celebrated medical writers and practitioners in opposition to the practice of bloodletting in hemoptysis: 2dly, slightly advert to the opinions of those who are in favour of it: 3dly, state the result of my own experience: 4thly, consider the circumstances of the system by which I conceive the practice to be justifiable: and 5thly, relate two instructive cases by way of illustration.

I. I know of no writer, of so much celebrity as a practitioner, who has in terms so unqualified, condemned the practice of bloodletting in hemoptysis, as 'the bold eccentric, dogmatic

Vide, Dr. Thacher's 'American Modern Practice,' page 430.

† Dr. Rees' work is reviewed in the N. E. Journal of Med. and Surgery, Vol. 5, page, 99.

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Marryatt, as he has been emphatically called. His opposition, however, is expressed in a strain of severe ridicule, rather than of fair reasoning and argumentation. Dr. Marryatt, had, I believe, in his day, the reputation of being a very successful practitioner; but if he were so in fact, it evinces how much a man's fame as a skillful physician may be owing to other circumstances, than his correct scientific knowledge; for on a perusal of his '*Art of Healing*,' his practice appears in some instances to have been not only altogether empirical, but in many respects injudicious, and sometimes contradictory. Notwithstanding his decided disapprobation of the use of the lancet in hæmoptysis and some other diseases; in the course of his work just named, he has occasionally introduced opinions and positions which would give the most strenuous advocate for the practice of bloodletting in the treatment of diseases, almost all the latitude he could wish for. I can easily conceive that the peculiarities of the times and circumstances in which Dr. Marryatt lived and wrote, might lead him to adopt erroneous opinions on this subject; for they were probably such peculiarities as have since his time led others into the same errors: and from a careful examination of his book in order to make up an opinion respecting the utility of bloodletting in the treatment of hæmoptysis, it must, in my humble opinion, be considered, at least, of very doubtful authority.

The late ingenious and philosophic Dr. Darwin, who, in general, is sufficiently in favour of bloodletting in the treatment of diseases, prescribes it only in what he denominates '*Hæmoptoë arteriosa*.' In his '*Hæmoptoë venosa*,' he does not name bloodletting; but if the practitioner be governed in his prescriptions by Dr. Darwin's physiological and pathological principles, he will feel himself justified in the use of bloodletting in '*hæmoptoë venosa*,' and in every variety of venous hemorrhage, even although the effused blood be of a dark colour; which circumstance is considered by some, as interdicting bloodletting, among whom is Dr. Thomas; for while he is taught that the venous system is only an extensive '*system of absorbent vessels*,' and that bloodletting is a most powerful means of promoting absorption, both lymphatic and sanguineous, both which doctrines are abundantly inculcated in the '*Zoonomia*,' he will not scruple to resort to that operation in the treatment of hæmoptysis, whether arterial or venous.

It will doubtless be expected that I should take some notice of the celebrated Dr. John Brown, as one uniformly opposed to the practice of bloodletting in almost every form of disease; but whatever may be said in favour of the Brunonian system of

medicine, it will probably be admitted that *Brown* never confirmed his speculations by *much* practice.' His practical opinions are so opposed to those of the most successful practitioners who have ever lived, that with me he is no authority on the subject under consideration, and deserves no attention.

Dr. John Reid of London, in a late volume of 'Essays' on various subjects connected with the science of medicine, and abounding with observations and strictures, which, perhaps, in most respects, are fraught with the soundest sense, and of a character adapted to excite our highest admiration and esteem, speaks of bloodletting in the treatment of diseases with all that cautious timidity peculiar to those who judge of the effects of the evacuation, not from extensive experience, but from prejudice. It is presumed his opinion relative to the subject, will not much influence the conduct of practitioners in this country, when it is understood that he limits the operation to pleurisy and a few rare cases of apoplexy; and acknowledges that he has 'never met with an instance of proper fever which appeared to him to justify the opening of a vein.'

I am not ignorant of the opinions of the illustrious Dr. Heberden respecting the practice of bloodletting in hemoptysis and other forms of hemorrhage; but I approach them with much less awe than seems to impress the minds of many physicians who read his 'Commentaries;' for I was long ago taught that 'great men are not always wise;* and I can oppose to his opinions the successful and uniform practice of a host of his countrymen, whose authority, perhaps, is, on any medical subject, in no respect, inferior to his own: besides, I can easily conceive that there is a great difference between the constitutions of the people of the United States and the inhabitants of certain populous towns and cities in England; and that therefore the opinions of Dr. Heberden or any other English author ought not too much to influence the practice of the physicians of the United States.

