

The next division of Inflammation is into acute and chronic. This division is almost as old as the science of medicine itself, and has obtained the sanction of the best surgical writers. Yet am I convinced that it should never have been made, and that the doctrine is founded in error. What is the idea, let me ask, that the term "acute inflammation" would convey to the mind of a young man just commencing his routine of medical studies? Is it not that of a violent, aggravated form of disease, which the more experienced practitioner will tell him is of such a nature that it must, in the ordinary course of things, run its duration in a short period? The system cannot endure this long continuance. What is the idea he will form then of *chronic* Inflammation? Certainly, that as before, it is a violent, aggravated form of disease, which, in the form of *acute*, the system is unable to endure for any lengthened period; but when the word "*chronic*" is added, lo and behold, it can be endured for an unlimited time,—such magic is there in a name. Again I say I do not wish to carp at words; I only object because when misplaced, they convey a wrong idea, and because I am well satisfied that Inflammation (accompanied with all the symptoms by which the disease is defined) can, and does only exist in the *exact locality* in which it takes its origin, *for a limited period*, and therefore should always be termed an acute disease, to the utter exclusion of the word "*chronic*." With these few passing remarks, we proceed to the remote causes of Inflammation.

These are generally divided into two general classes. The first includes all such agents as operate by their stimulant or chemical qualities; for instance, Cantharides, heat, &c. The second class are those which act mechanically, such as bruises, wounds, &c. To these I would add a third cause, viz., cold, applied directly to the part. The principle on which this becomes a remote cause of Inflammation, I will endeavour to explain in its proper place.

Now, in any theory endeavoring to point out the proximate cause of this disease, various points must be borne in mind; and that theory, to be entitled to credence, must give an explanation not only of the leading symptoms present in Inflammation, but also it must show the chain by which the proximate is connected with the remote or exciting causes, and likewise with the subsequent symptoms which either invariably or occasionally accompany it. Let us see, first, whether any of the hitherto promulgated doctrines will bear this test. If not, they are certainly incorrect, and not worthy of credence.

Passing by the most antiquated of the doctrines on this subject.

The celebrated Boerhaave imagined the proximate cause of Inflammation to consist in an obstruction of the extreme vessels, caused by an unusual thickness or viscosity of the blood; which viscosity or thickness he taught was produced by diarrhœa, perspiration, or any other cause which might be supposed to be an agent. Another of his doctrines was what he termed an *error localis*, produced, for instance, by a check of the perspiration; which being retained, dilated the vessels, and allowed the red globules to enter, and produce a more permanent obstruction.

As regards the first of these ideas—that is, the doctrine of viscid-