Dispens. Its Causes, Diagnosis, and Treatment

By this term we mean a collection of Perspir. fluid in one or more of the closed cavities of the Body, or in its aereal tissue. We shall see in the sequel that these cavities, and their tissue nature contain a small quantity of this fluid which is being continually secreted by the vasa, and as continually absorbed. In their normal condition, these two forces, are exactly balanced when the balance is lost—there will result either excess or deficiency of the contained secretion. The latter predisposition is not recognized as a disease; the former is known as Dispens.

The Subject of the present Thesis. Perspir. collection generally may be referred to one of the following Heads: 1st. Increase of perspiration arising from remaining excitation 2nd. diminution of perspiration without change of temperature.
increased excitement, absorption diminishing, or not increasing in proportion. Disease of the first kind Boulevard calls "active" those of the second, "passive" whilst those included under the last Head, the same Author terms divided, as predating of the character of the other two. Every variety of disease is comprehended in one or other of the above forms, as they express all the varieties of disease called abstraction that are possible in respect of quantity, but when Boulevard proceeds to refer these varieties to their causes, hefühls one series, definite, which we endeavours must be recognised in the present state of medical science, we refer to changes in the constitution of the blood. Adapting the classification of Boulevard with the above reservations, he has discussed 1st "passive disease," 2nd "active disease," 3rd "mixed diseases depending on changes in the constitution of the blood."

Before the discovery of the sym pathetic system, absorption of any kind was appertained to the veins. After this discovery the function was
That the absorption of the circulation of fluids properly so-called is the office of the veins. Magendie found that the action or non-action of a soluble poison introduced by wound underneath the integument could be determined by artificially inducing a state of sleep or a complete state of these reflexes. When the veins were distended by injection the absorption of fluid matters from which was prevented whilst a contrary current was established: on the other hand when they were placed from continuing sleep than then a small quantity of blood absorption from without was rapidly effected: there was an intermediate degree of sleep at which there was not current in either direction. From the whole we may conclude that the circulation of circulation of fluids properly so-called into and out of the veins is determined by their physical condition in respect of tension and influence. Hence arises a simple view of the physiology of passive disease. In the healthy condition of the body a small quantity of serum fluid is invariably present in its various serous cavities, in its widely distributed cellular tissue. This fluid is being continually absorbed. It is continually...
absorbed, and in the maintenance of the proper equilibrium of these two processes depends on their respect, the normal condition of these parts. Suppose now that for any cause the blood arise obstruction of the veins current whether centrally, or near the periphery. This obstruction will cause congestion, i.e., abnormal filling of the veins behind its seat; then function of absorption will be arrested. that of secretion probably (indeed) more active; and dropy will result. The application of Magendie's experiments to the case of dropy produced by arrested absorption is thus obvious: in every such case we can discover some obstruction of the veins circural which fulfills the condition of the experiments. Magendie himself has published several cases of effectual of the inferior stenoses, accompanied by obstruction of the iliac veins, or vein cause. Strongly observed long ago the coincidence of certain serious affections within the cranium with concretions of blood in the sinuses of the dura mater, though he does not appear to have perceived their relation of cause & effect. Dr. Tonnelle, a French physician, writes: ‘The serum which we have observed in the ventricles has been constantly the result of the
measure of the dilatation of the veins so much. In the
same effect is the following quotation from Sering: “In
will remark that in the majority of the observations
which have reference to Distances of the Spinal Cord
it has been observed that the veins were grooved with
debris of blood, and that the effusion was the more concolce
able, as the veins were the more distended.” The
conclusion of Drury with regard to the venous
circulation is remarkably shown in the frequent
concurrence of the rectal veins, and that this
concurrence is not accidental appears from the
fact that hypodermic is more common on the left than
on the right side, this being also the side on which
for an abnormal cause on one side is the most
frequent. It follows from the above view of the
pathology of paraplegic Drury, that in extent will be
attributed to the amount of venous tissue involved
in which is the same thing— to the nearness of the vein
or veins affected to the heart. Thus obliteration of
one extremity will be caused by obliteration of its
main vein, if both extremities are similarly affected
(upon a line) the cause must be sought beyond
the junction of their principal veins. Further, and if
the Drury is general, either in the form of a neuraxis
congestion of blood and consequent asphyxia are certainly the most common in defending positions. the process depending on general debility, as an old and broken down constitution is always most decided in the lower extremities. the reason of this is not only that the free if freshly across the proper vessel, fluid wherever applied to the lowest point possible, but further determines the effusion in the lower extremities by favouring congestion of these vessels, a state because readily induced as the general palpitations is already stopped. the two causes, the free if freshly and general debility, one enroute to produce a lesion which neither of them might have been equal to in absence of the other.