Perhaps there are other Europeans writers whose authority is opposed to the practice under consideration; but I am unacquainted with the names of any such except Dr. Rees; and if others were known to me, it would be needless to mention them, as they would probably add nothing to the respectability or weight of character of those already named.

II. In adverting to authorities in favour of the practice of bloodletting in the treatment of hemoptysis, it would be mere trifling to introduce the names of those who have recommend-

* *Nemo mortalium, &c.*

ed it; I might as well at once, refer to almost all the practical writings which compose our libraries. It is presumed to be a fact, which hardly any one would be disposed to controvert, that all the most successful practitioners, both in ancient and modern times, who have left any records upon the subject, have approved of the practice.

So far as my opportunities have enabled me to ascertain the state of medical opinion in the United States; I am persuaded that a large majority of the physicians have been, and are, in favour of the practice which I am defending. To evince the correctness of this persuasion, I would refer to almost all the periodical and other medical publications which have issued from the press in this country, for the last five and twenty years; and to the opinions and practice of the most eminent and successful practitioners who have adorned the medical profession.

III. In forming an opinion on this subject, deduced from my own observation and experience, I should say, that there is no point of practice, the utility of which is better substantiated than that of bloodletting in hemoptysis. I have been concerned in the treatment of diseases above thirty years, and have seen hemoptysis in all its forms and under every variety of treatment; and have some time since adopted the conclusion, that if the circumstances of any case of the disease be such that bloodletting is inadmissible, or can be of no use; no essential benefit is to be expected from any course that can be pursued. Indeed I never knew a permanent cure of hemoptysis effected, without considerable loss of blood, spontaneous or artificial; but I have known many perfect recoveries by means of it.

IV. To judge of the merits of bloodletting in the treatment of hemoptysis, it is deemed proper to consider the state of the system in that disease; and some of the effects produced upon the system by bloodletting.

First: Of the state of the system in hemoptysis.

1. Hemoptysis sometimes occurs in a tuberculous state of the lungs; and is, occasionally, a circumstance indicative of such a state. Now a tuberculous state of the lungs gives no dangerous tendency to hemoptysis unless it be accompanied with phlogistic diathesis, or actual inflammation; but it almost always is accompanied with these circumstances of the system; and hence the necessity of bloodletting, as the most effectual expedient to remove those circumstances, as will presently be considered more at large.

2. Hemoptysis is almost always, at least in the north eastern states of America, I believe, accompanied with a plethoric state of the system. By a plethora, I mean a condition of the blood-vessels in which they are over distended with blood. It is not

necessary to a plethoric state of the system in a delicate, slender female, that she should have as much blood circulating in her system of vessels, as is contained in the sanguiferous system of a strong, robust man: her vascular system may not contain half the quantity of blood that his does, and yet she may suffer from plethora while he shall enjoy perfect health. In her, the solids and fluids shall not be well proportioned to each other, and she shall be visited with hemoptysis or some other form of hemorrhage; while his system shall be well balanced, and he shall enjoy sound health. Now plethora gives no dangerous tendency to hemoptysis, except as it is a predisposing cause of inflammation, and a condition of the system in which inflammation is peculiarly liable to occur. It is proper here to observe, that those cases of hemoptysis which are owing to defective venous absorption, and characterized by an effusion of blood which is dark coloured and grumous, are, perhaps always accompanied with a plethoric state of the system.

3. Hemoptysis may be, and in my opinion, commonly is, accompanied with a phlogistic diathesis; and this circumstance, with or without tubercles, gives the disease all its danger; for while phlogistic diathesis is present, any lesion of any part of the system, is liable to be followed by suppurative inflammation; and while this species of inflammation prevails, no lesion can be healed. Now in hemoptysis there is a lesion; there is a rupture of some blood vessel; and if this happen in a system predisposed to inflammation, or in which inflammation already exists, especially that species which has been denominated 'suppurative;' the rupture will not readily heal; hence a foundation is laid for phthisis pulmonalis.

