seen and much appreciated  

Robert Spryeds, 
Dec 1932.
I, William Cleaver Woods, of Albury in the Colony of New South Wales, do hereby solemnly and sincerely declare as follows:

1. That I am thirty-four years of age.
2. That I have been engaged in the medical and surgical practice of my profession at Albury for nearly three years.
3. That for the past fifteen months I have held and still hold the appointment of medical officer at the Albury Hospital.
4. That I am the author of the thesis on Hydatidise which is hereto annexed and marked with the letter "H".

And I make this solemn declaration as to the matters aforesaid according to the law in this behalf made and subject to the punishment by law provided for any willfully false statement in any such declaration.

Subscribed and Declared, at Albury in the Colony of New South Wales this twenty-fourth day of March, one thousand eight hundred and eighty-six.

William Cleaver Woods.

Before me,

Annexed,
One of Her Majesty's Justices of the Peace for the Colony of New South Wales.
To the Dean of the Medical Faculty of the University of Edinburgh:

A Thesis on

HYDATID OF THE LIVER: WITH SPECIAL REFERENCE TO ITS SURGICAL TREATMENT IN AUSTRALIA: WITH NOTES ON SPURIOUS FORMS OF THE DISEASE.

by

William Cleaver Woods (M.B. E.M. 1852)

Surgeon to the Albany Hospital, New South Wales, Australia.

This is the thesis on Hydatid of liver marked with the letter A referred to in the annexed Statutory Declaration of William Cleaver Woods. Subscribed and declared at Albany in the Colony of New South Wales this twenty-fourth day of March AD 1886. Before me,

[Signature]
One of Her Majesty's Judges of the Peace for the Colony of New South Wales.
The subject of typhus is one which is closely associated with the climate of Australia. It is a many ranked in Ausatina type of disease, it has been described, though it is spoken. In the colonies, perhaps, the broadest field for investigation. The most extensive range of observation in relation to it, of any part of the habitable globe, is to be found in the interior of the country. It may be stated, whether to all intents and purposes Australia is a country which is being closed before it as foremost among the places of the world, where this disease is all its phases, presents the most favourable of all the countries in the peculiarities, and comprehensive methods of its most interesting to the practical organism.

It must be held an important point to the Australian practitioner, whether he be the young man newly placed from the medical schools, or the more experienced in the medical practice of professional work.

The absence of knowledge in this all-important subject some weeks a man into bad awe among his patients, while its successful grappling with will often prove material for his success.

Dr. W. Wickenden of Melbourne is a paper on typhus read before the medical society of Victoria in April 1885, during the summer. One subject suggests it everywhere in dealing with disease, generally the important of such an injury in patents enough to every medical man in practice.

It has fallen to the lot of Australian practitioners
to a large extent to establish a set system of treatment for diabetes which is now in a sufficiently reliable and satisfactory basis so to leave little room for doubt as to the precise action to be taken in almost every emergency. To formulate in these same reference the principles to be adopted in such place of the affection, and yet without we find only one standard little work of any sort written by a Colonial observer which treats on the subject. The rest of the literature published consists of reports of cases here and there or reports scattered throughout the Australian Medical Journals.

These have to be collected. The entire matter collected by those who would have further knowledge of diabetes than that attainable through the perusal of some recognized work on general surgery.

And a standard work of becoming pretentious has not long been Mr. Emannel from some colonial imperial authority, which would become accepted as a best book on the subject, is a fact which remains but little to the credit of the profession in Australia

We have an amount of written matter already where very compendium alone would furnish an acceptable treatise on diabetes, but outside the one monograph by Dr. King of Melbourne, this special interest devotes to the diseases as it affects the lungs no work has ever been attempted. And yet tuberculosis is the starting of the question of everyday importance here are not few, for the writings of Dr. Reid, Macfarlane, of some years ago, the more recent account of the successes of well known daily occurrence by Dr. F. F. St. Johnstone, Dr. S. R. H. C. W. et al., familiar rings to Colonial medical men.

