AN
INAUGURAL DISSERTATION
ON

Aetna

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BY

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OF

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The medical student feels a degree of interest and
attention, in relating, upon which to
wish an end, because his subject has
undergone the testing of science, but
yet, it is no small comfort to feel
that its beacon lights stand out promi-
nently to ward him off the shoals or
breakers, and rather than complain,
how deeply deserving our gratitude are
those who have shed their light before
us, if our little spark is not the first
to sail in regions unknown, its sails on
the wide expanse, and it makes an
antrograde course, but moves onward
confident of what is before, and
the snow surely comes into fruit laden
with fruits if not so soon, richer and
more abundant.

Aris is a very common
form of disease and authors differ as to the relative frequency of this as compared with other forms of it. The patient first discovers tightness and he then notices an enlargement at the lower portion of the abdomen, it being lowest, the water very naturally accumulates first at this part as the water increases, the enlargement becomes uniform. It is probable that this watery accumulation exists much more frequently than is supposed. I think it likely that in many cases of ascites of the lower extremities following as a sequel of debility induced by fever and other causes, that we have on the or left water in abdomen, so small an amount however, that we can not detect it unless by ordinary means.

Perfuin is an important means
which comes to our aid in making out our diagnosis in this disease should there be water present in the belly, there will be dulness of sound under percussion instead of the normal sounds which is assumed as being a hollow sound.

The differences in the normal and abnormal sounds are something like the difference in the sound of a sife and a sipe or blow. The sound will be much modified, by the presence or absence of the bowel under the foot. The bowel being light, as near as their attachments will let them endeavor to get upon the top of the fluid. Consequently, we will have greater dulness as we deport from the presence of the bowel, greatest blow and more normal as we advance.
near the thorax Pregmancy has been taken for the disease, and vice versa, bone con
 vict therefore be taken in marking out our case. The patient should be
 placed upon the back and if it be
 water in the abdominal cavity then
 will be greater flattening of the belly
 in front, by the water tending to the
 sides and bulging them out posterior
 and anteriorly. In pregnancy if the patient
 be thus placed, the belly will sustain none
 of its wanted soundness, or the obliquity
 of the gravid uterus to one or the other
 side would be materially seen. I do
 not think a tympanitic belly could
decide us, though it is mentioned by
authors as being one of the conditions
that might. The tympanitic sound I
think would be unmistakable.
I suppose the liability to take the statement of the patient in this, as in the other, would be more likely to get us into error, the statement of the patient should be received with caution. Should the two cases exist to give the diagnosis will be more difficult, the only history of the case the use of the stethoscope and percussion in connection with the symptoms generally, carefully considered would close up the diagnosis.

I met with an old sugar fellow some years since, who had been treated by fever and had some edema of the lower extremities with a slightly distended abdomen. I thought at first he had urinary irritation, I interrogated him as to his urines and he stated he had emitted several times in two or three days, but he thought not enough.
I asked him how long since he commenced swelling, his reply was three days since I concluded that was rapid; for others I introduced a catheter and drew away an incredible quantity of water. I have no doubt he had urinated but it could not be "the overflowing of the bladder, much the most frequent cause of the disease is an obstruction to the normal circulation of the blood through the great portal circulation. The liver in long a may by pressure upon the great descending Cava or more frequently the organ, pressed by disease, thus obstructing the circulation through the minute ramifications of the vessels, and chanfor dawning up the blood from behind continually"
supplied by the arteries from behind.
The water cuts its way through the
issues as best it can. The doctrine of the
inhabitants does not explain all the phenomena
attending this disease. It seems to one
that the doctrine of congestion imitative
or inflammatory in conjunction with
the agency of the inhabitants being the
main cause is not exceptions of
impossible proof that an exception has
fore can not and does not slow as
intestinal fluid to any great extent is
well known, and it is am established
that the absorption on more as active
as when postponed from inflammation.

