

simple and efficient, the foot and ankle eventually being as useful and shapely as before the accident. The great advantage of the "heel bandage" is that it exerts uniform and slightly elastic pressure in the direction required, and never produces that unfortunate result—a sore heel.

PERSISTENT HIGH TEMPERATURE IN A BOY, DEPENDENT UPON SUPPURATION WITHIN THE TYMPANUM (?)

By WILLIAM H. DAY, M.D.,

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A. C. W.—, aged nine, was admitted into the Samaritan Hospital under my care on March 23rd, 1887. He was a highly nervous and sensitive boy, with thick lips, pasty face, expanded nostrils, and light hair. The parents and five other children of the family are healthy.

History.—Three weeks before admission he is said to have fallen in the street whilst running, and to have struck himself on the left temple. It is reported that he was picked up in a state of insensibility and carried into a shop. From that time to the present he has not been to school or into the playground. His mother states that after the accident he became very drowsy, sleeping nearly the whole day in a chair, but apparently not ill. He has had headache for a week, and giddiness and "wandering" up to the present. One day at home he was sick and ill, his mother thinking he might be going to suffer from some fever. A week before he fell he was knocked down by a boy and kicked in the groin and stomach. For some days after he complained of pain on micturition.

State on admission.—He complains of pain in the left hip and over the great trochanter, which is tender on pressure, but there is no obvious swelling or heat, and he can flex and extend the limb without pain. He is indisposed to answer any question, being very drowsy, though quite sensible and intelligent. He also complains of headache, and will not expose his face to the light, but hides it under the bedclothes. The abdomen is natural; the tongue is clean; the bowels are costive. There is a good deal of cough, but the physical signs are only those of slight bronchial irritation; no dulness can be detected in any part of the chest; the heart's sounds are normal. Temperature 104° ; pulse 100; respiration 36. The urine is of a dark sherry colour, acid, non-albuminous, sp. gr. 1026. A soap-and-water enema was used, which brought away a copious scybulous dark motion. After this, the skin being dry and dirty, he was put into a warm bath. A mixture containing salicylate of soda and solution of acetate of ammonia was given every four hours. He was supplied freely with milk and beef-tea. At 9 P.M. the temperature rose to 104.4° ; pulse 124; respiration 36. No complaint was made of any kind.

On March 24th it was reported that he had passed a quiet night, and did not seem quite so drowsy. The morning temperature was 103.6° , the evening 102.6° . On the 25th a grain of calomel was given, followed by an enema, which produced a copious and light-coloured motion. The temperature at 8 A.M. was 101° ; pulse 104; respiration 36. At 1 P.M. the temperature rose to 104° . At 5 P.M. he asked for bread-and-butter and a picture-book, but he soon grew tired and relapsed into sleep. There was no pain, vomiting, or thirst. Five grains of antipyrin were ordered every four hours. At 12 P.M. the temperature was 103.4° . On the 26th, at 6 A.M., the temperature was 103° , when five grains of antipyrin were given, and in two hours it fell to 101.4° ; throughout the day it did not exceed 102.6° . The boy enjoyed looking over books, and the only noticeable symptom was undue disposition to sleep. The temperature during the following day varied between 102° and 103.4° , and he invariably roused himself from his drowsy condition after being sponged with cold water. The same physical signs of bronchial irritation were present. The antipyrin was omitted. On the 28th the bowels freely acted. At 3.30 P.M., when the temperature reached 103.4° , he was put into a bath at 90° , which was gradually cooled down to 70° by the addition of cold water. He remained in the bath seven minutes, and when removed to bed, between blankets, the temperature was lowered to 98.6° . At 7.15 it rose again to 103° , when