we now come to the second order causes, namely those which directly obstruct the venous circulation. these are to various not only in their own nature but in the operation they occupy. for it is not easy that when any classification that will simplify their discussion, we shall therefore dispose of those at the present stage close with their respective. however, that we shall first treat of those observations that occur in the course of the veins, afterwards of those depending on some lesion of a central organ, as the heart, lungs, 

To commence their with
Those obstructions occurring in the course of the disease.
one of the simplest cases, in point to the presence of an
uncinaria tumour. Dr. Watson gives a striking instance
of this which fell under his own observation. The patient
was arterial in his upper half only: his arms were
so largely anaemic that he could not bring his
elbows near his side: his neck, face were terminally
blanched and staggering, his eyes protruded & swarthy.
The cause of this strange & distressing state was found
in the obliteration of the aorta and its division close to its
rump. This side had been pressed together by a
large encumbrance of the aorta. A section of the aorta was
fairly sealed up. We have quoted the above as typical
illustrating the general case of obliterative anaemia occasi-
onal from the presence of tumours. Their character,
whether vascular fibrous, or not, is ordinarily of no
import. Provided they are sufficiently large to
encroach on a venous trunk, they are sufficiently
sufficient to oppose its course of blood. The two circumstances
size & resistance, determining cause, may have
the account of obstruction. Of obliterative anaemia consequent.
Another frequent cause of obstruction of the veins
is inflammation of their coats. The result
of this may be either congestion of the contained
Blood, red, dependent, symptom in their interest. These continued conditions with their consequences are illustrated in the disease known as "phlegmonous ulcers." According to Dr. Robert Lee, the swelling of the affected limbs in phlegmonous ulcers, and all the other local constitutional symptoms of this affection depend invariably on inflammation of the bile and general venous stasis. He follows his own description of the appearance, observed in depression in the case of a woman whose death had been preceded by an attack of the "common cold with its phlegmonous and the entire part of the general vein. He recorded a ligature over the limb that on opening the sheath the vessel was not entire but dependent, distinguished from the cellular substance surrounding it. In laying open the middle portion of the vein, a brownish layer of an esteemed substance was found in some places adhering close to and uniting to this, and in others, clotted, but not distinguishing it. The cause of these observations have been made by Dr. Lee, and included in connection with phlegmonous ulcers; these can therefore be sustained with accuracy. It was able to describe all the conceivable particulars and circumstances in which inflammation of the veins may lead to depression or one or other joint forms; suffice it that we have quoted their remarkable processes as a cause of depression, pointed out the nature, appearance, and furnished an illustration. Again, evidence of the lower extremities, in either sex, and of the labia of the female and uterus in the female is not an uncommon result.
Changes, there may be some a deep permanent contraction
of the orifice, the auricle. The effect of all these alterations
of structure will be either 1st to retard the passage of the
blood from the auricle into the ventricle, or from the
latter into the blood according to their seat, or 2nd to
retard a reflux of blood into the blood cavity, ventricle or auricle
as the case may be. Deduction that commencing at
the heart will propagate itself from before backward, to
the general venous system; whence congestion, and
consequent oozing — again, oozing is not an uncommon
complication of Pericarditis. It may come on in two
different forms corresponding to the two stages of the
affection, that is, either when the pericardium is become
aderly filled with inflammatory serous effusion, in
which case it will supervene suddenly, or when the apex
of the pericardium is infiltrated, and the membrane
itself glued to the heart. In this case, oozing
will come in slowly, for all as the term in question
is one of slow operation and healing, only to the effect
when concurring with other causes, whether of the heart, valvus,
as above, or of some other central organ. We have had to
confine our attention to Endocarditis and Pericarditis
as causes of cardiac oozing, but they are not the only
causes. The same valvular changes, we have above referred to
resulting from Endocarditis, especially the opaque
and sarolagnous degenerations, may be met with
As the result of a sudden hemorrhage of inflammation, and independent of any inflammation, sweep whatever; in this case, however, as they appear for the most part in declining life when the fluid of the body bear a top proportion to its solids, and when the circulation is less likely to be disturbed by eating causes, and as hen in they are smaller amounts of time, they will offer more effectual control to the circulation than when occurring in conjunction with acute induration. The particular forms of disease that have their origin in one or two cases of the heart above indicated almost correspond to the whole range of this disease. They are aneurism, occlusion of the lungs, hydrothorax, epistaxis, embolism, aneurism, etc. We shall treat of them briefly when discussing the diagnosis and treatment of disease. We now leave the heart and take up the lungs. In the order of the circulation, these organs are between the right and left heart. It is through them that circulation is the flow of blood from the latter to the general circulation. Sometimes they are primarily and extensively affected. Before entering into detail, one may assume generally that any cause interfering with the efficient aeration of the blood contained in the lungs tends to check the pulmonary and therefore the systemic circulation. Such interference may be as an aneurism or present unless occurs in two ways: 1. There may be some impediment to the entrance of the air into the lungs at more liquors of the respiratory tract.
is required - add to which that the healthy portions of the lungs gradually take on increased action, their blood returning to them in greater quantity, increasing the discased portions. In conclusion we must bear in mind that the combination of pulmonary disease most likely adopted by Dr. Irving is a frequent result of valvular disease of the left side of the heart. In a given case therefore it may be impossible to determine the relative value of the cardiac and pulmonary disease. It is probably their frequent concurrence that has led many authors to reject pulmonary dyspnoe altogether.