The late Dr. Moore, of Adelaide, by his systematic report, traced of cases under his care at the
In the British hospitals, the student trained in Colonial hospitals possesses immense advantages over the man schooled in British universities, in the subject of Hydriasis; when it is remembered that he gains, as a result of frequent contact with an actual observation of the disease, an intimacy which it is altogether impossible to acquire in the literary institutions of the mother country, for very obvious reasons. In my experience in Edinburgh some years ago, I had no chance of observing a case of the kind, hence at the beginning of my career as a surgeon, shortly after my arrival at the University in 1885, I experienced the greatest difficulty in the diagnosis & treatment of the disease. I have seen many other coming to labour in the heat of it, for the first time, not a few cases slipped by me in recent years of this subject, indeed for a time Hydriasis had no place whatever in my differential diagnoses.

I have noted over 50 cases of Hydriasis occurring in various localities, which have been treated in the Melbourne Hospital, under the appointment of some Surgeon for some time, at the Albury Hospital where I have at present the same honorary appointment. Many of these cases have been under the care of my colleagues, I have also been in the charge of my colleagues, and at the request of a subject which he proposed to me during my residence in Australia.
This little organ, named later, developed in almost every part of the body, from one node, supplemented by cases published by observers in Melbourne and other places, when conclusively, that no organ of the system, if any, this can be said positively to escape infection by it. It has been seen in the female breast while operating for Sinus, in the heart, pericardium, orbit, bladder, brain, liver, in the muscles and connective tissue, as well as continually occupying its more frequent habitat. The liver, however, is above all the most typical seat of the disease; the history of the surgical treatment adopted in the colonies in relation to it, will serve to represent that indicated for the affection manifesting itself elsewhere where operative treatment is at all practicable. The lungs less are a very frequent seat of the disease, but it is quite common to find these cases clinically isolated, or necessarily combining with that of the liver in this situation.

In the Melbourne Hospital (450 beds) out of 175 cases of Hydatid occurring in various structures, 82 were connected with the liver. In the Ballarat Hospital (with 150 beds) 66 cases in different situations, the liver was affected in 59 instances, those of the Hospital Beechworth. The proportion in Beechworth was 25 out of 49. The Ballarat Hospital claims also that the liver is by far the most frequent seat of the disease.

In nearly all cases where operation was advisable practised and of those above-mentioned disease was confined to the liver, lungs, or pleura; while exceptional cases have been recorded in which operation was successful by Dr. Hay of Melbourne in the orbit, Dr. Roman in the female breast, Dr. Tramana in the pericardium. The frequency of the disease in Australia can only
be very imperfectly estimated from the published statistics of its occurrence during life, for it has been conclusively proved by Professor Allen of the Melbourne University, that the existence of hydatid is only revealed after death; frequently, any symptoms that may have been experienced by them were swallowing up in manifestation of a fatal disease more or less strongly independent of their presence. [Australian Medical Journal March 15 1887].

In this respect it is analogous to fibroid tumours of the uterus, which we find arise And metastise in many cases, where the symptoms of it during life have been entirely absent.

Classification

Clinically speaking we have 2 great classes of hydatids, of the liver to deal with, which however may be subdivided thus:

1. Those in which hydatidosis is not acquired
   a. Simple forms
   b. Compound

2. Acquired hydatidosis
   a. Simple forms
   b. Compound

Class 2. This variety may arise either as a result of tapping in Class 1 and the application thereby to an irritant from without; or it may originate spontaneously from an unknown irritant interfering with the vitality of the liver, and causing suppurative destruction in consequence. By the term "simple" we mean those cysts, which occur as one case, or a number of disconnected or isolated cases, closely related, without secondary formations (daughter cyst) contained therein. While the compound refer to those cysts (one or more) with secondary cysts floating in the contained fluid, or otherwise, as separate from the parent cyst or cysts.
In regard to treatment, however, we need only deal with the two primary classes. viz.: stenoperistaltic, or insufficiently suppurating, the first corresponding with ordinary cysts with watery contents, the second to that of an abscess.