he had another bath. At 7.40 it was 100° ; and at 12 P.M. it had risen to 101° . On the following day (29th), at 9.40 A.M., the temperature being 103° , he had another bath for five minutes, when it fell to normal. At 1 P.M. the temperature rose to 104° , and again he had a bath for five minutes, when it fell to 101° , and he became rather livid about the face and hands. At 3.30 the temperature was 103° , and he had a renewal of the bath for five minutes. Ten minutes afterwards the temperature was 98.6° . At 5 P.M. it rose to 103° , and the bath was repeated with like effect. At 7 P.M. the temperature rose again to 104° , and he had another bath. The patient has never had any distinct delirium, and complains now of no pain anywhere. He enjoys his food, but is very pale. When the temperature rises there is no change in his general condition. The morning and evening temperature was 102° ; the pulse was regular and good; urine dark sherry colour, acid, sp. gr. 1024, non-albuminous. Cold sponging of the face, body, and extremities was performed three times a day. On the 30th, the temperature being 103° at midday, he was placed in a bath for five minutes. Two grains of quinine were given. At 5.30 the temperature was 104° , but after being in a bath for five minutes he became rather livid and his feet were cold. The temperature was 102° . At 8 P.M. the temperature ran up to 104° , when he had a final bath for seven minutes, the mercury falling to 100° . Pulse 88. The quinine was repeated. On the 31st he complained of pain at the lower part of the sacrum, and was fearfully alarmed at any attempt being made to examine it, his leg being instantly drawn up, and even the weight of the bed-clothes being insupportable. Throughout the day the temperature remained at 103° , notwithstanding cold sponging and quinine. On April 1st he seemed equally distressed, shrieking out and complaining of pain in his hip and sacral region. He was terror-stricken when local examination was attempted. At 1 P.M. the temperature was 105° . The boy admitted later in the day, when seen by myself and Mr. Marmaduke Sheild, that if it were not for the pain in "the back" he should be well, and with a little encouragement he was persuaded to get up and run about the ward. A careful examination was at this time made for disease of the hip or pelvic bones, or caries of the spine, but none of these conditions were detected. In the morning of April 2nd he appeared unable to move, but when his tea was brought to him he sprang up and took it greedily. The highest temperature during the day had been 104° ; he had coughed slightly. No remedies seemed to control the temperature for any length of time. On the 3rd, in the early morning, his temperature was 100° , but at 2 P.M. it ran up to 104.6° ; notwithstanding this, he took his food well and remained remarkably quiet. On examining the chest no dulness could be detected, but loud rhonchi and cooing sounds were universal over both lungs; the cough was now loose and more frequent. He had greatly wasted since admission, but for the last two days there had been sudden and considerable discharge from the right ear, with deafness. On the 6th the highest temperature was 99.6° and the pulse 84. He was ordered a grain of quinine in hydrobromic acid, and liquor strychnia three times a day. Two days later the temperature ran up to 104° , but he sat up in bed and enjoyed his food, and seemed as well with a high as with a low temperature. On the 11th, the temperature being 101° and the pulse 80, I ordered him meat once a day, and for the next five days the morning temperature was normal, the highest evening being 100° . On the 16th his temperature was normal, he slept less, and talked and played with the other children. He rarely coughed, and his chest was perfectly free from bronchial sounds. The appetite was voracious. For the next seven days his temperature was normal both morning and evening. On the 24th visitors came to see him, and the temperature soon afterwards ran up to 104° ; he complained of headache, but seemed well, and relished his food. His medicine was omitted, but resumed again on the 28th. The temperature vacillated between 101° and 103° till May 5th, when it became normal. The urine was of a deep sherry colour; sp. gr., 1026; slightly acid, non-albuminous. As a rule, he slept from 7 P.M. till 7 A.M. without moving, and also generally five hours during the day; so that on an average he slept seventeen hours out of the twenty-four. On May 10th the boy got up, and neither morning nor evening did the temperature exceed 98.4° . He had gained flesh, and during the past week colour had returned to his face, and his drowsy condition had disappeared. He was discharged on June 8th. On July 30th

he was reported well, and had suffered no return of febrile symptoms.

Remarks.—This is an unusual, and in some respects a remarkable, case. Although I have met with several instances of unaccountable pyrexia in adults, and especially in children, I have no record or remembrance of any case resembling in its features the one under consideration. Were the symptoms due to some alteration or disturbance in the nervous centres originating in the fall on the head? Were they dependent upon suppuration in the middle ear, or on some undetected condition of disturbance of the digestive system? There is much to recommend the first view. The boy was of a nervous and excitable temperament, and his condition on several occasions closely approached that of "hysteria" in the opposite sex. Moreover, the extraordinary variations in the temperature were suggestive of a neurotic origin. So, too, there were none of the constitutional signs of fever that would have necessarily accompanied a pyrexia of this kind if dependent on the usual causes. The drowsy and lethargic state has often been noted in neurotic individuals, in some cases leading to trance, or the nine days' wonder of a sleeping girl. Yet we have to recollect, on the other hand, that deeply seated collections of matter are often only signified by curious variations in temperature, and that excessive drowsiness with fever is often symptomatic of ear mischief. The rapid improvement of the boy after the discharge of pus would lend some colour to this view of the case. For the first few days I was inclined to think that pulmonary tubercle might be the slumbering element of mischief in this case, as evidenced by the protracted bronchial irritation. But when this had passed off, and there were no special signs of tuberculosis, it appeared to me improbable. The true import of such a high temperature was indeed doubtful. And in this, as in all such cases, I thought it wise to exercise vigilant supervision, and enjoin the strictest rest of mind and body. A remarkable feature in the case was the tendency to drowsiness and torpor. This was an early and constant symptom, and pointed to some important change in the nervous centres. Throughout the illness there was great lethargy, and during much of the time profound stupor, from which he could not be always roused. He generally lay on his left side, with calm features, and when asleep he had quiet respiration and slow pulse. It seemed whilst this drowsy state continued that he might pass into a comatose condition and die. Such a termination seemed not improbable if the patient was not roused to take nourishment. Pyrexia occurring without the general symptoms of fever is especially likely to occur from slight causes in neurotic individuals. It is quite likely that the true explanation of this case hinges on this observation. A delicate and sensitive lad gets the sequence of events not uncommonly noticed. A blow on the head, some suppuration about the tympanic cavity, possibly old mischief lighted up into fresh activity, and a curious train of febrile and head symptoms supervene. In an older person, or a lad of more stolid temperament, the symptoms would probably have been less complicated; but the case affords a striking instance of the readiness with which the temperature of a boy may undergo curious variations, and the great difficulty we often have in practice to trace such complications to their true origin.