The liver comes next in order. The forms of dyspnoe observed in connection with disease of the liver are ascites and edema of the lower extremities. The latter has no witness in the examination of the first named from the same affection, when resulting from disease of the heart; we shall therefore confine our attention to ascites. The pathological conditions of the liver associated with ascites have been somewhat vaguely classified amongst the hepatic dyspepsias. The cause without their nature having been precisely ascertained. One of these however is well known under the name of "hepatico-splenitis". There are two stages of this disease. The first is characterized by engorgement of the hepatic vessels, according to some authors by hypertrophy of the sheaths, enclosing the ramifications of the hepatic artery. As affecting, which, say they, cannot be demonstrated in the healthy condition of the liver, but now become obvious. However this may be, the volume of this organ is increased during the first stage of the disease...
In the second stage, the liver is absorbed, and its aspects consequently comprehepled and more a deep discolored; hence obstruction of the portal circulation with its consequences, the cause of the waxy yellow appearance of the liver which characterizes the second stage of cirrhosis is not yet agreed upon.

Another as an whose pathology is associated with hepatic distrope is this spleen. During the course of congestive fevers the spleen is apt to become engorged with blood, a condition which may persist more or less after the fever has passed, due to it has subsided, and ultimately result in true hyper trophy of the substance. It is this lesion of the spleen that is frequently found in connection with cirrhosis and adenoma of the liver and spleen.