**Treatment.**

The treatment adopted in the Colonies of Australia has been in the past both medical and surgical, but practically speaking at an early stage the former is abandoned, the latter unreasonably accepted, practised alone - 1st, medical treatment - I have myself treated six cases of non-suppurating hydrocele during the last 2 years by the exhibition of bromide of echinoce, and of phosphorus alone in combination with bromide, as well as in some I have by the inhalation of cinchonine. My results have been nil. This made me look for a better cause to resort to tapping. Dr. Bird in his work on syphilis of the lungs recommends that the treatment is especially effective after employing tapping when once a cure is necessary, because at page 32 I have seen many cases in which in both liver and lung, a single tapping was sufficient; the prolonged after administration of these remedies completed a permanent cure. This may be all very true, but the question naturally suggests itself, how does the cure depend on the tapping alone, or on the combined with removal? in all other cases does the surgical means employed need supplementing by a course of internal medicine to effect its object? Throwing that the medical adjunct might be necessary, with altogether either the above-mentioned cases.
determined to give electrical first, the surgical means an opportunity alone of accomplishing the desired purpose, with the result that the first named was of no seeming whatever. The latter acted very satisfactorily without the aid of the former. As that being reply to his declaration as to the true means employed, that the withdrawal of the fluid is primarily potent if itself, while the medicine in itself alone or in combination with others is doubtful — 1 out of 2 cases were so far as I know, permanently cured, 5 with 8 having only a piece, & 1 with 3 successive similar operations following one upon the other at from 1 to 4 months' intervals between each. 2 went on to suppuration & were dealt with accordinly, but all without the medicine whatsoever of a specific type. Most operators have now discarded therefore the electrical treatment wholly specific if itself, as supplementary to surgical means. Dr. Beal records a case where he had the opportunity of achieving this result, shrivelling of a large cyst tapped 3 years previous, which specific medicine were given constantly for many months after operation by Therapecetics, proves him as an illustration of the marked effect of the combined treatment, but it is not at all improbable I think, that had we the opportunity of treating similar cases whose medicine was not practised, the same happy result would manifest itself perfectly even in many instances. Positive demonstration however is seldom possible seeing the chance of death in such cases is very rare indeed, & where it took place, the patient would not always yield to the most earnest request even when a verification to be furnished beyond a doubt.
Treatment by Salvarsan has been adopted in London by Dr. Paget and others, and by several Continental specialists, but recorded results have not led to the practice being followed up as yet to a great extent. For some time there has been evidence of any particular recommendation for its adoption — 1st. Surgical treatment. There seems, however, to be an indication that we may have to fall back upon radical destruction of the lympho-epithelial cyst by strictly surgical means alone. From the number of successes published by various operators in Australian journals, there is but little doubt in my mind that this method is the only one which recommends itself to be followed out in all suitable cases, in the plan adopted by all three accumulating in one day to deal with these accumulations.

Special mention is to be made to the second class of cases from this aspect of the question, as once the fluid has become transformed, the first step taken must be its removal. Treatment here of the primary form consists in the evacuation of the fluid within partial or complete, in order to ensure a re-absorption of the vitality of the cyst necessary to its death, swelling, and cicatrization. There is a difference of opinion, however, as to the amount of fluid to be withdrawn, some insisting on emptying the cyst as completely as possible, others attempting a few enucleations. In my own cases, I have always adopted the partial method with the results before enumerated. Some would have us believe that this method alone invariably results even a little in the cyst, breaking up fresh action or filling again, but my own cases have never been of that case. Of the first cases three tapped partially, 2 have two or three years ago, 1 out of the 6 are still under.
observation. Hence I conclude that when the
erythine is one of clear watery contents, after having tested
the same with a hypodermic needle, the best treatment
to adopt is to attempt a few ounces of the fluid,
thereby impaire vitality, thing about shrinking & absorbing.
Use a medium-sized needle, or better for this class, the
epinephrine for the purpose, to make a small incision
above superficial structures previous to puncturing.
All that is afterwards required is a small piece of
flannel placed over the wound & a bandage of support around the body. An injection of morphia
(0.5 to 1.5) to relieve shock & any attendant distress, which may be present; with the application to
hot emplastic fomentos or linseed meal poultices
soaked freely with opium or Pappy less (3-6) per six.
Shells have often any suppurative local peritonitis.
Sedation can be more simple; few operations are
more satisfactory.

