Of course if it (the Inflammation) be greater, and the part affected more sensitive, the fever will be more intense. and *vice versa.*

I am afraid it would occupy too much of my readers' time, and too much space in the Journal for one article, to enter more into detail on the subject before us. I will therefore conclude, by recapitulating in a summary manner, the chief points which I have endeavoured to comment on, and the theory which I have attempted to establish, concerning the proximate cause of the disease before us.

1st. By the term Inflammation is generally understood that state of a part in which it is painful, hotter, redder, and somewhat more turgid than it naturally is; which symptoms, when present in any considerable degree, affecting very sensible parts, are attended with fever, or a general diseased action of the system.

I would prefer that the foregoing passage should read thus: "By the term Inflammation is generally understood that state of a part in which it is painful, redder, somewhat more turgid, and *has a sensation of greater heat,* &c. &c.

2nd. To the division of Inflammation into healthy and unhealthy I entirely object, as I consider it very likely to lead to wrong conclusions and wrong practice.

3rd. To the term Chronic Inflammation I likewise object, as I do not believe that any disease (essentially from its nature acute) can *in the same immediate locality* become chronic, and any other interpretation of the word *chronic* tends only to mislead.

4th. To Boerrhave's, to Cullens,' to Hunter's, and to the generally received theory of the day, concerning the proximate cause of Inflammation, I am opposed; because they are based on error in the first place; because they do not trace the chain of cause and effect to a legitimate conclusion, secondly; and because, thirdly, they do not account for the phenomena which we every day witness, as attendants on Inflammation.

The theory I would propose to substitute is this: That, as is usually allowed, the remote causes of Inflammation are stimuli; cold, topically applied; wounds and contusions. That in every case in which stimuli are the remote cause, contraction of the capillaries to a greater or lesser amount, and in a greater or lesser number, is produced; that in consequence the capillaries in the vicinity of the same become engorged (as before explained) in the first place, and subsequently the capillaries primarily acted on by the stimuli. In consequence the trunks of these vessels become engorged, and labouring to relieve themselves of their unnatural load, the excitement is communicated step by step through the circulatory or nervous system, until, with the topical symptoms of redness, pain, turgidity, and sensation of inward heat, is connected a pyrexia of greater or less intensity, affecting the whole body. As regards topical application being a remote cause of inflamation, I have endeavoured to explain it, by supposing that the rapid evolution of caloric produced, may prove a stimulus to the contraction of the vessels as in the former case; if so, the phenomena would be similar. Should it act, however, only by its power of producing contraction, I see no difficulty in accounting for its agency under this supposition; as contraction of the calibre of