If the foregoing positions be correct, it is evident that phlogistic diathesis and actual inflammation are the only circumstances which render hemoptysis, of itself considered, dangerous. It is not a tuberculous state of the lungs, nor the rupture of a blood vessel merely, nor the effusion of blood, unless the latter be so profuse as to put a speedy period to life, that gives hemoptysis its danger; but a phlogistic diathesis and actual inflammation: balls, and puncturing instruments have penetrated almost every part of the substance of the lungs, and profuse hemorrhages have followed; and cases of hemoptysis have been known in which immense quantities of blood have been brought up; but such cases have not terminated fatally; and why not? because such effusions of blood have effectually removed phlogistic diathesis, if present, and prevented any degree of inflammation more than what was necessary for the healing of the wound, and nature herself has accomplished a cure.

Now if phlogistic diathesis and actual inflammation be the only circumstances of the system which give any dangerous tendency to hemoptysis; in order to cure the disease, we have only to ascertain, and put in operation, the best means of obviating and removing those circumstances. This brings me to the

Second thing proposed under this head, which is, to consider some of the effects produced upon the system by bloodletting.

It is believed that the pathology of hemorrhagy clearly warrants the following conclusions, viz. 1. That plethora, either arterial or venous, is always a predisposing cause of hemoptysis: 2. That there is always increased action in a vessel from which there is an effusion of blood, if the effusion be owing to an internal cause. 3. That hemoptysis is almost always accompanied with phlogistic diathesis and actual inflammation, or, if these circumstances do not in fact accompany hemoptysis, they are almost always its immediate consequences, and give it its danger.

Now it is well known that bloodletting is the most powerful means of which we can avail ourselves, to remove plethora; to diminish increased action; and to take off phlogistic diathesis and actual inflammation; and hence it is concluded, not only from reasoning, but from observation derived from experience, that it is especially adapted to prevent and cure hemoptysis.

If I am not deceived, hemoptysis at least in this part of the United States, is commonly attended with a hardness of the pulse; and this, I consider a pathognomonic sign of phlogistic diathesis and actual inflammation. Although the pulse may be small, it is commonly hard; and this circumstance, which, perhaps, is of more importance than all others, in determining the nature of the treatment to be pursued, indicates, and will justify, bloodletting.

But are there not cases of 'oppressed' or 'suffocated arterial action, in which the pulse may be "obscure, oppressed, irregular, sluggish, and sometimes intermitting," and in which, if hemoptysis were to occur, bloodletting would be as certainly indicated, as in a contrary state of the arterial system? There undoubtedly are such cases; and such have occurred under my own observation.

It would be needless to make large and formal quotations from medical books to prove the correctness of these positions and conclusions; a concise reference to a few of the most respectable medical writers will suffice. Dr. Cullen maintains that hemoptysis is owing to arterial plethora, and accompanied with phlogistic diathesis. Dr. Darwin ascribes 'hemoptoe venosa' to defective venous absorption; which is understood to be but another expression for venous plethora. Dr. Huxham,

speaking of an oppressed pulse, says, the cause of it is 'not the defect, but the too great quantity of blood; by which the blood-vessels are so far over distended that they cannot act with sufficient vigour.' Dr. Rush says 'there is seldom an issue of blood from any vessel in which there does not exist preternatural or accumulated excitement.' Dr. Cullen says that the 'Diathesis Phlogistica' is always attended with a hardness of the pulse; and is most effectually taken off by the relaxing power of blood-letting.' Dr. Huxham says, 'the hardness of the pulse is one of the most *pathognomonic* signs of an inflammation of membranous parts.' Dr. Philip says, 'some degree of inflammation always attends active hemorrhagy;' and it is believed that hemoptysis, at least in the North-eastern states of America, is commonly of this kind. But without reference to the opinions and practice of others, I must be allowed to consider my own experience a sufficient voucher, at least to myself, for the correctness of all that is advanced on the present occasion on this subject.

It must not be forgotten, however, that there are cases of disease accompanied with a 'tense pulse,' which I consider but another phrase for a 'hard pulse,' in which bloodletting is inadmissible. These cases are clearly pointed out by Dr. Rush in his 'Defence of Bloodletting;' to which I would beg leave rather to refer any one, than introduce a quotation.*

Bloodletting, by diminishing the quantity of fluid, diminishes the diameter of the vessels, and disposes to adhesive, instead of suppurative, inflammation; and thereby gives the ruptured vessel an opportunity to heal, and become sound; which, it is believed, is more than can, in truth, be said of any other remedy.

