

formerly; but is explicable on the assumption, that the puerperal fever of the ancients, which was almost uniformly fatal, is now made to include their disease, and which yet retains its pristine malignity, and a great many other diseases of a simple inflammatory origin, and quite amenable to antiphlogistic treatment. It seems to me, therefore, that there are included under this specific term two fundamentally different diseases, viz: One having its origin in inflammation of one or more of the organs, usually those of the abdomen or pelvis, apparently in consequence of the ordinary exciting causes of inflammation—neither contagious nor infectious,—may prevail epidemically, as other inflammations sometimes do, pneumonia for example, and is quite under the power of well directed antiphlogistic medication; and a *specific fever*, which has not its origin in inflammation of any of the organs but which may secondarily set up disease therein, is contagious and extremely fatal, requires a stimulant and supporting treatment, but which usually defies all medication. Dr. Churchill is one of those who favour the inflammatory theory, and he divides it into five varieties, depending upon the part inflamed, and recommends antiphlogistic treatment; but also states, with Dr. Tyler Smith, that cases occur without any inflammation manifested before or discoverable after death, and confesses that the latter are very fatal.

It is evidently wrong to include under and apply one specific name to a great many different diseases, particularly if the name be the name of one of the symptoms, because its tendency is to lead to routine, and to distract the attention from the true pathology. There is a strong tendency to treat the same disease in the same way under all circumstances, bearing a difference of degree; so, if one specific term be applied to the exanthematous affections, one can readily imagine what the treatment would be; the body would be kept warm as it should be in rubeola, or cool as it should be in variola, and the result would necessarily be disastrous. This generalization is injurious to the student, because having his mind impressed with the great mortality from puerperal fever, he is, in its treatment at first, anxious and meddling; but having had several cases as it ordinarily occurs, and conducted them to a satisfactory issue, he falls into the error of thinking he has hit upon the hitherto undiscovered means of successfully combating it, and his anxiety gives way to ill-grounded confidence and routine; but after awhile a true representative case of the malady occurs, and the patient becomes a sacrifice before he knows what he is about.

Clarke, C. W., Feb. 1866.