The following is an illustrative case of my
own:

June 4th 1883, I was called to see a female
patient of 28 years of age, who complained of an
uncomfortable fullness in the right side just about
the mammary right lower rib, accompanied by a feeling of oppression of the chest. This oppression
carried away much in its severity, so that the
patient was attacked periodically & more frequently
toward night, by great shortness of breathing, through
which she was compelled to keep for breath, these
attacks were attended in these paroxysms, stiffness, nausea
& a tendency to churning, hoops or actual regurgitation
occurred at these times. Her pulse few rapid & shallow, tempera-
ture elevated as high as 103, and perspiration was
profuse. Between the attacks, however she
exhibited but little discomfort, only that she
always knew something was wrong that shouldn't be. In extravasatio I found an elevation over the border of the face (cutanii free margin) which was tense and possesses a peculiar elastic firmness, in eye about double that of a normal ball. It gave rise to no pain except in severe manipulation which also caused a shattering sensation. It was absolutely still with peculiar pressure. The bulbus was contained with half of its volume. The heart was slightly displaced externally slightly upward. The swelling seems to increase construct after partaking of food. The suavity was amenable of after introducing a hypertonic needle in dermis a needle aspirator will be necessary. The debility will not resemble skin to any extent. The aspirator will be necessary. The debility will not resemble skin to any extent.

I examined the, with the microscope but failed to find but a few haematoo. The operator was done under chloroform anaesthetic. Slight local perithritis set in the following night but was quickly overcome by somnium means & the next day recovery. The is now married & has lately become a mother & assumes one mean she has never felt the slightest trace since of her former complaint.

The fact of being unable to deliver haematoo in the fluid is no guarantee as to the character of the cyst being non-hyaline, for in not a few instances one is unsuccessful in an attempted in this direction. It perhaps may make the requisite time for their finding may be sufficient defense for the absence of too prolonged symptoms in our part.

In cases of this nature it is important in reference to diagnosis to bear in mind the fact of these always present with a mere or less intolerance with respiration which may assume within
Continuous feeling of distress or manifest itself in
peritoneal parency. This is often due to relief of pressure, and is
dependent on nervous causes.
Also in reference to treatment, to insist on the stomach
being as wholly empty as possible for fear of something
that raises to anticipate in a rude a certain degree
of local peritoneal mischief arising from escape of
fluid into the cavity. To remember the probability
at all times of the fluids (remaining) to break from
and ultimately form an elevated, where the successful
deg, with the aid of casts, or materials to be employed
which will be terminated under the treatment
of suppurating fluids later on.

Treatment of Class 2 — Suppurating Peritoneal.

These tumors, although apparently very similar in their
aspect and alarming in their manifestation, are as a
rule quite amenable to treatment, and satisfying in
their termination. The regime holds oneself strictly
for the first fifteen or twenty days, and, or otherwise
has to be thoroughly cleansed of the effuse mass
of dejection, or contents in total, before permanent cure
can be ensured.

Argent partially succeeds in that case, which he has successfully
treated of this class. He has “tooth one out of that
number. A Philadelphia surgeon reports nearly
seven to ten per cent operated, so frequent
is its recurrence in the Atlantic Metropolis.
In order of 30 cases which I have before me of
this second class of cases. I believe that 10 of these
number have suppurated after an attempt at
total evacuation or near them fluids, whereas only
4 have gone on to the second stage after
partial evacuation was affected.
The symptoms of this second class of affection are briefly that of aneesia, rigors, headache, general weakness, great distress generally, elevation of temperature & rapid pulse. These are accompanied by excessive local tenderness, general inflammatory manifestations of the jowl itself, joint aches, tenderness & aching to more or less marked extent, which in some cases assume the type of actual jaundice.

For the last few years there has been a gradual formation of a satisfactory basis of treatment for these suppurative jowl abscesses. This is largely due to systematic operations practiced by Australian Surgeons who have also recourse from time to time to more radical interference & dealing with these forms. As that at the present time the mode of dealing with these accumulations in their various aspects presented to the operator is some as to principle, clear as to procedure & uniformly justifying frequently in regards their termination. After the primary suture of the jowl, drainage must be established by systematic internal cleansing & employed. The drainage finds its most complete adaptation to abscess of the circumscribed forms where it is an advantage to keep the incision as free from the entrance of air as possible, in which class of cases also it appears to effect a certain degree of check by its somewhat violent pulsating action if used, as is generally the case, with the remaining battle well initiated before lumbar incision. In this form however the incision becomes actuated better. The incision may be left in to facilitate drainage while the necessary asepsis are set up to permit of free incision. That these asepsis may form, it is generally understood that the incision must be left in the function for a few days in order that a process of cicatrization between the two eye wall the fistula...
This tomoa weighed 2 to 4 lb. It was exhibited to demonstrated at the meeting mentioned on opposite page - and recovery followed -

I will send the type of this case when published in next months Transactions in Melbourne.

