

be admitted, in some cases, as for instance in one I cited before, when ice received into the mouth produces inflammation of the tonsils almost instantaneously, and without the subsequent admission or application of heat. It is true Mr Burns to a certain extent is correct, as for instance where a person, from exposure to cold, for some time, becomes almost benumbed, and is then suddenly brought before a warm fire: in this case Inflammation frequently ensues; but it should be always borne in mind that it is the sudden exposure to heat which acts as a stimulus, operating on an organization depressed in its vital powers, which, in this case, is the remote cause of the Inflammation—not the cold, which has merely acted in depressing the vitality, and would not have caused inflammation to ensue had it not been for the subsequent application of a stimulus. Under this idea I do not perceive that Mr Burns has given any explanation of the operation of cold as a remote cause in the production of the disease.

Of the second class of causes producing this disease, and which are supposed to act mechanically, one is Wounds. I am not altogether disposed to acquiesce in the general opinion that a wound acts merely as a mechanical cause in producing Inflammation. I feel more inclined to the belief that by this wound, or in the production of it, some stimulus is applied to the vessels concerned, whereby the disease, as in the former case, is produced. Wounds are generally inflicted by metallic instruments, and if a small needle prick in the eyeball will produce Inflammation by the stimulus afforded, I cannot perceive why a large knife, or larger sword, may not do the same. Wounds generally make a discontinuation in some part of the body, and give free admission to atmospheric air, particles of dirt, and other extraneous matter. These are all stimuli to the muscular fibre. Wounds are often badly dressed, and irritating applications used. These are again stimuli to Inflammation. Wounds often penetrate the abdomen, or thorax, and give egress to urine, to feces, and other extraneous matter. These are all stimuli, and quite sufficient to account for the origin of Inflammation, without supposing any mechanical cause to be brought into operation. Under these circumstances, wherever Inflammation takes place, consequent on a wound, I am disposed to account for it on the supposition, that a stimulus has been applied, in some shape or other, which stimulus becomes, as in the first supposed case, the remote cause of the disease, and consequently will range under the same class. The last of the remote causes of Inflammation which we shall take into consideration, is Contusion. This is generally classed as a mechanical cause, but I am very doubtful if it ever acts in the direct way which is generally supposed, in exciting the disease under consideration. My idea of the operation of this cause in producing Inflammation is this. A contusion is inflicted on some part of the body; injury and derangement is thereby caused in the part affected; extravasation of the blood, lymph, and frequently disintegration of continuity; one or more of these causes become, or give rise to formation of stimuli, which in turn becomes the remote cause of the Inflammation. If my explanation be correct, contusions should, as well as the causes already considered, be annexed to the first class of causes.