much easier after the abscess burst. Death occurred on Sept. 4th.

In further support of the advisability of such interference I will cite another case, which, though not of the same class, illustrates well the benefits of free openings.

Alex. G—, post-runner, Fraserburgh, was under my treatment about two years ago. He had remittent typhoid fever, pleurisy, and pleuro-pneumonia for upwards of four months. He was then affected with profuse clammy sweatings; diarrhoea; very high temperature, at times 105° F; pulse 140; hectic flush; and complete dullness of the left chest. He was seen by several of my medical friends during the course of his illness, and of seven of these all agreed he was doomed. On two occasions I aspirated him, but with only a slight improvement; he could not latterly allow of a drainage-tube; and, growing desperate, I made a free incision of three-quarters of an inch into the chest at the lower border of the sixth rib. Shortly after pus was discharged freely, and ran for some weeks. In about two months from the date of my last operation he resumed his arduous duties.

In the first case related the operation had, as was proved post mortem, no blame in hastening the end; the second case did not admit of interference; and the third was happily terminated by the means employed. I do not advocate operation except it be certain that the cavity is sufficiently *near the surface* to ensure our reaching it. If the opening could be made posteriorly, so much the better; but should an abscess point, or were a cavity near the surface anteriorly, I would not hesitate to second the efforts of nature. Taking three of our best works on modern medicine,³ we find the operation theoretically approved of in empyema. In practice no difference, except in degree, is appreciable between true empyema, false empyema, or abscess, and the caseated lung tissue in its ultimate stage of degeneration; the prognosis may be better in one than in another, but actually the treatment does not admit of great variety. A case suitable for the treatment counselled is unquestionably exceptional at present, but it is possible, with due skill, care, and precaution, that artificial aids to the emptying of phthisical cavities may yet be employed more frequently with success; and with this hope I commit my experience to those who have the more fertile field of hospital practice at their command.

Dunbar, N.B.

REMARKABLE OSCILLATIONS OF TEMPERATURE WITHOUT APPARENT CAUSE.

By WALTER ILIFFE, F.R.C.S. Ed.

THE problems of medical science are undoubtedly great and various, and one of the most interesting, if not the most important, is to be found in studying the exact sources and modes of origin of animal heat. A definite knowledge regarding it would give us much valuable and needed information upon many points, and more particularly as to the exact signification of temperature alterations in specific and other fevers, in lesions of the nervous system, &c. This must be my apology for bringing the following interesting and exceptional case before the readers of THE LANCET.

Early last spring I was called to see a young lady, Miss L. I—, aged eighteen, and found her suffering from measles, which at that time was epidemic in the school where she was. The attack was one of moderate severity, the maximum evening temperature 102·5°, and the rash well out; in about a week she was convalescent, the evening temperature normal, and all symptoms having disappeared, she had my permission to get up the following morning, but at an early hour I was sent for, and found her much worse. There was a high pulse (120), quick respiration, flushed face, a nervous fidgety manner, dry skin, the tongue thickly covered with a white fur, bowels constipated, no inclination for food, the thermometer registering 105·4°. I suspected some inflammatory condition, and made a careful examination of each organ, but could detect nothing abnormal. The patient was tall and slightly built, and may perhaps be described as belonging to the nervo-

phlegmatic type of temperament. She was somewhat excitable and perhaps hysterical, limiting the meaning of that word to a condition of weakness of will with emotional sensibility and ready excitability. I was informed she had commenced menstruating at fifteen years, but after the first month the discharge had entirely ceased and had never returned even in the slightest degree. Her complexion had become dusky, the face covered with an acne rash, and the skin under the eyes especially dark; she had never suffered from feverish illness of any moment, but she had been for some few months under my care with the object of bringing about the periods. I had tried various remedies, all of which had been unsuccessful.

During the following ten days the temperature (which was taken with the greatest care both in the axilla and in the mouth) underwent the most extraordinary and erratic changes, without my being able to find any specific cause. In the course of the twenty-four hours it would vary from the normal to 106°, and upon one occasion 107°; the period of the highest temperature being variable, sometimes at night, at other times in the morning or afternoon; and not at all during the course of the illness did the temperature rise or fall at any uniform hour. With the increase of heat the pulse and respiration rose more or less proportionally, the tongue became coated, the patient acquired a restless, fidgety manner, would answer questions in a short, abrupt tone, finger the bedclothes, and wander with her hands about the wall close to the bed. As the temperature fell these phenomena would subside, and it was truly marvellous to notice how, in some instances, the tongue, quite foul with the high temperature, would become perfectly clean in even so short a time as half an hour, as the latter approached its normal character. I subjoin a few temperature readings, which will serve as an illustration so far as the temperature, pulse, and respiration are concerned:

			Temp.		Pulse.		Resp.
March 24th	...	9.40 A.M.	101°	...	104	...	40
"	"	2.30 P.M.	104°	...	120	...	36
"	"	5.30 P.M.	106½°	...	130	...	45
"	"	9.45 P.M.	104°	...	120	...	38
"	25th	9.45 A.M.	99°	...	88	...	28
"	"	3 P.M.	107°	...	130	...	60
"	"	6.45 P.M.	106°	...	120	...	50

The treatment comprised cold-packing (this was always adopted when the temperature rose to 106°), and the administration of such drugs as aconite, digitalis, and bromide of potassium.

At the end of ten days the elevation of temperature began to abate, and in a few more it became normal and remained so, the patient recovering her health gradually; and now, speaking generally of her condition, she is much better than she had been for many months previous to this illness. Amenorrhoea still persists, but the complexion is clearer, the lethargy and tiredness are much diminished, and the acne rash is gone.

I will not offer comments upon this case further than to point out the probable connexion with the hysterical temperament and the condition of amenorrhoea. I may mention that Dr. Hamilton, of Windermere, saw the case with me, and failed to find any cause to which we could refer the peculiar features characterising it.

Kendal.

ON ELASTIC PRESSURE IN THE TREATMENT OF INFLAMMATION OF THE JOINTS, AND ON A MODE OF ACCURATELY MEASURING THE FORCE EMPLOYED.

By C. B. KEETLEY, F.R.C.S.,

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THE object of this paper is to call attention to the proved, but neglected, powers of elastic pressure in the treatment of chronic inflammation and of "dropsy" of the joints. There will also be described in it a new method of applying this elastic pressure, by which new method the amount of pressure can be measured, regulated, and recorded to a nicety, and to which the author proposes to apply the name of "hydraulo-elastic pressure," because its nature is partly

³ Flint's Practice of Medicine, p. 164, third edition; Aitken's Science and Practice of Medicine, p. 867, sixth edition; Watson's Lectures on the Principles and Practice of Physic, vol. ii., p. 151, fifth edition.