It is a rule with me to take so much blood at once, or by a repetition of the operation, as to produce some sensible degree of languor or feebleness; unless, from a consideration of the circumstances, it should be thought that a smaller quantity will suffice. It is an object with me to bleed according to the state of the pulse, and the apparent fulness of the sanguiferous system, till plethora, phlogistic diathesis and actual inflammation, be effectually taken off; and till the rupture in the vessel be perfectly healed: then, such a course of diet, exercise, and clothing, is to be pursued, as will prevent a recurrence of plethora and phlogistic diathesis, and determine the fluids as much as possible to the surface of the body. And, to restore a healthy degree of vigour to the system, I know of nothing better than suitable exercise; and plain wholesome food of easy digestion,

* Medical Inquiries and Observations, Vol. 4, edition 3, page 368.

and in moderate quantities. Tonic medicines, as they are called, do, in these cases, in my humble opinion, incomparably more harm than good ; as they invite a return of the same condition of the system which it was the object of bloodletting to take off.

It is not intended to go into a consideration of other remedies in the treatment of hemoptysis, as it would consume too much time, and would not comport with my original intention, which was merely to discuss the merits of bloodletting : I will, however, just observe, that after bloodletting has been performed according to the exigences of the system, I have found no remedy so effectual in restoring health in females labouring under this disease, as spinning at the great wheel. It must be begun as soon as circumstances will admit, even if it be pursued only at short intervals during the day ; and persevered in, more and more constantly for a few weeks, or even a year ; and afterwards resumed, as occasion may require, to remove or prevent most of the circumstances of chronic debility.

Physicians have been deterred from bloodletting in hemoptysis, from a regard to certain circumstances of the system, independent of the state of the pulse, and the apparent fulness of the blood-vessels ; thus 'where there are marks of debility and laxity,' and where the blood effused is of a dark colour, and grumous, it has been said that bloodletting is improper : but I am of a different opinion ; for it is well known, that the debility in such cases is of the indirect kind, and owing to excessive arterial action ; and is, therefore, most effectually to be removed by bloodletting : and the laxity, and dark-coloured blood are owing, at least the latter, to defective venous absorption, and are to be obviated by means of the same remedy, judiciously employed. I repeat, *judiciously employed* ; for it must be remembered, that there is no remedy of which the salutary effects are more dependent on a proper exercise of judgment,—or in other words—on knowledge derived from experience, than bloodletting. In the treatment of hemoptysis, bloodletting must be regulated by a proper regard to *quantity* and *time* ; and if so regulated, it will most certainly prove salutary, if any thing will ; whereas a slight deviation in either of these particulars, will render it not only useless, but, perhaps, prejudicial.

I have almost always observed that those physicians who are opposed to the practice of bloodletting in hemoptysis, are those who hardly ever bleed in any cases of disease, and who *never* have bled in hemoptysis ; such, therefore, are to be considered very incompetent judges of its effects ; and their example and opinion on the subject are not to be regarded.

In the course of my practice I have sometimes met with persons who appeared to entertain a singular notion respecting the nature and treatment of hemoptysis; and I have, indeed, been surprised to find a few physicians who did not reason more profoundly on the subject. The notion to which I allude is this, viz.: that 'an effusion of blood is a proof of a paucity of blood.'

This erroneous notion, it is believed, has led to much erroneous practice. It would seem to be more correct to say, that 'an effusion of blood cannot take place from any vessel, from any internal cause, but over-distension, or too much blood;' i. e. from a disproportion between the capacity of a vessel and its contents.

When hemoptysis is accompanied with a tuberculous state of the lungs, bloodletting is to be viewed, perhaps, in no other light than as a *palliative*; and as such I have found it very serviceable. In all other cases, if it be judiciously employed, and a suitable regimen be observed, and a few auxiliary remedies be occasionally administered to remove pain, cough, &c. I believe it will generally cure; and thereby prevent phthisis pulmonalis, of which it is so frequently the alarming harbinger.

There are cases of hemoptysis accompanied with a pertinacious cough, by which the effusion is not only increased when present, but is more liable to recur; in such cases bloodletting has been found particularly efficacious. The case of the late Dr. James Currie of Liverpool, England, of which we have an account in Darwin's *Zoonomia** given by Dr. Currie himself, although not attended at the time with hemoptysis, had been preceded by it, is most interesting and instructive; and on several accounts so nearly allied to the cases just alluded to, that I cannot omit to refer to it, as highly deserving the consideration of those physicians especially, who are deterred from bloodletting in hemoptysis, by reason of the concomitant debility.