ANTIPYRIN AS AN ANODYNE.

By OSCAR JENNINGS, M.D.

THE remarkable effect of antipyrin in the treatment of pain attracting general attention at present, the following cases may be of interest to the readers of THE LANCET.

1. A middle-aged lady with slight ataxic symptoms, including loss of knee jerk, whose chief trouble consisted of intermitting darting pains in the thighs and legs, and constant burning pains in the heels. She was supposed by consultants to have an arthritic affection of the sheath of the cord. Iodide, quinine, colchicum, salicylates, and electricity in various forms, had been all used without success. Antipyrin proved entirely useless, but the patient was slightly improved by a season at Lamalou.

2. A stout middle-aged female medical attendant, a large eater, and unable to get any exercise except in a carriage with her employer, was suffering from subacute gout in the foot. She took four grammes of antipyrin daily for a week

without any marked improvement, recovery being slow, and probably independent of the medicine.

3. A stout man, thirty years of age, head waiter in a Paris restaurant, suffering from acute gout, was relieved by the same doses in twenty-four hours.

4. An unmarried middle-aged lady, crippled by double sciatica, which obliges her to use two sticks to get about, and who suffers more or less constantly from pain, had tried everything that could be suggested. She tried antipyrin, and it was unsuccessful.

5. A gentleman, aged sixty-nine, was sent to me for a painful affection about the shoulder, which had resisted all kinds of treatment directed by the most eminent neurologists in America. The malady had been variously described as neuralgia, neuritis, and myositis. The symptoms consisted of periodical paroxysms of pain, recurring at night, with inability to move the arms upwards and backwards (to brush the hair, for instance) without causing painful spasm in the muscle. There was also a dull, fixed pain in the right side, and hypochondriasis. Professor Ball, who had recommended the patient to place himself under my care for an electrical treatment, prescribed iodide of potassium and euonymin, by which the pain in the side was permanently relieved. The improvement about the shoulder joint, however, was slow, and the patient, who had expected to be entirely cured by electricity in a month, was becoming discouraged. Professor Sée's communication appearing at this juncture, it was decided to give antipyrin a trial. At first it had but little effect, but after a few days' administration by the mouth hypodermic injections were used instead, with a satisfactory result. The patient, if not cured, recognised that he was greatly improved in every respect—a statement endorsed more strongly by all his friends.

6. A washerwoman, aged forty-nine, was attending at the clinique of St. Anne with precisely the same symptoms, and, besides limitation of the movements upwards and backwards by pain, there was considerable wasting of the muscles. Faradic electricity had been employed for six weeks with the best effect; the paroxysms of pain were relieved, movement improved, and the volume of the muscles restored. The patient, although at considerable inconvenience to herself, never failed to attend the electrical room for treatment. There remained, however, a dull pain, to which she was so accustomed that it was no longer a subject of complaint, and was only mentioned when she was interrogated upon this point. Encouraged by my experience in the preceding case, I again tried antipyrin hypodermically, with an excellent result. The patient now takes one gramme per day and is free from pain, any movement being possible without uneasiness.

7. Antipyrin being said to relieve pain by lessening the perceptibility of the nervous centres, I thought it might be worth a trial in the morphia craving. I gave it in one case which has been already mentioned in the columns of THE LANCET, but the result was not encouraging. The patient stated that it made the craving worse. This, however, may have been a wilful representation for the sake of obtaining a little more morphia. He said, moreover, that he felt sick and giddy, and, as a matter of fact, he did not look well.

8. Upon the same theoretical grounds I gave antipyrin in one case of sea-sickness with good effect.

9. The most striking benefit I have seen following the use of this drug was in the following case:—An American gentleman, an artist, had been overtaking both body and brain for some time in order to get a picture finished. He had been working in a cold *atelier*, taking meals irregularly, and was morbidly anxious as to success. He had already lost appetite and become sleepless and restless, when he was seized with violent abdominal pains, accompanied by frequent stools containing blood, cerebral excitement, and subdelirium, with fear of impending death or insanity. He was the more excited when I saw him inasmuch as he had been anxiously waiting for an English doctor the whole afternoon, and was just then threatened with a visitation from no less than three. A colleague who arrived shortly after myself suggested the possibility of typhoid, but, as the management of the case devolved upon me, I accepted the diagnosis of the family, which was visceral rheumatism, ordered a morphia suppository and a mixture containing chloral and bromide to allay the symptoms depending upon the brain. The next day the pain was still severe, although the mental excitement was lessened, and