ral or peritoneal cavity, producing pleurisy, or peritonitis. In a few instances suppurative inflammation occurs in the cyst.

In the **treatment** of hydatids some physicians have been disposed to confide in the supposed power of iodide of potassium, and of chlorate of potassium, taken internally, to cause the absorption of the fluid of the cyst, and thus destroy the parasite. But the evidence does not appear to me to be sufficient to justify such confidence.

Very large and superficial hydatids may, when the diagnosis is clear, be *tapped*, with at least temporary relief to the patient. Should this be safely done without cure, it may be repeated, and then a gum-elastic tube may be introduced and retained in the opening, so as by drainage to induce the shrinking of the cyst and thus the destruction of the *echinococcus*. Dr. Pavy reports success in one case with injection of male fern into a hydatid cyst of the liver; its anthelmintic or parasiticide power seeming to be thus shown. Skoda has reported the cure of a case of large hydatid in the *left* hypochondrium, by injections of solution of iodine, left in each time for thirteen minutes.

TUBERCLE OF THE LIVER.

Primary tuberculization of the liver is never met with. In patients dying with phthisis, not unfrequently miliary tubercular deposits are found scattered over the gland; they rarely soften, but sometimes small *vomicæ* are met with. It is of course necessary to be aware of the possible existence of such formations, in the consideration of the morbid anatomy of the liver.

DILATATION OF THE GALL-BLADDER.

This may be produced by obstruction of the gall-duct or the common bile-duct, or, more rarely, by a morbid formation of serous fluid within it, allied to a local dropsy. The diagnosis of this may be important, as it may be readily confounded with hepatic enlargement. It is to be distinguished from cancer by the great amount of jaundice (in most cases), the previous occurrence of gall-stone colic (also not invariable), and the more uniform and softer character of the swelling. From hydatids the same signs, except the softness of the tumor, are distinctive; and the latter grow much more slowly.

For the **treatment** of dilatation of the gall-bladder, the remedies suitable for obstruction of the biliary ducts will be appropriate. Surgical interference would, in any case, be very bold practice; unless, perhaps, by pneumatic aspiration.

Perforation of the gall-bladder or gall-duct now and then occurs, from prolonged obstruction and dilatation. This must prove fatal (as in a case referred to upon a previous page) by the production of peritonitis, from the escape of bile into the peritoneal cavity.

Gall-stones are alluded to under "Bilious Colic."

AFFECTIONS OF THE SPLEEN.

These are necessarily treated of at length in systematic treatises. It will be enough for our purpose to say a very few words of them. The spleen is commonly **enlarged** in *intermittent*, *remittent*, and *typhoid* fevers, and in *leucocythæmia;* sometimes, in pregnancy (Simpson.) **Rupture** of the spleen, causing death, has been several times reported. Such an affection (*i. e.*, rupture of the spleen) could scarcely be diagnosticated during life.

Enlargement of the spleen is readily ascertained by inspection and palpation. It often increases and diminishes, during and between the paroxysms of intermittent (ague-cake). Piorry asserts its *rapid* diminution under cinchonization. Other affections of the spleen (**inflammation, tubercle, hydatids,** etc.) are so generally difficult of diagnosis as to have chiefly a post-mortem interest; and they present no clearly recognized indications for treatment. A case has been reported[1] in which the spleen was removed entirely; yet the woman recovered and seemed to have good health.

AFFECTIONS OF THE KIDNEYS AND BLADDER.

CONGESTION.

Causation.—Under exposure to cold, overdoses of cantharides or turpentine, or the disturbance belonging to different inflammatory and febrile complaints, *active* renal congestion may occur. *Passive* congestion is more common in heart-disease, or pulmonary obstruction, as by pleuritic effusion or emphysema, or when pressure impedes the circulation in the renal veins or ascending vena cava, as in pregnancy or abdominal tumors.

Symptoms.—Pain in the lumbar region, sometimes with tenderness on pressure on each side of the spine. Scanty urination, the fluid being high-colored, sometimes bloody, or containing albumen. Certain cases exhibit under the microscope fibrinous casts; epithelial cells are commonly met with.

Diagnosis.—It is only occasionally difficult to distinguish this condition from Bright's disease. Active congestion begins abruptly under a recognizable cause. Passive congestion shows a dependence upon some other organic affection, and, although variable, is not progressive. They are thus distinguishable from advancing and more or less permanent disease of the kidneys.

Treatment.—For active congestion, cupping the lumbar region is proper, abstracting blood in amount proportioned to the state of the patient. Purgation may follow, by castor oil or citrate or sulphate of magnesium. Then, the warm bath or hip-bath, continued for some time.

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[1] London Med. Times and Gazette, Dec. 7, 1867. This is less extraordinary than Prof. G. Simon's case (Deutsche Klinik, April, 1870), in which he extracted successively the left ovary, the uterus, and the left kidney; and the patient recovered.