We have now determined the distribution of the cause of hepatic distrope. Active distrope must claim our attention under the same form of view. We have seen that the former is owing to closing of some portion of the venous circulation, whereby the equilibrium of the natural processes of exhalation and absorption is destroyed, the former having the predominance. Exhalation may not be increased though probably it generally is, whilst absorption is diminished. In active distrope the equilibrium is equally lost, but rather in the way of excess of exhalation than diminuion of absorption. This immediate cause of the distrope in both cases is abnormal fulness and distortion of the exhalation and absorption vessels respectively. Keeping in mind this view of the pathology of active distrope we can anticipate what we find in the active fo
Namely that active dropping develop themselves under the influence of some local or general excitation of the arterial system. Bowdler illustrate this excitation by the effect of a blister applied to the skin. This illustration may be perhaps objected to on the ground that it is a case of real inflammation, whilst the effusion of serum fluid in active dropping is but the mechanical result of occluded tension of the eriting vessels. We think that inflammation has characters peculiar to itself, and which distinguish it essentially from any other morbid series of changes. It cannot be denied however that there is a close analogy between the phenomena of active dropping and those of the first stage of inflammation, when as yet nothing but serum fluid has been effused. Let a membrane be irritated, the result will be increased flow of blood. Let the irritation be continued, and we shall have serum effusing in this way, active congestion of the capillaries, which is the first stage of inflammation has determined in detail which if exaggerated it would constitute an active dropping. A later series of changes having their origin in the same irritation would constitute the distinctive phenomena of true inflammation. That active dropping and inflammation have to some extent a community of character has not escaped the observation of Lacaze.

"Indique diffe"rence qu'il y ait, soit sous le rapport des symptômes, soit sous celui des caractères de la lésion organique entre une hydropisie et une inflammisation, il n'en est pas moins vrai qu'on doit espérer d'affectation si disposée d'être un plus
haut degré de développement. Secretement, donc aussi, il eut dans l'acuité et bruit. On leur accordait une étendue limitée. On leur attribuait des effusions aversent les active

Propriés. One of these, however, hydrocephalus, we shall

pass over, as its discussion would lead us into great

precipice.

We have seen that the immediate cause of acute epidemics

is overfulness of the vessels from which the effusion takes

place. But what are its ultimate cause? In this

Wond's. What are those external agents and internal conditions

which determine composition of these vessels? They are

different as long as it is question of one in their form,

we shall therefore find it convenient to treat first of

acute anaemia; tapeworms of inflammatory local

disorders. First is acute anaemia. The distinction of

cracking and predisposing causes is here of great value.

The cracking causes may be defined as whatever causes make

than usual Stupor of the circulation on the vessels of the

vascular tissue, by the predisposing causes of acute anaemia.

Two are especially worthy of note. 1. Congenital maldevelopment

and organic disease of the heart and lungs. But especially

the former. Organic disease of these organs plays apart

in the history of acute epidemics, almost as important as in that of the papular form. The cracking causes of

acute anaemia may downstep be sufficiently powerful
to determine their effect without the concurrence of any predisposition; but we think it was Gregory

he found that organic disease of the heart a laung.
especially the former concurs with these exciting causes, and has great value in determining the result. This remark is illustrated by the following case that came under our own observation. A man of middle age was admitted into the Hotel Dieu, Paris, with general anæmia. It had come on slowly. On examination no heart disease could be detected.

The patient was not then suffering. He had been subject to albuminuria, an anaæmia, and also from a chlorotic condition of the blood, not from any fevers. Apart from the disease his health appeared good. For a few days past he had been exposed to cold and wet. He was out of employ. A circumstance which had not only abridged his physical comfort, but had weighed heavily on his mind. As yet nothing definite appeared to explain his mental condition. His heart was again examined. Now, since Dr. Chauvel thought he could detect incipient disease, subsequently the doubt was cleared up by auscultating after the man had been made to mount a stepladder along a stair-case. By this means abnormal sounds were distinctly elicited. He quitted the hospital about a fortnight after his entry, perfectly cured of his anaæmia. On this case Dr. Chauvel remarked the following effect: 'When we have to do with a general disorder that has come on rapidly without appreciable constitutional change, or embarrassment of the function of any particular organ, we may be assured that it is due to the concurrence of causes, of fatigue, or want, or other debilitating cause with incipient disease of the heart, even though no disease of that organ be.
Acutely ot ait. In such a case if the patient is put beyond the reach of the above concurrent causes by the competent employment of an hospital, the danger will certainly preclude, to recur on their reapplication, and their evidence and recurrence may happen frequently until disease of the heart has so far advanced as to cause death independent of their existence. The above is the history of a case occurring when predisposed to by disease of the heart. The exciting causes were not so decided as were required to effect the same result in the absence of such predisposition. Let us now take the latter case. Its history is more or less as follows. A man is hard at work - say in a field, he is mowing or digging. It is winter. He is very hot and perspires freely. He proceeds to take his meal whilst disporting himself on the most exposed. Or it is autumn, a summer, and after a long round of weary toil, on her reaches home half naked on the lip of a way in that is returning home laden with the spoils of harvest. In a short time his volume is almost doubled; he has become universally conscious. We have drawn the above imperfect sketches which are not infrequently realized in actual life as furnishing a sufficiently good illustration of the manner in which the true form of acute anaemia commonly develops. All the circumstances of this supposed case point to one condition, viz. the sudden cooling of the surface.
off the blood by which the blood is driven from the splanchnic vesels the cutaneous transpiration arrested and a stop of circulation thrown upon the deeper seated parts. It appears true that the chest given to the

