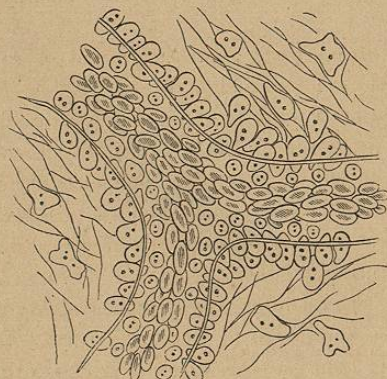


Lymph, as now understood, breaks down in the form of pus, or it organizes, or it is absorbed, finding its way back into the blood whence it came.

The subject of lymph invites to and furnishes wide and curious study. Much objection is urged by pathologists to accepting it as a fluid exuded by the blood-vessels. It is a common view that cell proliferation, or segmentation by existing cells, is the meaning of repair after suppurative destruction. Cohnheim considers and teaches the identity of lymph and white blood-corpuscles. As seen by the clinical observer, lymph is a opalish-white plastic substance, differing little, when first exuded, either as appearance or apparent characteristics are concerned, from ordinary albumen. Continued to be watched, tendency in the fluid to coagulation is observed, which coagulation, or solidifying, increases until a part occupied by an effusion may come to feel hard as a board. The writer, not at all unwilling to commit himself, offers it as his view that the material called lymph is a combined expression of the natural succulency residing in parts, in addition with fibrin, albumen, salts, a certain amount of water, and an indefinite number of white corpuscles coming direct from arterial radicles.

FIG. 616.



Nutritional pabulum exuding through the walls of vessels.

To affirm that tissues are built out of lymph is not at all to dispute the doctrine of Virchow as to cell segmentation. Organization of lymph can mean very much what is meant by an egg mass, as out of this is built by the germinal spot a chick.

simply scraping over the wound particles of epiderm, the scraping being so decided that scales not fully devitalized be secured.

CHAPTER LXVII.

ON DIAGNOSIS.

THE author indulges in a parting word on the subject of diagnosis.

To diagnose a case means to find out what is the matter; this, nothing more.

Every person having occasion for the services of a medical man has *something* the matter with him, which *something* is to be esteemed as of physical import.

A person knows himself as having something the matter when he ceases to be in a state of ease. Ease is the normal condition. An individual being in a state of ease is possessed of parts and of wholeness undisturbed, and of exact equipoise.

When, from any reason, parts or whole are out of equipoise, and are disturbed, an individual is not in a state of ease, but he has passed over to a condition which requires a word of exact opposite signification to express it. Such a word is the preposition "Dis." To signify, therefore, that ease is no longer present with an individual medical nomenclature employs this preposition, placing it before the noun; thus, Dis-Ease, disease.

Disease is a generic term, it tells nothing of diagnosis, it expresses simply and alone, yet embracingly, general condition. Search after dis-ease means search after cause. Search after cause implies ability to recognize what is not natural out of a knowledge of what is natural. It is not natural for teeth to have holes in them; a practitioner who knows that perfect teeth are without holes perceives and recognizes a dis when he meets with such a defect. It is not natural to carry a cinder about in an eye; when, then, this organ is found inflamed and suffering, he who everts a lid and discovering, has understanding to know that the cinder is a foreign body, this one is a physician. Between the elbow and shoulder anatomy gives no joint; when, then, dis-ease shows itself in this locality and examination comprehends false, or unnatural, mobility, comprehension is alike gained that the dis and a fracture are one. Rapid breathing may mean pneumonia, or it may mean asthma. A dis is most evident. If it be pneumonia, it is not asthma, if asthma, it is not pneumonia. To distinguish the one from the other implies simply knowledge of a kind that has seen the hole or the cinder or that has felt the mobility. Lung structure is seen and felt, however, by use of the ear,—by auscultation, as the act is termed. A kidney, situated deep back of the lumbar muscles,

may be in process of degeneration, *dis* is present over the system at large, everywhere, perhaps, except at the seat of lesion; there is headache, loss of memory, the lungs are sore, the heart labors, the muscles deny their wonted elasticity, strength wanes. Is the *dis* not discovered and removed, death will surely follow. To discover it is to apply the common means. The thing is not, however, to be seen with eye, to be touched with finger, nor to be heard with ear. Here a microscope applies, or the practitioner, relying for his measure on a knowledge of normal urine, resorts to urinometer, to test-tubes, to flame, to nitric acid, or to other appreciated requirements. Chill and fever are other expressions of a *dis*. What *dis* is it that calls attention by means of chill and fever? Doctorly acumen is able to answer the question, and with a few grains of an anti-periodic to destroy such a *dis*.

