

the high temperatures were those observed during or immediately after a rigor.

|                            |                            |
|----------------------------|----------------------------|
| Jan. 24th, 11 A.M., 107°2' | March 3rd, 8.45 A.M., 111° |
| " 12 " 102°2'              | " 10.30 " 108°2'           |
| " 9 P.M., 101°             | " 11.30 " 99°2'            |
| " 25th, evening, 98°4'     | " 4th, 5.15 " 107°4'       |
| " 29th, " 100°8'           | " 8.45 " 108°              |
| " 30th, morning, 97°8'     | " 4 P.M., 112°4'           |
| " evening, 99°6'           | " 5th, 8.50 A.M., 108°6'   |
| Feb. 4th, " 105°           | " 2.30 P.M., 106°          |
| " 5th, " 105°2'            | " 3.45 " 107°4'            |
| " 6th, morning, 99°8'      | " 7th, 10 A.M., 109°       |
| " 10th, " 105°4'           | " 8.30 P.M., 102°6'        |
| " 16th, " 99°4'            | " 8th, 6 " 111°2'          |
| " evening, 105°6'          | " 11th, 4.30 " 111°2'      |
| " 24th, morning, 98°       | " 12th, 10 A.M., 108°      |
| " 5.35 P.M., 108°6'        | " 17th, evening, 100°4'    |
| " 10 P.M. (?) 98°4'        | " 18th, 3.30 P.M., 116°4'  |
| " 26th 6 P.M. 112°         | " 19th, 4 A.M., 116°+      |
| " 28th 4.30 P.M., 113°     | " 8 P.M., 98°6'            |
| March 1st, morning, 98°2'  | " 21st 9.30 A.M., 111°+    |
| " evening, 100°            | " 23rd 9.30 A.M., 106°     |

During the last few weeks of treatment mental disturbance has supervened. At first this accompanied the hyperpyrexia only, but latterly it has been nearly constant. She has no fixed delusion, and what delusions she has manifested have been clearly founded on recent events which occurred around her. They tended towards the melancholic type of insanity. At times she has been exceedingly violent, and always more or less suspicious. There is no family history of insanity.

I believe that the hyperpyrexial attacks were of very short duration, and where, by the above figures, a prolonged high temperature is indicated, it is only apparently so, the observations having been made during the rigors. All were made in the axilla, and different thermometers were used, several of which had their registering columns driven into the bulb at the top (indicated above by the symbol +). I should mention that the retention of urine noted at the commencement has continued, with occasional intermissions of varying duration.

Even if the future reveal a fallacy in the temperature observation of such cases, which seems hardly possible, the record of them will lose none of its present interest at a time when there is perhaps too strong a tendency to disbelieve whatever militates against common experience. One most curious fact remains—that these cases do not seem to have attracted attention till lately, while we cannot doubt that they did occur when clinical thermometry was in its pristine vigilance.

No one is more conscious of the imperfections of this report than I am, and I have only one object in publishing it—viz., to support the evidence already brought forward by Mr. Teale, Dr. Donkin, &c., to show that the temperature of the human body may rise to an elevation hitherto considered incompatible with life, and that even without any sign of impending danger. Moreover, that such hyperpyrexial attacks are the result of an influence exerted by the nervous system.

P.S.—These lines were written towards the end of March, and it remains for me in a few sentences to narrate the subsequent history of the case. The attacks of hyperpyrexia ceased (though transient pyrexia occurred from time to time) on the advent of a new series of phenomena, including general convulsions of extreme violence, accompanied by opisthotonos, loss of consciousness, lividity, &c., and followed by persistent trismus, simulating in a remarkable way the traumatic form of that affection. These severe symptoms gradually diminished in intensity and frequency, while general amelioration in the patient's condition set in, so that on the 12th of April she was able to be removed to the Cheadle Convalescent Hospital. There her convalescence continued with but slight interruptions, and she is now on full duty as a nurse in the institution.

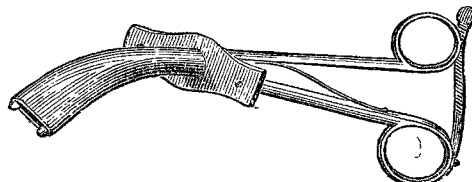
THE deaths of 1349 persons were registered in London last week, representing a rate of mortality of 19.4 per 1000 per annum. Four deaths were due to small-pox, 58 to measles, 45 to scarlet fever, 5 to diphtheria, 37 to whooping-cough, 20 to different forms of fever, 127 to diarrhoea, 181 to diseases of the respiratory organs, and 72 to violence.

## NEW FORM OF PILOT FOR FACILITATING THE INTRODUCTION OF THE FLEXIBLE TRACHEOTOMY TUBE.

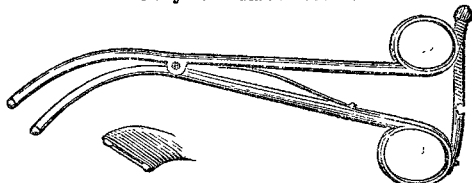
By W. J. WALSHAM, F.R.C.S.,

DEMONSTRATOR OF ANATOMY TO ST. BARTHOLOMEW'S HOSPITAL;  
SURGEON TO THE METROPOLITAN FREE HOSPITAL, ETC.

THE introduction of Mr. Baker's flexible rubber tracheotomy tube is often attended with considerable difficulty, especially when the trachea is at some depth from the surface, and the flexible tube is resorted to a few days after the operation, while the wound in the trachea retains its slit-like form. The end of the tube being round, it is, of course, necessary to compress it laterally, so that it may insinuate itself wedge-wise into the slit in the trachea. This can hardly be accomplished by the fingers when the trachea is far from the surface, as the wound in the soft parts is not sufficiently large to admit of the fingers being passed down with the tube to the opening in the trachea; and compression by forceps is open to the objection that the blades with the tube between them are difficult to insert in the trachea, and are difficult to withdraw without bringing the tube with them. The pilots which have been made to aid the introduction of the tube are rounded to fit the tube, and therefore do not correspond to the shape of the aperture in the trachea, the edges of which are hence liable to be pressed in before it. The present instrument is designed to obviate these difficulties. Its form and action will be readily understood by the accompanying woodcuts. The blades are curved



The Pilot in the tracheotomy tube showing the latter stretched ready for introduction.



The end of the tube when stretched.

to correspond with the curve of the tracheotomy tube; they are smooth, flattened laterally, and slightly probe-pointed, readily slipping, when closed, in and out of the tube. When about to be used, the blades are passed into the tube till the points just emerge through the lower end. The blades are then opened by approximating the handles, and the end of the tube is thus vertically stretched, so that it corresponds with the shape of the tracheal opening, and can then be easily inserted wedge-wise into the trachea. On closing the blades the instrument can be withdrawn without any difficulty, leaving the tube *in situ*. A spring is provided for fixing the blades at the distance that may be required. The instrument has been made for me by Messrs. Arnold and Sons, West Smithfield, London.

Weymouth-street, W.

## HEPATIC ABSCESS SUCCESSFULLY TREATED BY THE ASPIRATOR.

By JAMES JOHNSTON, M.D.

ON Aug. 3rd, 1876, at noon, I was requested to go on board a steamer to visit Mr. F—, a surgeon, who had just arrived in Shanghai after a voyage of three days.

I found him lying on his right side. His respiration was short and catching; pulse 84, full. He had a short hacking cough, and any attempt to speak or move increased it very much, and caused intense pain in his right side below the nipple. On percussion in the right mammary line there was dulness from the level of the nipple for two and a half inches downwards; below this level the front part of the right hypo-