(april)
May take place, but I have always thought pretty conclusively that the formation of the cecum alone sets up a sufficient degree of inflammation to form an obstruction. If once this occurs, without having been necessary to leaving it if the cecum, for if in a proper case by me before the Medical Society of Edinburgh on the 20th March of this year, it will be seen that sometimes the amount of 8 or 10 were made into an abdominal tumor before removal by abdominal section, without the necessity of any meeting for a day or two or anything, whatever the necessary abnormalities were perfect and would have permitted totally free incision had it been inside. The case however was one of a solid tumor of the lower posterior into the pelvis cavity of a child of only 1 year of 11 months old, which I removed almost immediately by incision - abdominal section - without the necessaries. I did not however examine the case with the needle of the needle used - that of the found needle of an aspirator being about the capacity of an ordinary injection, while that of a large beam of about 1/4. From Calot's capacity would properly represent the size of a four shilling piece. Free opening is generally made from 3 to 4 days after the primary tapping. Damage begins through aakter, damage taking the necessary syringes out daily or more frequently according to individuals with weak antiseptic such as Carholie's,文章, perine etc. - Warm solutions have long ago succeeded needle, are for more comfort to the patient as well as favorable to the cecum through cleaning of the cavity - whereas there are more than one single cyst (the multiple form) each separate case will have to be dealt with separately. The above for mention test...
Repeatedly adopted - in reference to drainage tubes more generally used up to very lately have been the oxygen in situ forms, but of much greater capacity than those, largest, they need to be, about the diameter of a common sperm candle. These tubes however have largely superseded the &... They are less irritative to the wound, but need to be of various lengths to correspond with the daily shortening of the tube, as the drainage becomes less...

The absorption of such means as above indicated generally & ultimately in the whole contents well. It everything connected with the cyst being thirdly brings the wound. The process of evacuation is however after death...

Dr. Reid of Melbourne has drawn attention to an important after consideration in the treatment of the other form of hydradenia, viz: that by supporting the liver during & after the millennium of the fluid, indeed all through the treatment, & where the cyst is of any size it is so much the more of paramount importance to adopt his suggestion, as conferring no harm to the trinitrinity shrinking of the cavity.

Some operators have practices dilution of the substance with the sponge but instead of necessity too freely to incise, & this method acts very well indeed in lessening as it were by potassium sulphate of the whole cyst wall, for as he remarks in his work frequently a millennium a large rent we find. The cyst wall increasing. This is thereby & by breaking together the peritoneum pushing like a raft, the whole part of it can be gradually detached - in other cases where the rent cannot be used the whole cyst wall can be detached bodily by forceps or by introducing the finger & dragging it out.
Dr. Whitcombe of Ballarat relates a case in the Australasian Journal of Oct. 15, 1883 in which he performed abdominal section; it was however fatal from other causes. He recommends the practice in certain cases, & since his experiment many operations have been performed on the same lines successively as satisfactorily, viz.: by certain evacuation of fluid & suction of the pelvis. The latter is transferred to the wound & is gradually drawn off through the opening. Dr. Whitecomb relates many successful operations based on these lines. Dr. Fitzgerald further relates a case of hydracty of the lining of the uterus (Aug. 15, 1880) which he actually, through some error, proceeded to perform "tracing" of its removal when the blad was removed. However, he discovered the true nature of the fluid, but continued to complete the operation leaving the ligation pelvis in such a position as to be afterward repeated through the external sinuses, which seemed 3 weeks after the operation. The patient made a perfect recovery.

The method of abdominal section commands itself to deepest consideration where suitable ease is to be expected. It is for less atmosphere than a more fatal process of opening operations; it is constant satisfaction success to such operations.

Dr. Whitcombe's treatment is main particular class.

