

kind last specified. Again pressure frequently appears inadequate to account for the supervention of dropsy. Cirrhosis of the liver, in its late stage, is considered to afford a striking instance of serous effusion, proceeding from impeded circulation,—the tributaries of the portal system are believed to be so hampered by the reduced liver, that a remora occurs in all the post-current branches of the vein, and ascites inevitably follows. We believe, however, that the mechanism of this occurrence is not of the simple sort described by this physical theory, for the latter is not reconcilable with various facts in the history of disease that occur from time to time. It does not accord, for instance, with the fact that livers equally atrophied, or even smaller in size than the cirrhotic, though necessarily affording as effective an impediment to the transit of blood through their parenchyma do not cause ascites—this is well seen in yellow atrophy of the liver; in different affections consisting of a heterogeneous deposit, in or about the portal canals; by the presence of which the jejunal tissue is both compressed and wasted often to a great degree; and, lastly, it is also seen in some instances of cirrhosis itself where the patient enjoys an immunity from ascites, although, comparatively, the affected organ is of less capacity than the same viscus, in other subjects who have not experienced a similar exemption, but labored under dropsy. Once more;—to our minds there must be something more operative in the production of cardiac disease than the plausible mechanism popularly received, as set forth in Watson's practice of physic, and adopted by Dr. T. As our readers know it is based upon mechanical principles, and the idea is simply that—there is a dyke, here is the choked up current, and around about is the leakage. But disease laughs at such narrow conceptions. In a case of chronic heart disease with actual structural change of permanent continuance, where, notwithstanding the conservative tendencies of nature, to accommodate herself to the morbid accidents and repair them, the original lesion still advances *pari passu* and knows no alleviation;—in such an instance, it must be admitted, that the same or an equivalent state of physical obstruction to the circulation exists as long as the invalid survives. The difficulty is in no way really removed. The valve that once permits of regurgitation must ever afterwards continue in the same incompetent state. Therefore we would expect that the results of such an abnormal condition should be as permanent as its cause. The dropsy of to-day should be present to-morrow, for it is owing to a valvular patency that is unchanging. Experience, however, demonstrates the error of these assumptions. By shewing that a person with heart disease and dropsy, may recover from the latter, while the former continues in ex-