

expose it to the much dreaded malignancy of the atmosphere. We have all seen the direful consequences of this innovation, founded on the mistaken notion of regarding all peritoneal inflammation as of *one* kind only, while there are at least *two*, differing from each other in cause and course, each of which is subject to different phases and terminations; which I shall now examine, and endeavour to show that one kind, idiopathic in certain seasons, and countries, is really a fearful disease; and the other—that which is likely to follow gastrotomy is less to be feared than the first. Although what follows is not mentioned in books or in lectures, let it be borne in mind as an axiom, that any inflammation is merely an *accident* to many diseases which differ widely from each other; that it is never the cause of the malady; but is always the effect of a disturbance elsewhere situated—near by, or far off, and sometimes is of so prominent a character as to be taken by some practitioners as being itself the whole disease, and the only thing to be combatted.

1st.—IDIOPATHIC INFLAMMATION.

A remarkable example of the erroneous opinion entertained regarding inflammation, among a thousand others that arose and lived a day, was that of the celebrated Broussais and his disciples, a doctrine that overshadowed all “Young Europe” for a few years, and filled so many untimely graves. He and they denied the possibility of Idiopathic or Essential fever, as the schools call it, on the ground that they always found in every fever some one or other organ inflamed—true, so far; and asserted that the inflammation seen was the cause of the fever. They disregarded the fact that the fever in *every* case had existed several days before the local disorder—inflammation—became manifest; passed over the patent fact that, in the same fever, during the same epidemic, patients in the same house, at the same time, might have the local disorder—inflammation—(as in typhus) situated in a different organ in one patient, it might be muco-gastritis, in another an enteritis, in a third a bronchitis, in another an arachnitis, while the fever—typhus—was the same in all.

In variola, the fever (which is the real disease) exists with violence three whole days before the irruption; six before the commencement of areolar inflammation. In *idiopathic* erysipelas the fever precedes the local disorder at least twenty-four hours;—and so on, for every *essential* fever or disorder.

Idiopathic peritonitis and enteritis are always preceded by fever, more or less marked: but, the inflammation once become manifest, like in the irruption in variola, and other exanthemata, the inflammation is the most notable condition of the patient. The idiopathic peritonitis is a specific