prutaneous secretion to which so important an union is actually attached is not the fundamental change in the above

process but another the asulmination of the blood from the surface which occasions this chest. The latter however

has a value as a measure of the former. Aneurysm where it has the above history is not to be considered an effect

of the system to relieve itself of an overplus of fluid which has been presented from being excreted by the skin.

for the reject of the increased activity of the cutaneous secretion accompanied vascular excitement is not to

empty overloaded vessels but to afford the means of

transportation from the general surface of the area in this ease is the simple result of congestion of the cape.

of the area from a cause as much from the accident of the capillary circulation of the surface. The aneurysm

attending the inflammatoriness from the kidney's disease of the kidneys is in a different predicament. Here we

now have an steep of fluid in the circulation which must

robe off one way or other and which chooses the vessel in its front of ret. Again it is by no

means uncommon to meet with acute aneurysm
in connection with Urticaria in its Stage Bullosa, also
are frequently associated with the inflammatory form of the glomerular disease
of the kidneys. As these two affections have as far as regards
our present purpose much in common, we shall consider
them together. They are both characterized by a rapid diminu-
tion or even arrestment of the flow of urine, whilst the
urea, normally present in the excretion in more or less replaced
by albumen. These leading symptoms are caused or accom-
pained by inflammatory congestion of the kidneys, as ac-
cepted by Dr. G. Stanon on the increased development of
the epithelial cells lining the tubuli of the renal...
ordinary in the chronic form, but especially the latter, acute
occlusion of the joint. For instance, determines almost clouding
fluid effusion into the synovial cavity, and the result is
the ordinary result of influence from the pleura, when super-
vening on occlusion of the vessels leading the heart.
In terminating this part of our subject, we may call attention
to the value of a concurrence of causing & predisposing, or
occasional temporary, causes in determining Disease.
Generally, the exciting causes of acute Disease may be
sufficiently intense to determine their effect independently.
Oftentimes, however, excitable organic disease may be so strongly
intensified as to give rise to chronic Disease without the con-
currence of occasional causes, but it holds from a general
point of view, that whilst on the one hand disease is caused by disease
itself, under the influence of cold, fatigue, in at-
omic disease is the most obvious. So, on the other,
the exciting cause of acute occlusion takes their effect
most readily when Bactera by pleura in organic disease
we now come to the 3rd idea of Disease, those which depend
on changes in the constitution of the blood. These changes
have reference to its form, its red globules, its albumen.
Disease may result when any one of these elements of the
blood is decidedly altered to normal proportions. This is
especially true of the albumen. The influence of these
changes is seen in the Diseases that are appendent with

haemorrhages. Swallow, ahisteria, and the chrome form of
Bright's disease of the kidneys. The anaemia of the acute
form of Bright's disease comes on rapidly, and coincides
with the cessation of the urinary flow; that of the chronic
form is more lasting in its approach, and corresponds to the
gradual diminution of albumen in the blood. The yellow
collections common in the later stage of cancerous disease
may be supposed to depend on one or other of the changes
above indicated. The same may be said of the local
processes that occur during the course of typhoid fevers; here,
however, it is the liver that is at fault.