Then we promote absorption by
first and ailing inflammations. And
analogy would seem to prove that
the inhabitants are as much in capacious
or evipled as the absodures and vice versa.
This is likely explained best by both being
abstracted or closed up by swelling and
compression as a consequence. In tender
up indications of intestinal inflammation
is perhaps ordinary, but yet important to
be removed before the water can be
cored away by the absodutes, in part,
the vims likely perform an important
port. Acute is frequently caused espe-
cially where it depends upon exams
that are organic and inevitable. It is
reported as being long some time the
transverse, after uneventful efforts on
the part of the physicians when depen-
dent upon diseased liver, either from
chronic or acute inflammations it is
often relieved by administering medi-
cines to that organ. Should it depend
The most valuable medicines in this form of injury are perhaps the cathartics, especially the 'hydrogenated' kinds, as a means of removing promptly the fluids, but in cases one of the liver being much the more frequent cause of the disease, calomel as a final remedy of the disturbances of that organ, perhaps ranks higher in the scale of medicinal agents than any other. Small doses of calomel, and doses powder at night, followed next morning by pulverized Epsom salts, cause much.
or two, according to circumstances, will generally wear the patient. This remedy should be repeated as long as the patient will bear it, provided the necessity exists for its repetition. After the water has been removed, give of castor oil in the morning, at dinner, and at night, alternating with the first remedy. Say you give the first dose once a day, and then give the castor oil. Should the patient not bear to much purging, we must be governed according by and only more frequent doses of medicine, we may combine with their smaller doses of castor oil, in fact, castor oil can hardly be out of place as an ingredient in any of the mixtures in these cases, especially where there is the hepatic derangement mentioned above.
Quills is a very ancient and a very valuable remedy especially when com-
joined with Colonel R. Sibley's prune and nitrate of potash.

Two hours until there is produced a very much like it will succeed and
if so known to one worthy professor.

Elatirion as a hydrargyrum
is very highly appreciated as a remedy.

For ephing off water, membranes
should not be excess two or
never beyond a slight effusion of
the gauze, They should be removed
in some time for a long time.

Fictions with Sothio antimonite daily
or twice a day over the region of the
tissue. Should there be cancer, tuberculosis or cirrhosis of this organ, all our remedies will prove ineffectual, but owing to the uncertainty as to the precise condition of the organ, it is best to try prompt surgical removal. It may be amenable to this remedy.

Should there be inflammation, cough, lumps, blisters or the abdomen a large blister is some times of much value. Care being taken not to apply it in cases of extreme debility, especially when the walls of the belly are anaeserized, I have seen very striking effects from bandaging the leg with a sedimentum and wrapping it in a "well regulated compression" by giving sufficient and over-closing the larity of the parts.
I should think would help much in taking up the water.

Fortunately we have a long catalogue of nostrums for this disease. Digitalis is on doubt a good remedy, sometimes, promoting a powerful diuresis and thus alleviating the disease. Doctor Withering is of the opinion that it is better adapted to patients of feeble constitution, fever, with low fevers, and emaciated limbs, pitting and hereupon rather than to the vigorous and strong. In whatever form it be employed, its effects should be carefully watched and the appearance of a decided inefficiency of any kind should be a signal for a cessation of the remedy or temporary suspension.
In a disease differing in its beginning and character our treatment must be varied. These are some general indications however which we should keep in view. That is to come as far as we can the particular pathological condition upon which it may depend.

The strength of the patient should be supported under that must address the most adverse effects of the remedy as of the disease. Remedies perhaps not altogether necessary, on account of debilitating the patient, by those purgatives. Cream of Tartar is an old and common diuretic with which many a cure has been made without the aid of any thing else. It should be given in such manner as...
to act only upon the kidneys, which is best done by small doses repeated often. Large doses taken as an aperient or two
remes act upon the bowels, therefore but little is taken up and comes to the kidneys. Should the patient purge
the patient, remedies such as Laudanum should be given to check its action
and turn it to the kidneys.
A number of other early antitoxin
are employed, among these, a
curative of potassa, this is more likely to
produce gastric irritation and is now
more generally given as an adjunct
to other remedies. The urine should
be acted upon as a source of com-
valence. The best remedy besides opium
and probably combined with a
soothing influence preparation, and
and continued for a length of time, in fact all our studies here to be pursued in for the disease is generally slow in its beginning, slow in its progress, and the cure is slow. Paracentesis is the last resort as a means of relief and rightly so. It should be used when serious enterocutaneous evisceration occurs from excessive accumulation and excretion is disturbed. It has been, and perhaps now has its advocates as a means of cure. I cannot conceive how it could cure a case, and yet when water is entered it coalesces within itself a source of disease. Some can must be had not to bring suddenly the water, as it sometimes acts so much stimulat with drawn from the patient and his site.