but, that they are very possible, I have no doubt on my mind whatsoever.

EXPLANATION OF THE PLATE.

It represents a dissection of the left groin, with the great vessels passing under Poupart's ligament.

A. The pubis.
B. The anterior superior spine of the os ilium.
C. Poupart's ligament.
D. D. The peritoneum, pushed upwards.
E. The femoral artery.
F. The femoral vein.
g. The internal circumflex ilii vein.
h. The internal circumflex ilii artery.

ART. IX.—Observations on the Nature and Treatment of Dropsy, particularly of Hydrothorax and Anasarca, with Cases. By James O'Byrne, M.D., Vice-President of the Royal College of Surgeons in Ireland, Surgeon Extraordinary to the Queen, one of the Surgeons to the Richmond Surgical, Whitworth Chronic, and Hardwicke Fever, Hospitals, &c.

It appears to me that our views of the nature of dropsy are not only imperfect, but erroneous; and it is certain that we cannot congratulate ourselves upon the amount of our success in its treatment. Latterly, indeed, we appear to have been more engaged in a search after new diuretics, than in laying down sound principles to direct us in the employment of these and other remedial means already in our possession. Every attempt, therefore, however humble it may prove, to lay down such principles, and to render the treatment of the disease more successful, should be met in a spirit of great indulgence. My chief motive for
making such an attempt will be found in the fact, that, for nearly twenty years, I have not only adopted some peculiar views of the nature of the disease, but also put them, with success, to the severe test of practice. The subject is too extensive, and the limits of this article are too confined, to permit me to do more than sketch it, and, in doing so, I shall merely state my own views and practice, and not embarrass myself with those of others. Without further preface then I shall go abruptly and at once in medias res.

From what system of vessels is the fluid effused in dropsy derived? It is generally considered to be effused from exceedingly fine vessels, called exhalants, which have their origin in the capillary system, and terminate on the surface of membranes and the cellular laminae of the skin, or in the tissues of organs. But such is their extreme tenuity, that it is impossible, by the ordinary means, to ascertain whether they belong to the arterial or the venous system. On this point, however, there are other means of approximating to the truth. Thus, Arteries are not very extensible; when tied, they rarely pour out any of their contents, but relieve themselves by the enlargement and anastomosis of their small lateral branches; and when not tied, but much distended, their minute branches pour out either blood or coagulable lymph, not serum: Veins, on the contrary, are very distensible, and when tied, compressed, or obstructed in any way, they rarely relieve themselves by their small lateral branches, but by extension of their coats, and if that prove insufficient, by the effusion of serum, not of blood. No points in physiology or pathology are more completely determined than these, and the contrast which they exhibit is strikingly favourable to the conclusion, that the exhalants are intimately connected with the venous, and not with the arterial system. This being the case, it is natural to infer, that a system so connected with the source of the fluid effused in dropsy, must perform an important part in producing the phenomena of the disease. Accordingly, I shall put the truth of this inference to