

AN
INAUGURAL DISSERTATION

ON
*Therapeutical Application
of Venesection*

SUBMITTED TO THE
President, Board of Trustees, and Medical Faculty

OF THE
UNIVERSITY OF NASHVILLE,

FOR THE DEGREE OF
DOCTOR OF MEDICINE.

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We have not
Chosen the Subject of the ther-
apeutical application of Venisection
with any expectation of offer-
ing anything new upon the Sub-
ject, it cannot reasonably be
expected we shall only give our
Opinion in a general way as to
the therapeutical application
of Venisection Some may think
us somewhat presumptuous in
assuming to ourselves what they
may regard as not legitimate
by belonging to us - An Opinion
Upon the present Subject.

but from the common Stock of
 Phisic each and every one have
 the right to pick and cull
 for material to base his op
 inion upon. provided there
 is no borrowing of whole pages
 our Subject has good deal to
 sentence to some of our po
 litical Parties at times it is
 at high water mark. With a
 platform that all can stand
 upon and soon or later it gets
 to tossing about and is soon
 in the pieces some clinging to
 one part some to another. But
 we will always be found firmly
 seated in the middle place
 pulling our stony when the
 tides roll high and compare

- truly easy when there is nothing
 more than a gentle ripple of
 the water. The present subject
 is one that has occupied the
 minds of some of the greatest
 medical men of ancient as well
 as in modern times. Some
 contending for the detraction of
 blood in nearly all disorders
 while upon the other side
 there are those who condemn
 it altogether each party have
 written many numerous theories
 in support of their respective
 positions. We do not intend to
 admit either to stand upon our
 platform we neither want the
 northern fanatic who dreams of
 nothing but niggers and underground

railroads nor the Southern Cis
 unionist who with his perverted
 imagination can see nothing but
 myths of abolition darkness swar
 ming South. We want construction
 men. men who can look upon things
 as they really are presented
 We are not aware that Venesection
 was extensively resorted to as a
 therapeutic agent before the dis
 covery of the circulation of the
 blood by the illustrious Harvey
 But since its physiological
 relations have become better
 understood it is resorted to in
 treatment of various diseases
 such as an an active inf
 ammatory character. It is
 resorted to for its sedative

agency differing very much
 from other Secretions. There
 being no presumption of ex-
 citation before its appearance
 facts are perceptible. The class
 of venous terms by which
 the Secretions always pro-
 ceed more or less of excitement
 before the System is brought
 under their influence. But
 there are States of the Sys-
 tem in which the too great ab-
 straction of force into the
 venous apparatus excitation by re-
 serving the engorged vessels. We
 have an illustration of this in
 Crustaceous forms of disease
 The effect of bloodletting is one
 of debilitation and accord

oughly it is one of the vari-
 ous & various agents used
 in the treatment of diseases of
 an inflammatory character
 But the celebrated American
 phlebotomist termed bloodlet-
 ting the sheet anchor of the
 physician in the treatment of
 inflammatory diseases. We car-
 ried it to an extent that would
 be considered criminal at the
 present day. We would soon
 see the fallacy of our views
 by if this Russianian did
 not make common sense
 the too free abstraction of
 blood about a collection of
 matter that would seem to be
 found the free abstraction of

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Producing an irregular
Distribution of Blood through
the System a Condition of
things was easily remedied by
an Apaté than with the Lan-
cet.

In resorting to bloodletting we
are to take into consideration
The epidemic Condition of
The Atmosphere, the age and
Sex of our Patients, the
length of time he has been
Sick, the Site of the Dis-
ease. In some Cases we
find Diseases presenting an
Open inflammatory Character
which, Cramps and will
bear the moderate abstraction
of blood while upon

the other hand in partic-
 ular conditions of the at-
 mosphere our patients
 will not bear the loss of
 blood even in very small
 quantities without producing
 prostration not easy to
 recover from under
 such circumstances as
 last mentioned the way is
 sort to the local attrac-
 tion of blood with benefit
 to our patients

There are but very few of our
 typhoid patients that bear
 general bleeding generally
 speaking but few demand
 it while a very large pro-
 portion requires local bleeding

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With cups and leeches our
position may seem a little
inconsistent but to our mind
it seems clear that if we at-
tempt to relieve local congestions
or inflammations by gen-
eral bleeding we produce an
irremedial prostration with
cups or leeches we may draw
less amount of blood from
the immediate vicinity of
the parts affected without
much prostration. Suffer-
ing persons and infants do not
fear the loss of blood well
provides as a general rule do
not require the same amt to
be drawn as males to pro-
duce syncope convulsions

During and after labor form
an exception to this rule
they will frequently bear the
loss of fifty to one hundred
ounces during twenty four
hours

The length of time our pat-
ient has been sick has an
important bearing in the abstrac-
tion of blood

General bloodletting is in a
large majority of cases ap-
propriate only at the outset
of the disease - in the lat-
ter stages cups and leeches
answer the purpose

Inflammatory conditions of the
brain and membranes all ser-
ous membranes generally require

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it in early stages acts blood
letting the Dr not expect to
control inflammation of mucous
membranes nor the ab-
dominal viscera so effect-
ually by bleeding as the Co
in inflammation of the serous
membranes and thoracic viscera
yet he may assist our medicio-
al agents in some cases by
the cautious abstraction of blood
in inflammation of any of
the mucous membranes or
abdominal viscera

In inflammation of serous
membranes we expect to find
the patient with full hard
pulse while upon the other
hand in inflammation of

Mucous Membranes generally
Speaking we find small
frequent Pulse

When we have returned up
on bleeding our Patient we
will place him in the up
right position and make

large orifices - a leg and
a hood drawn from large
orifices in the upright po
sition than in opposite posi
tion with leg orifices pro
duced Syncope