Although it be acknowledged that bloodletting, in hemoptysis accompanied with a tuberculous state of the lungs, is chiefly to be valued as a *palliative*, by preventing and removing inflammation; still it may be asked with much confidence, whether physicians do possess any remedy that promises so much to promote the RESOLUTION of tubercles, as bloodletting?

It would be needless to introduce the histories of particular cases with a view to establish the correctness of the opinions herein advanced; matter might be furnished for a volume: cases could be related which would exhibit the inefficacy of a great

* *Zoonomia*, Class ii. 1. 6.—British 'Public Characters' Vol. 2. 'Dr. Currie.'

variety of medicaments, such as tonics, astringents, stimulants, sedatives, demulcents, agglutinants, &c. &c. &c. under the direction of some of the most eminent practitioners in the United States: cases could be related in which bloodletting was sparingly employed, and too much confidence reposed in other means; but without success: cases could be related in which bloodletting was employed to the exclusion of almost every other remedy, and with complete success: cases could be related in which a profuse effusion of blood prevented its own recurrence, and every unpleasant consequence, by at once taking off plethora, phlogistic diathesis, and actual inflammation: but I forbear; and shall

Fifth and lastly, close this paper with the history of two cases only, which I consider remarkably instructive; and which, as they were not my own, will, perhaps, deserve the more attention.

CASE FIRST

is that of the late Jason Fairbanks of this Commonwealth, who, in the year 1801, was executed at Dedham, for the murder of Miss Betsy Fales.—This young man had been constitutionally infirm from his birth. He had always been an invalid. His complaints had been pain in the side, cough, and occasional, and, if I do not misremember, frequent, hemoptysis, and, what was called, general weakness. His infirmities were such, that he never could labour, or take any considerable exercise, without manifest injury and danger of a recurrence of hemoptysis; and he was bred to no employment. He was known to be habitually so slender and feeble, that it was argued in his defence, at his trial, that he did not possess sufficient muscular energy to inflict the fatal wounds on the body of the young woman, if she had made any vigorous resistance. From the wounds which his own body exhibited, he sustained a loss of so much blood, that when he returned to the mansion house of the young woman's friends, he was pale, faint, and exhausted; and could not maintain an erect position, without staggering. His wounds became gangrenous; and his life was despaired of. He at length, however, recovered, and became possessed of what he had never before enjoyed—A STATE OF PERFECT HEALTH. He escaped from prison, and prosecuted a journey by night and by day, of one or two hundred miles, if I mistake not, and endured, without injury or inconvenience, hardships for which his former infirm condition would altogether have disqualified him. He was pursued; overtaken; and remanded to prison. He continued perfectly healthy; even to the time of his execution, having been constantly able to

eat, drink, and sleep, with as good a relish and as much satisfaction, as any man living.*

Now it is presumed, that those physicians who maintain that the foundation of hemoptysis consists in pure, unmixed debility, independent of, and unconnected with, plethora and increase of arterial excitement, will not admit that the situation of Jason Fairbanks as a felon, could operate on him as a restorative to health; on the contrary, if their theory be correct, the 'depressing passions' as they are called, would have rendered him much more liable to a recurrence of his former complaints.

If Jason Fairbanks had been pardoned, and returned to his former habits of living, he would probably, ere long, have again become plethoric, and his old complaints would have recurred, unless seasonably prevented by bloodletting, abstemious diet, and active exercise or labour. With a judicious employment of these means, he might undoubtedly have secured to himself the enjoyment of a long and uninterrupted continuance of perfect health.—The

SECOND CASE

which I shall relate, and with which I shall conclude this communication, protracted already, I fear, to an unwarrantable length, is that of the late Rev. Dr. SAMUEL STANHOPE SMITH, President of New-Jersey College; narrated by Dr. Smith himself, in a letter to the late Dr. Rush, dated March 19, 1798.—I shall transcribe the letter.