The Symptoms and Diagnosis of Kidney

Here only with the particular form of Bright's disease, we shall
therefore treat of each separately. 1st of anaemia. Here
there is never much difficulty in recognizing this form of Bright's.
The increased blood pressure, according as it is local or
general, together with the state of the skin, are
subsequent remarkable signs observed by the eye, and
appreciated by the touch constitute data on which
we may usually find a diagnosis. The state of the
skin is very characteristic. It is pale, not a
milky white. It pits on pressure. Other symptoms
may not be elicited if the anaemia has come on
very recently, or is associated with Bright's disease
(Prof. Cruickshank). Its temperature is more a site

"Sh"
below the average; it loses its elasticity; its turgor is diminished; in an extreme case it becomes papered from the central axis. The pressure of the vesseled fluid which has been expelled, sometimes sets in bond in gangrene. There is thus no difficulty in deciding on the part of appearance. By examining more closely, we can generally determine its origin. Any aneurism that comes on slowly, and remains in the lower extremities is the referred to the seat of disease. The appearance of a diseased liver or of a diseased vein is always preceded by an aneurism. If it has made its first appearance in a vein in the abdomen, or shows itself suddenly at scattered points, or if it invades the whole surface of the body at the first onset, the probability is in favor of Bright's disease, met. Facere, pericarditis, or of some to sudden diminution of temperature whilst the body is in a state of vascular excitement.

The symptoms of disease of the heart are by no means so striking. The disease may be accompanied by dyspnea, cough, or general affection; or, as frequently, none of these symptoms are present, and if they are, have little value, as they are not clear evidence. If the edema is considerable, percussion on the chest fronting point of the thorax will give a dull sound. Auscultation will also detect a diminution of the audibility of the respiratory murmurs, as well as the loss of those unusual sounds, called rales, which indicate the passage of air through a fluid.
However, can we trust to these symptoms, as they occur quite as often independent of oedema as in connection with it. Still, should they persist in the most dependent parts of the two lungs, we are justified in giving a diagnosis of oedema, especially if the history of the malady is unredeemably constant. The cause of this affection of the lungs are the same with those of pericarditis generally. It is an almost constant complication of organic disease of the heart. It is very commonly met with in old and debilitated subjects and convalescents. Lastly, oedema of the lungs often plays an important part in the closing scenes of life.

The symptoms and diagnosis of hydrothorax are not so obscure. The antecedent will of course vary according as the pleural effusion is inflammatory, or the result of organic disease; but however it may have its origin, the effusion will give rise to the same symptoms, with the difference only that is referable to the different cause of accession, and is to be recognised by the same means. If it is considerable, there will be well marked dyspnoea and general oppression. This is the rule, but we have seen several remarkable instances to the contrary. The physical signs of hydrothorax are sufficiently characteristic; they are dulness on percussion, absence of the respiratory murmurs, &c. The change of site of all these according to the posture assumed. This last circumstance.
cannot be distinctly elicited where the effused fluid is
occurred by heads of lymph, a common result of
inflammation of the pleura. Expansion of the affected
side of the chest is most often met with when it does occur.
It causes a language that is unmistakable —

The symptoms of Hydrops Pericardii are sufficiently characteristic
to render its diagnosis a matter of great difficulty.
The patient experiences a sense of weight and oppression
more particularly referred to the chest. It is sometimes only
able to breathe in the erect posture. There is more a deep
shock of the features; the pulse is small and frequent;
the natural dilatation of the pericardial region is extended
beyond its normal limits. The sounds of the heart are
discontinuous, in such instances, the point of the heart may be felt
to beat sometimes to the left, sometimes to the right,
according as it floats in the pericardial fluid to the
one or the other side. There are the symptoms peculiar to
the Pericarditis, and have as reference to the
Pericardium, a state caused to which it owes its existence
the circumstances which determine the intensity of the
symptoms and the consequent danger are the amount
and especially the rapidity of the effusion. If it
comes on rapidly, even should it be not very considerable,
the heart's action may be suddenly arrested, or so
modified as to give rise to acute anæmia.
On the other hand, if the effusion takes place slowly, there will be no immediate danger, but the symptoms of embalmed circulation will gradually supervene, and will coincide with it, viz. pericarditis and hydrothorax, both in their acute and chronic form, recognizing the same causes. In the latter, they are very frequently found associated with organic disease of the heart, and with Bright's disease of the kidney.

