

is, however, so constant, that we may conclude with all the certainty possible in such cases, that the dilatation of the capillaries is the cause of the effusion. It naturally follows, that in the gradual transition of the capillaries into veins, there is no rigid limit between fibrinous and serous dropsy, and that one may easily merge into the other. Further, many causes producing a dilatation of the capillaries can likewise act in a similar manner on the veins; hence the two processes are very frequently associated together; and thus in the fluid of serous dropsy, we very often meet with small quantities of fibrin.

In serous dropsy, the causes of venous dilatation are frequently mechanical, and are, consequently, included in the department of pathological anatomy. Not so with fibrinous dropsy. Here the dilatation is dependant on dynamic causes, whose investigation would of necessity, lead us far into the department of nervous pathology. We should, moreover, be led to the consideration of many other phenomena, as for instance, the stoppage of the blood in the dilated capillaries, which will be considered in another place. I restrict myself, therefore, at present, to the mere statement that fibrinous dropsy is essentially dependant on the capillary system; that it is associated with, and for the most part arises from a dilatation of those vessels, and attenuation of their walls.

The consequence of this process, in relation to the pathology, as well as to the physiology of nutrition is so great that, in point of importance, there is scarcely any other that can be compared with it. All nutrition depends on an effusion of fibrinous fluid into the parenchyma of organs, and the transition from the normal state into a morbid condition is so imperceptible, as to render any line of rigid demarcation an impossibility. And as the process admits of being associated with many others, it has received a variety of appellations. Many portions of the process of inflammation, may be referred to it. *The so termed exudation, and the effusions of plastic lymph are nothing more than the result of this same process, and the general nutritive fluid* which we term, "exudation, or plastic lymph," is nothing more than the fibrinous fluid now under consideration. I have made this brief statement with the view of avoiding unnecessary repetition; I shall subsequently have occasion in many places to take up the thread, which I for the present drop, and pursue it further.

Thus all observers are agreed as to the fact of there being an exudation of plasma from the walls of vessels, and there seems to be a now pretty uniform agreement as to the character of the material which is so deposited, and I believe that it will be universally admitted that in every instance the primary effusion does not partake of the character of pus, but that on the contrary, the peculiarities of that fluid are stamped upon it sometime after it has been poured out, as has been shewn on sufficient testimony. Those bodies which, under the microscope, present the same physical characteristics as the pus-corpuscle are present, but observation, both microscopical and chemical equally, prove that those changes which take place in a fluid and constitute "pus laudabile bonum," are gradual and manifest in the fluid itself, and are brought about, hastened or retarded to a great extent by external circumstances.

We shall endeavour to shew from the writings of Dr. Addison, Senr., Professor H. Bennett, Mr. Pirrie, and Mr. Paget, the nature and character of the exudation as well as the remarkable changes which take place in it.

It is stated by several observers that an increase of the white corpuscles of the blood is always noticed in the vessels of an inflamed part; but Mr. Bennett, and a few more recent experimentalists, have declared that their presence in increased numbers is not due to any local action, and that they are only in superabun-