

their action, that up to comparatively recent date little was known of it as of satisfactory character. Previous to the employment of the microscope as a means of research, our knowledge of the inflammatory process was of the crudest kind; and even at this time, notwithstanding the labours of many observers, it cannot be said that the subject is by any means exhausted. Much, however, has been done in the present century to elucidate the subject, and we are now possessed of information which will enable us to follow with considerable degree of accuracy the complex phenomena which constitute inflammation. And here, at the outset, it may be observed that there is nothing peculiar in the inflammatory process apart from the ordinary operations going on in the body. Inflammation is a vital process in the same sense as the action of bile or of urine is a vital process. As we shall see further on, inflammation of a part is dependant on the operation, not of foreign and extraneous forces, but of the ordinary and innate vital powers. If, therefore, we knew the *modus operandi* of the vital powers in the ordinary or healthy functions of a part, we would also know the manner in which the vital forces act in inflammation. It is owing to this circumstance, viz., that the vessels at work in a state of health are the same as those in a state of disease, that physiology and pathology are closely connected and mutually illustrative of each other. Indeed, properly speaking, there is no such difference as pathology; it should rather be called pathological physiology. The difference, therefore, between a morbid and a healthy process is one not of a kind, but of degree. There are some processes, however, called morbid, which considered in themselves are perfectly healthy, but are regarded as morbid, because they take place at an improper place.

As health and disease are merely modifications of the same state, and pass gradually into each other, it is impossible to draw a sharp boundary line between them; for this reason a strictly scientific definition of health or disease cannot be given. For practical purposes, however, a part may be said to be diseased when the processes going on in its interior endanger its structure or jeopardise the life of the whole organism.

In order to arrive at a knowledge of the phenomena of inflammation, it will be necessary to examine with the microscope the web of a frog's foot, both in its healthy condition when irritated in various ways. If you examine the web of a living frog under a microscope which magnifies 250 or 300 diameters, bringing one of the arteries into the focus of the instrument, you will observe the blood flowing along so rapidly that it is impossible to distinguish any of its constituents. If,

however, you follow the artery, it will be found to break up into numerous small vessels of uniform size, in which the current of the blood is instantly diminished to such a degree that you can readily see the constituents of that fluid. The combined calibre of the capillaries in which an artery terminates is considered greater than that of the artery itself, and consequently the rapidity of the current is immediately diminished in accordance with the well-known hydrostatic law, that the rapidity of the current diminishes in proportion to the width of the stream. Even in capillaries, however, the rapidity of the current stream is considerable. The corpuscles pass with great facility through the vessels, and do not exhibit any tendency to adhere to each other, or to the wall of the vessels. This is true both of the red and colourless corpuscles. It is usually stated that the colourless corpuscles move sluggishly along the *still layer*, as it is called, or the fluid portion of the blood, which is in contact with the walls of the capillaries. This is not the case, and, as already mentioned, the colourless corpuscles pass along as rapidly as the others. With regard to the terminal arteries, they are almost entirely composed of muscular fibres. These fibres belong to the plain or unstriated variety. They are arranged in one or more layers, according to the size of the artery, either circularly or in a spiral manner round the vessel. When they contract, therefore, they have the power to diminish the calibre of the vessel, or, if the contraction be strong enough, to occlude it completely. In this way the small arteries are able to regulate the supply of blood to a part. In addition to their contractile properties, arteries are also endowed with elasticity. Under ordinary circumstances, the arteries possess a certain medium size; but when, as sometimes happens, the restraining influence of the muscular fibre is removed, the vessels enlarge from the distending force of the blood, so that a much larger quantity than usual of blood finds its way into the part at the same time, owing to the unrestrained flow of blood. The capillaries beyond enlarge, and the velocity of the current is increased. When the muscular fibres again contract, the artery resumes its original size. The amount which passes through the artery, as well as its velocity, is diminished, and if the contraction proceed far enough, so as to occlude the vessel, the circulation through the artery will be stopped altogether. With regard to the capillaries of the numerous small vessels in which the arteries terminate, they are composed of a thin homogeneous membrane, in which nuclei of a flattened form are embedded at intervals. They are possessed of considerable elasticity; but, unlike the arteries, are completely destitute of contractility. Any alteration in size of the capillaries