The symptoms and diagnosis of ascites need not detain us long. The increased size of the abdomen, with the dull sound given by percussion at any point if it well fills it for the time being at the lowest level, and the fluctuation that may be elicited by simple or abdominal manœuvres are not likely to lead to an incorrect diagnosis. The thoracic and objective functions are always more or less troubled by the presence of the disordered fluid in their respective organs. There are two other symptoms common in ascites, which are mutually illustrative; they are, adrena of the lower extremities, and increased development of the cutaneous abdominal veins—the latter is evidently an attempt to compensate by a collateral circulation for the unenriched flow through the vena cava, which gives rise on principle, before explained, to the ascites of the lower
exterminics. We may here briefly compare the diagnosis of ovaries and ovarian disease, but as the latter fails beyond our powers, we shall only refer to it as far as we are led by the division of the diagnosis of the former. The diseases of ovaries, if ovaries do not extend beyond the umbilicus into the peritoneum, and remain so fixed over the same region. The reason is that the ovaries have no intima in front of the intestines, to act prevent their floating to the surface, whilst its contents being a fluid within its cavity, cannot change position in accordance with the peritoneum assumed. The direct disease falls into the case in ovaries, with certain reservations, but it is not to our purpose to enumerate.

The Treatment of Ovaries

Our remarks in this part of our subject will be necessarily general and will have in view rather the determination of the principles of treatment than the description of particulars. At the outset, we draw a broad distinction between the primary ophag and that condition of gynaec from which it has resulted. Strictly speaking, ophag is but a symptom of some diseased state of being behind it, and must consequently be treated as such. But this is not the object to treat. A large quantity of fluid in a Serous Sac, for instance, though an index of disease, is a disease of itself. When once
starting, it has its own breed, and its own treatment, and
must undergo the principal point of our concern,
the distinction between the Diphthera itself and the disease,
condition from which it results, is especially important
in a therapeutic point of view: the one is frequent
within our power, the other still more frequents beyond
it, and as it must and often happens that the internal
danger arises from the mechanical effect of this disease,
and as this is always a source of inconvenience, it
is obviously one point gained there able to combat it
by our remedial measures, even should this be the
limit of our power. But entering into detail, we
may again call attention to the value of a concurrence of
predisposing events, a permanent and constitutional cause
in determining disease generally, the permanent
causes are as we have seen, various forms of rigorous
disease; the occasional causes are cold, wet, fatigue,
want, excitement of the circulation to re. By carefully
guarding our patient against these causes of occasional
operation, we may frequently anticipate the result;
hence the importance of prophylactic measures; and
even in the actual treatment of Diphtheria the same
measures have the utmost value as facilitating
recovery or preventing aggravation. As the
treatment of all kinds of diseases has much in
common, as are the various modes of treatment.
are founded on one or two simple principles, we shall avoid
disputing them in order, and indicating as we go along the several cases, which they are applicable to.
Setting aside for the present the diseases depending on
alteration in the constitution of the blood, and leaving our-
selves to the other varieties, there are two methods of
treatment open to us. We may either obtain the toxics
externally, or apply them externally with the view of deter-
maining the absorption of the dermical fluid, the one
in this case if it occurs at all requiring considerable
time for its completion; or one may have recourse to mecha-
nical expedients, by which the fluid may be at once
evacuated. In different cases, the one or the other of these
methods of treatment is to be preferred, but the latter
is rather to be considered a last resource, to be had
 recourse to only when the former has failed. First of the
former. As regards the motes specific of external
remedies in dyspepsy, we reject the idea of any specific
influence exerted on the function of absorption, we
believe they are act by diminishing the amount of fluid
in the vessels, and thus favouring absorption from
without. Hence the object we propose to ourselves
in the treatment of dyspepsy is to increase the activity
of the watery secretion, and thus effect diversion of
the dermical fluid. This is our true purpose to
run over the list of muriatic, diaphoretic, thymolacetic,
That have been employed of late for this indication, it must suffice to lay down the caution, with which they are bite, and, and, there and which, they are applicable. No more briefly can than the principal points in the internal treatment of Disease under the following heads. 1. We are not to content ourselves with the advice utilization of external remedies when life is immediately endangered from the effects of the internal affections, or even when the latter is a source of great inconvenience, provided the mechanical appliance, of which we have been aware are within our power, and there is nothing special to contraindicate their employment. 2. In pain, or which depends or organic disease of the heart or lungs, remedies are to be chosen which act without exciting the circulation. 3. If the disease depends on an organic disease of the kidneys, as in either form of Bright's disease, abstinence must be withheld. To impose additional work on an organ already diseased is most un-warrantable. 4. Some diseases affect the superficial applicables, particular in forms of dyspepsy. According to Dr. Wharton digester is applicable chiefly to an area in the bowel by digestive affections, which occur in connection with some general disease of the same nature. This is little use, though it often gives in nausea by distension, hydrophobia, paralytic, etc. It is most serviceable in diseases associated with an emaciated state of the constitution, and in particular seldom succeed in inflammatory diseases until extinction is subdued by antidotes.
Propriety, depending on circumstance, but one more acute, its influence than any other disease, and serve those connected with diseased kidneys. Indeed, if a certain abode of the disease, a service in arteries connected with hepatic disease, indirectly, as in the case of the liver and indirectly, on the arteries. In the same cases of disease, the effect of the science of the disease, and act to its root; has been thought the best of all declared, in this matter. To treat the recent applications have more influence over some diseases than internal remedies. Effusion into the joints, in instance, is most successfully combated by the use of mercuric or mercurial ointment applied over the articulation affected. In this case, the remedial action is independent of constitutional change.