'A certain weakness of my breast, and tendency to hemorrhage, was hereditary on my mother's side of the family, whom I was supposed to resemble in constitution and countenance. Shortly after I was licensed to preach, I was thrown into a situation which required unusual exertions. I had often to address very large assemblies, at least three times in the week, and frequently every day. In consequence of these efforts, at the end of about three years I began to raise small quantities of blood, at the close of each discourse. This symptom continued to increase; and during nearly four years more, though I moderated my exertions, and made them much less frequent, I raised some blood at the end of almost every sermon I delivered, and sometimes in considerable quantities. The spitting often continued in a less or greater degree for several days afterwards. I was at length obliged to intermit preaching entirely for the space of

* The foregoing facts were derived from the published account of his trial, and from a publication of his brother, a few weeks or months subsequent to his execution.

eight months, during which time I spent part of a season at the sweet springs in Virginia. I recovered a tolerable, though a delicate state of health. At this period I was removed to Princeton, where speaking to small assemblies, and in a chapel happily accommodated to favour the voice, I continued to preach, and to attend my other duties in the college, during two years, with increasing health and vigour. In the autumn of the year 1792, I suddenly broke a blood vessel in my breast, as I was walking. A considerable quantity of blood issued from the wound; but by bleeding copiously at my arm, the flux from my breast at that time was stopped. Nearly about the same time in the next evening I felt my pulse quicken, and an unusual tension growing on all my nerves, and, in a few seconds, the blood began to spout with great velocity through my mouth and nose; I was again bled largely twice in the course of the evening, from my arm and foot. The following evening a similar paroxysm returned, and the blood again spouted with great force from my mouth. The physician was sitting on my bed side at the time; and when I perceived the quickening of my pulse, and that strange stricture coming, as it seemed to my feeling, on the whole system of the nerves, I gave him notice of it, and requested him to bleed me. He refused, and said so much bleeding would only tend to bring on an habitual hemorrhage by debility. I told him I would rather die bleeding from the arm than from the mouth. At last, when he saw the force with which the blood issued, and, in consequence of my earnest solicitations, he bled me again. I requested him to leave me his lancet, and I would be answerable for my own life. This he reluctantly consented to do. At this time two other physicians were called in, who bled me twice more the same evening before they could effectually stop the flux of blood from my mouth. Next day I expectorated nearly a pint of clotted blood that had been lodged some where in the cavities of the lungs. Being now in possession of a lancet, and apprised by experience of the symptoms that preceded the return of my disorder, I determined to anticipate it, and, when the physicians were not present, to open my own veins. This I did accordingly, whenever I perceived the symptoms I have already mentioned, which now recurred more frequently for four or five days. After that period they subsided. But I continued bleeding at the arm two, three and four times in the day, till the tenth day. My intention was to take off the impulse of the blood from the wounded part, to prevent an inflammation, and to give it time to heal. I may, perhaps, have bled myself oftener than was necessary. After pursuing this

course, however, the flux of blood no more discovered itself from my breast. Two and thirty times I was bled in the space of ten days, in my arms and feet, besides what flowed from my mouth. And it was computed, from the dimensions of the vessels in which it was received, and other circumstances, that I lost, in that time, at least two gallons of blood. Even in this reduced state, so great was my apprehension of the hemorrhage in my breast returning, I continued to bleed at the arm twice in the week for some time, afterwards once in the week, and finally, once in a month during several months; though not in large quantities at a time. After the hemorrhage was entirely stopped, my flesh wasted away for the want of its proper nourishment in the blood, till not a muscle could be perceived in any of my limbs. The skin appeared to be drawn almost close to the skeleton—I spoke only in a whisper—and I was not sensible of having forgotten myself for a moment in sleep during six weeks. My complexion was tinged with a yellowish hue, and an acid so prevailed in my constitution, that with my tongue I have frequently curdled a small bowl of milk. For more than three months I could not use bread, or any vegetable substance in my diet. I lived chiefly on beef liquor, soups, and white meats. I drank a little weak wine and water frequently; but after many trials, I found porter as a drink agree best with my stomach, and at the end of some months I used it freely and constantly. As soon as I could bear the motion of a carriage, I took gentle exercise in that way. Afterwards when I could sit a horse alone, I was helped into the saddle, and every day rode a small distance, increasing it gradually till I rode from twelve to fifteen miles in a day. Here my recovery was at a stand for some months, when I resolved to try the effect of a long journey on horseback. I rode first into Connecticut, and afterwards to Boston, in which journeys I laid the foundation of that good health which I have now continued to enjoy for more than ten years; and my voice, particularly, is clearer and stronger than it ever was. A habit that frequently required aperient medicines, was greatly increased by loss of blood, and for more than seven years I was obliged to have daily recourse to them. A pint of beer or of cyder at any time sufficiently answers the purpose. This fact is contrary to another principle of many physicians, and contrary to the pressing advice of several of my medical friends, rather to struggle with the disease than to use so constantly the medicines necessary to overcome it. They assured me that I should totally destroy the tone of my bowels, and perhaps fall an early victim to my remedies. However, resolved to live as comfortably as pos-