Ability to diagnose is proportional with knowledge. What an eye sees it sees. With not less certainty does a brain understand what it comprehends. Understanding is resultant of experience. Thought and experience are one. There is certainly no thought without experience. Nothing different from an unwritten slate is a mind upon which no experiences are inscribed. Knowledge and experience being one, it follows necessarily that power to diagnose accrues out of observation, and that only a worker and looker may be a diagnostician. He who is without learning as to a subject does wisely when he turns a *dis* to where more knowledge exists than he finds in himself. To appreciate is to comprehend. To comprehend is to be able to say exactly what a thing is. Exclusion is something different. Diagnosis is not infrequently a matter of exclusion; this is to find one's self able to say what a thing is by being certain as to what it is not.

Above all things a student is to have commended to him the science of development. Surgeons are of professional stature as they are of physical height. A five feet man lifts not from a shelf a medicine reached easily by one who outmeasures him by a foot.

Study of diagnosis is the study of many things; among them, of anatomy; it learns where there are holes and where there are no holes, where there are joints and where there are no joints. It is a study of physiology; it inquires into sulci, into joint movements, into the functional meaning of uriniferous tubules. It is cognition; it measures the cavity of a pot by means of the very circumference that hides; it deduces unknown from known, it pushes ghost from behind substance.

A practitioner is not to hope to be useful in other measure than as he is learned; while to become learned implies simply that a man keep himself in the way of experiences.

Suggestions are never worse for illustration. The author directs the attention of the reader to the chapter on Tumors as a study in diagnosis. In most of the examples offered in that chapter the relationship and signification of growths are fixed by comparison, by anatomical, or by physiological exclusions. Undeniably, it is to be seen that in places the distinctions are entirely

without confusion, that diagnosis asserts itself. As undeniably is it the case that in places distinctions are not without confusion; with the neoplasms, for example. A point to be made is this: where a writer knows absolutely, there he is clear; where he does not know, he is not clear. It takes very little learning to appreciate all about a pulp-fungoid tumor, but, as carcinoma is concerned, a clinician has not yet appeared who shows himself able to explain the reason for presence of such a growth. Where there are definition and clearness in this chapter on tumors, it means learning; where definition and clearness are lacking, it implies ignorance. The lesson to the student is this: To know a matter is to understand it. To understand a matter is to work at it, and at its environment, until nothing remains to be considered.

Diagnosis is a matter of principles and of details; the first to come first, the second to follow. Making here another illustration, one that, like the former, is to be referred to by the student without change of book, attention is directed to the subject of inflammation. Every inflammation is a perversion of circulation, and every perversion has certain associate phenomena which are general to the common condition. Following this, every inflammation has phenomena peculiar to special relation of the condition. First, a student is to acquaint himself with the common phenomena; second, he is to inform himself of relations which modify these phenomena. A phenomenon of inflammation is swelling. A swelling about the skin is almost invariably an expression of relief. A swelling about the mucous lining of a trachea means danger, too often death. Reason for the difference exists. To understand all about the difference implies simply that one make himself acquainted with a relational anatomy of the parts.

A papilla, assuming a hypertrophic expression, turns into a wart. What is a papilla? An engorged antrum will not unlikely throw the eye out of its socket. What is the connection of an antrum with an eye? To expand the fauces with air is to learn by sound whether or not the drum of an ear be ruptured. What is the relation of a throat and the drum of an ear? To see copper-colored blotches over a man's face is to discover whether he has a chancre covered by his pantaloons or by the lapse of twenty years. What is the kinship between blotches and sore? To hear a person complain of his hair coming out by the handful is to get a suspicion. A surgeon learns of distant things by sight of a swollen joint,—of gout as to the little joints, of rheumatism as to the big ones. A missing, unextracted, tooth explains an odontocoele. Irritation about the head of a penis directs attention to the possibility of stone in the bladder. Petechial spots upon the abdomen or chest tell of irritation of the glands of Peyer. An exudate shows distinction between diphtheria and scarlatina. A cornea that is the segment of a cylinder, and not of a sphere, gives understanding of astigmatism. In short, things tell of themselves, tell commonly everything about themselves. To read narrowly or widely, little or much, is with a man's self.

Diagnosis in any given case secured, treatment follows after a common

simple principle: holes are filled, cinders are lifted away, broken bones are splintered, congestions are resolved, spasms relaxed, poisons antidoted, errors in refraction antagonized. Complexity resolves itself into simplicity through understanding; to see into a pot requires never anything but the lifting of its lid.

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