Finally, we may remark that all diseases are not equally disposed to spontaneous favorable termination. This difference is determined by the mode of their origin, rather than the position they occupy, or their local or general character. Supposing a膜 membrane inflamed, with effusion into its cavity. Mercurial the inflammatory secretion, and with this, the effusion disappears, the tendency to spontaneous absorption must be here very strong, as the morbid cause no longer acts. The cause of healing depending on some permanent theme less con is strongly different. We may therefore, but we cannot permanently cure; however, it may be effectual by suitable remedies, and especially by careful exclusion of
Those causes of occasional operation of which we have before spoken.

We now come to the mechanical part of the treatment of dyspepsia. We shall treat of this part in relation to effusion in a Verses Tae, and to auscultation. The former is the operation of the body. In order that this operation may rest and carry, the admixture of air into the Tae is to be most prudently guarded against. For this end, a tunic ambed be under a moderate bore, a small piece of gut attached to its outlet, and the Tae should be entered at a point which does not correspond with the external action made by the concave. Other parts of this operation are peculiar in certain cases. Thus in cases of the account of effusion in very amicable, we had better let it pass instead, to avoid the depression of the heart's action. When the operation is less habitual, the abdominal wall should be supported by a firm bandage. Next, in what cases is this operation to be directed to? 1. When the effusion first, life in danger. We can here wait for energy. Whether the effusion is acute or otherwise, whether inflammation has reduced a sterile, the tunic cannot be introduced. The danger
performed under any circumstances, is the preferred
one: The choice is left to the precept ofropes.
2. When
the effusion is a source of great inconvenience a draught,
and shows no disposition to spontaneous cure, has
rushed to aggravation. 3. When the effusion is inflam-
atory and persists for a long time without symptoms
of amendment, even deemed it to be productive of a great
inconvenience. This is the way of evacuating the
exacerbation of the contents of the ear.

The mechanical treatment of aural effusion consists in
puncturing the eardrum with a needle or lancelet.
The former is to be preferred. This treatment is of the
most painful, and should not be resorted to
except in extreme cases, and when all other measures
have failed.

The treatment of effusions of the ear must resolve
itself into that of the diverse conditions with
which they are associated. There are some
instances amenable to some treatment as in edema;
sometimes they are permanent as in Bright's
disease; sometimes temporary, as in fever;
for the former we can do little. These
cases we may leave to the provisions of nature.