sible while I should live, and not solicitous for a prolonged existence of sickness and pain, I persisted in my own course; and I now find that the medicine was infinitely less pernicious than the habit, and that, contrary to prediction, it has relaxed the tone of my bowels just to that state in which it ought to be. I have found however, many years ago, that a small pressure upon them impeded their regular action, and produced sickness at stomach, and pain in the head. This induced me to invent a kind of suspenders to relieve my stomach, long before I knew that fashion would employ them to shew the shape to more advantage. My own experience has convinced me that persons of delicate habits often suffer greatly from tight waistbands, when they are not able to assign the cause, and especially women, from the manner in which many of them tie their clothes, and the weight they suspend in their pockets.

'Thus, sir, I have given you the history of my disease and the treatment of it, which, I doubt not, you will pronounce uncommon. I have gone back to an early period of it that, having all the facts before you, you might form a more accurate judgment of the whole. I have, perhaps, carried my bleedings somewhat farther than was absolutely necessary; but, in such cases, it is difficult to fix the point of strict necessity, and success has justified my rashness. And I am persuaded that, to great bleeding, and the thick flannels in which I immediately wrapped myself, all with the view of taking off the impulse of the blood from the wound in my breast, I owe my freedom almost wholly from inflammation and cough. I judge thus, because in many instances since that time, when I have imprudently taken cold, and feared the effect of the cough on my breast, I have had immediate recourse to increase of flannel and to bleeding, which have relieved me in a very short time.

'I have had no medical education, and have had no theory to bias my mind. What I have done at any time contrary to advice, I have done, impelled by the urgency of symptoms, or led by probable conjectures concerning the effect of the means I used, without being restrained by *principles* which might, perhaps, have intimidated me. I draw no general conclusions from my particular case. This you will be better able to do when you have compared it with so many others which must have come under your observation. I believe it would be dangerous for an indolent and inactive person to be reduced so low by bleeding as I have been, or one who had not equal resolution to make the exertions necessary to recover him from

that state. Activity in duty, and firmness of mind are often among the best remedies. I am, dear Sir, &c. &c.

SAMUEL S. SMITH.*

Had it been my original intention to suggest any thing more than a few general hints on the utility of low diet and exercise in obviating plethora, and thereby preventing and curing hemoptysis, I could have introduced, among other cases, that of my medical preceptor, the late Dr. Philip Carrigain, of Concord, N. H. He commenced the practice of physic at an early period of his life, possessed of a very slender constitution, and subject to frequent and profuse hemoptysis. He told me it was not unusual for him, after having ridden several miles to visit the sick, upon dismounting, to bring up from half a pint to a pint of blood, as fast as he could expectorate it. It was impossible for him, on account of bad roads, to pursue his business in any other way than on horseback; and yet he was determined to pursue it as long as he could ride; for he observed, that when riding, he brought up no blood. Besides frequent bloodletting to obviate plethora, he conceived the idea of the efficacy of breast-milk, and resolved to have recourse to it. Of every nursing woman whom he met, he solicited permission to draw her breasts. This course he followed rigidly for at least a year, taking, during that time, little or no other nourishment, except cow's milk, when he could not find a supply of breast-milk. At the end of the year he had become quite free from hemoptysis; but never recovered perfect health and vigour, till the natural small-pox, which he took, when about 25 or 26 years old, and which, though it very nearly carried him off, completely revolutionized his constitution. He never experienced a recurrence of hemoptysis more than once or twice afterwards. He died at the age of 57.

Note.—The writer has to acknowledge, that the foregoing case of the Rev. Dr. Smith, is extracted from the Second Volume of the 'Philadelphia Medical Museum;' and he flatters himself that the editor* of that excellent work, will take no exception to the use made of it in this instance.

* Dr. Coxe.

On a peculiar disease resulting from the use of Ardent Spirits.
By JAMES JACKSON, M.D. Professor of the Theory and Practice of Medicine in Harvard University.

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AMONG the diseases, arising from the use of ardent spirits, there is one, which is very distinctly marked, but which I