The latter is transferred to the wound & is gradually drawn off through the opening. Dr. Whitecomb relates many successful operations based on these lines. Dr. Fitzgerald further relates a case of hydracty of the lining of the uterus (Aug. 15, 1880) which he actually, through some error, proceeded to perform "tracing" of its removal when the blad was removed. However, he discovered the true nature of the fluid, but continued to complete the operation leaving the ligation pelvis in such a position as to be afterward repeated through the external sinuses, which seemed 3 weeks after the operation. The patient made a perfect recovery.
in a place like Australia where hypodermics are so common, it is not a matter of much wonder that in general practice we meet, among the many afflicted with this disease, some who being quite free from the infection, are apt to imagine almost any little ache or pain a trivial constitutional disturbance to be "hypodermic". Imagining affection of various kinds
are frequent enough in the ordinary routine of every day work, but as a rule the subjects of them are easily satisfied when assured by a medical man of the truly alarming nature of their ailment or the absence of any at all. Such conditions are of course altogether trifling and unimportant; it were they to stop at this, could find no place in a paper professing to deal with matters of legitimate scientific interest from a medical standpoint. But if not a few instances, the imaginary affection assumes more serious dimensions according to my own experience. Moreover many appear to suffer from a constant dread of infection by the decayingavia in a state of chronic fever unless they can attribute it to it.

I have known one case, which is an exaggeration only of many which have come under my own notice, and which have been otherwise referred to, where the patient - a fine healthy looking young man - not only imagined he was a sufferer from typhoid, but who actually exhibited a most undoubted swelling at the upper part of the body, accompanied by vomiting and a feverish state. For years he was entirely identical with those met with in some equivocal condition in its primary state.

Pathological conditions which are purely imaginary have been long recognized in medical and veterinary practice, and on this account will form the subject of this paper. Let its importance in every day consideration. But suppose melancholy however are for obvious some reasons more in surgical use, but evident nevertheless, as proved by my own practice. In the same way many subjects of description have an idea that there is some perhaps in others that their affliction is real if the heart, further we find in all great epidemics of whatever kind, such as E.D., Small Pox, etc., there are a certain
For centuries of frightful people who deserve an examination of their heads as a diagnosis of their complaints. Hence that imaginary affection of speech, which we meet with frequently and rarely in cases, but rare, such as those instances above so far as actually to exhibit truly pathological phenomena, or to have a sufficient influence with the general health of those affected. Others however are so impressed with the opinion, fact, that their infectious qualities, much in common at first were of these very convulsive, apparently, become possessed with an uncontrollable faculty of developing many of the more marked signs of the real and manifest affection. In such cases of fanciful diseases there may be some interest for the pathologist, but in regard to the general practitioner, it soon becomes clear, as he is to deal with all conditions which involve a departure from health, to recognize, as in some measure important, all such instances which come under his care or observation.

Imaginary hypochondriasis is a complaint met with in Australia to a more or less frequent extent, and such, which is conclusively enough, where it goes on to actual interference with general health, itself up a condition which is distinctly abnormal, I hold that it should not be overlooked or forgotten. Any more in colonial surgical practice than in medicine. Pregnancy is an obelisk; generally, it must be admitted an affection in any well-marked degree, of some rarity, but in any one appearance, that as it is strange come in contact with the clearly defined cases in America; an example of Derris's pregnancy, either in admissions or the colony, has never presented itself as far as time.
When met with in a typical form, opium in a dose of 6 grains is most difficult to deal with. Here at first sight it would appear, the case would appear further as will show that something more than ordinary means had to be employed to effect a cure. The delirium had to be dispelled, it was most effectually removed by the use of the lancet. But, to the patient's great delight, by a treatment which lay well in the path of the delirium, a more practical step was taken to cure himself. That an imaginary affection may be cured away by an imaginary remedy is not perhaps illegal, but will it not be considered by many, when practised by a "shyly qualified" or "doubtful" or "naive" mean means only in the highest reputation of a famous medical school? If guilty of such a charge than my apology must rest on the fact that all legitimate means having failed to procure peace of mind for my patient after the adoption, I felt justified in resorting to questionable means which were calculated to benefit the sufferer. What they led most undoubtedly to enviable results, may my justification be found.

In reference to the cause of this peculiarly interesting condition, it is largely due to a belief, as indeed most imaginary diseases appear to be, by disordered of the digestion, that frequently if not almost insuperably depends in a state of malnutrition, in which the stomach, being supplied with a supply of food, is unable to act upon its adjacent regions, might possibly give rise to an apparent disease of the mucous lining of the body.
An elevation should assume a spinous, distinctive electric vibration in more resiliency, rational & less surprising, when we find that such a characteristic may be observable in more than one part of almost any well-developed abdominal surface without a necessary departure from the normal - other symptoms of true hydroptic affections which concern the respiratory functions are more readily understood still, when we consider the powers of interference & disturbance therefore, with which a disturbed stomach may be involved. The more however after realizing many symptoms common to semiosis as well as to true, arrive at a point where precise distinction is assumed, & after whose employment no shadow of a doubt remains; this is obtained the use of the hypodermic needle, in the face of which all which is dispelled, & diagnosis is unquestionable. As in early steps herefore in dealing with cases which may turn out to be diagnostically opposed almost to each other, whose peculiar plaxis so closely resemble hydroptic cyst of an hepatic nature, it is worthy of note that hypodermic exploration is indispensable; & being at all times almost destitute of the hurtful results, it shouls form a practice to be employed peculiarly as well as constantly, seeing that it alone may forever the means of putting us to undoubted conclusions.

Curiously enough Spurious hydroptic are by no means peculiar to either the highly sensitive young woman or the furious representative of the opposite sex; but so frequently appears to mimic the hypodermic theory, that viewed from the same healthy, indeed more cases, which I have myself observed,
Note

External swelling is by no means the constant phenomenon in Hodgkin. It is often quite absent in the smaller cases.
In reference to the two well marked instances before referred to, have manifested their presence in representative of the cubic, constitutional elements, rather than in the more highly organised metropolitan types. So that there seems to be a marked difference between these German conditions as regards their natural selection & those of one among nervous & variety.; but whether or not the subject of these mental aberrations, with their undoubted physical manifestations, is worthy of any special peculiarly specific study or delineation, I think that the case now to be related briefly, shows beyond a doubt that their consideration is a matter of at least some real importance to the general practitioner.

*Samuel T.*—a young man of 23 years of age came under me personally for a swelling of the side 18 months ago—he said he suffered from intense shortness of breath at times & seemed to experience a lumpy sensation over the margin of the liver. This seemed to increase greatly after food, which latter he never seemed to enjoy; appetite was poor, but desire for always followed ingestion of food. On examination I discovered a slight elevation over the region before mentioned, which although not too well marked was as distinct as many cases of true cancer from which I have observed previously, in profile more especially it was undoubted. He wished something to be done to it an account of more than a year's loss health which he had experienced he thought an account of its presence. The
seemed no more doubt in my own mind as to its reality than existed in his. Hence, therefore, I decided to perform an operation. Having been placed under chloroform & intubated into his supposed cyst a fine aspirating needle with no result after giving it many different directions I decided for the time being, intending to use a larger needle in a few days — on hearing the result he became severely depressed & spirited away from food coming further interference. During the interval before another operation he declared that he swelling was on the increase & was most anathema for a second attempt to be made as early as possible. At this time I felt great anxiety as to his condition more especially in view of probably failure again — not thinking the matter over carefully I determined that if the operation should yield no satisfactory result, better be the error continue in his well-nigh destroyed condition & acquiesce that by that time of year. I am now positive that the affection was a sporadic one, that it would induce a novel element into my efforts for his relief — to pursue a delusive scarcely after a succession of expedients to become fluid by a series of procedures in the immediate vicinity of the supposed cyst (which I knew would relieve my own mind of all doubt after employing a needle of the capacity of a No. 2 Catheter), I placed in the bottle attached to the aspirator about an ounce of water with a small drop of olive oil dropped in which made capital imitation of stomach fluid & hydriotic jet on his coming he exhibited the suprinsic fluid without any remark as to
Jennie Character is otherwise - she immediately expressed his satisfaction & declared his sense of relief. I prescribed a mixture of Abdul
Kummel Soda with peppermint water for the treatment of his gastric disorder, the made a rapid improvement each day & was led
in his process of the operation. I his performed
exam him again about 3 weeks after the
operation, when his whole aspect has changed,
he declared that he has "not felt so well for
years", he put on flesh rapidly, and now he frequently calms, one 1 the street or
Mornings happy near as near as plainly
in his face to need his frequent expressions
concerning. He has a man of 5 feet 9 inches
in height, is able to follow his employment
as that of a farmer & weighs 11 stone & 6
The swelling he said has disappeared entirely.
probably due to the local condition of
improved digestion & absence of fermentation
in consequence. The fact of increase in
flesh marking any irregularity of the surface
and every discomfort has entirely subsided.

The affection which spread the whole system -
In this case was striking; it would almost appear so
fabulous as the result of the timely
promiscuous
treatment was surprising.

Wiliarn D. C. W. 
William Davies.