Mater open her doors for the education of nurses, she will confer a great boon upon the public, and upon a number of women who want and like such work; and that the renown that she is sure to attain as a nursing school will only add an increasing lustre to her fame, while she augments the number of those who lovingly cherish her memory.

ABNORMALLY HIGH TEMPERATURES.

By JOHN W. TEALE, F.R.C.S., Scarborough.

THE entire omission of any reference to my case in Dr. Donkin's recent paper (BRITISH MEDICAL JOURNAL, December 20th, 1879) on abnormally high temperatures (an omission which, Dr. Donkin informs me, was due to the amount of scepticism he found amongst scientific men in London as to its reliability), induces me to ask that I may be allowed to draw attention to some of the leading features of the case, and to draw some conclusions thereon.

In February 1875, I brought before the Clinical Society the particulars of a remarkable case which had occurred in my practice. A young lady having received serious spinal injuries from a fall from horseback, had for sixty days a temperature ranging from 108° Fahr. to 122° Fahr. and upwards, and eventually recovered. The great length of time that the high temperatures lasted, enabled me to take my observations with the utmost deliberation, and the greatest care to guard against error or fraud. A great variety of instruments were used by me, seven in all, exclusive of the one used by my brother, Mr. T. Pridgin Teale of Leeds, who saw the case three times with me in consultation. Most of these afterwards received the Kew certificate of accuracy, and all were supplied by Harvey and Reynolds of Leeds. Observations were taken at all sorts of times, both of day and night, by myself. More than once in the night I took the temperature when the patient was asleep, having carefully placed the thermometer in the axilla without rousing her. Observations were repeatedly taken in both axillæ simultaneously, once in the rectum, once in the mouth, and once in both axillæ and between the thighs simultaneously. On these special occasions, the temperatures were also taken by myself. Trained nurses, three different ones during the illness, were constantly in attendance upon her, specially cautioned to watch her. The patient was never made aware of the extraordinary character of her case, and for the greater part of the time was too ill to take any interest in the matter. Hot-water bottles were never in contact with the body, except sometimes to the feet by my special order. I was in the habit of carefully removing the instruments into the adjoining room, and the height was read off in the presence of two or more witnesses.

In July of the same year, 1875, I wrote in the JOURNAL a letter replying to various questions and sceptical criticisms on this extraordinary, and at that time unique, case; and I was able, owing to my patient having had a relapse under the care of another medical man, to give that gentleman's experience of her high temperature. This gentleman, Mr. Hind of Stockton, told me afterwards that on one occasion the heat in the axilla was so great, that the mercury burst the tube at the top of the instrument, the index being found in the broken-off air-space at the top.

This, so far as I knew, was the first case published bearing on these abnormally high temperatures. It was the first which seriously challenged the then accepted view of physiologists, that such temperatures were incompatible with human life. As long as this case stood alone, it was natural that scientific men, whilst cordially acknowledging the care that had been taken in watching it, should suspend their judgment. I was content to wait, feeling confident that, if my case had been carefully watched and faithfully reported, as I knew it had been, a time would arrive when other cases would be discovered to confirm it. As time went on, first one case and then another was published in the medical journals, all proving the occasional occurrence of temperatures, usually considered to be fatal, in persons who not only recovered, but who, at the time of the excessive temperatures, did not appear to be in imminent danger of dying. This series culminated in that of Dr. Roddick of Montreal, quoted by Dr. Donkin in his paper in the BRITISH MEDICAL JOURNAL for December 20th last, with a recorded temperature of 117° Fahr., in which the mercury was lost in the bulb at the top of the thermometer. The temperature reached 117° Fahr., but how much higher it might have gone cannot be known, as the instrument could not record it.

I claim Dr. Donkin's interesting series of cases as a strong corroboration of the truthfulness of mine. The following points seem now to be clearly established: 1. Temperatures above the degree formerly supposed to be necessarily fatal do sometimes occur without a fatal issue; nay, even without extreme peril to life. 2. Such exceptional

and excessive temperatures as a rule end in recovery. 3. The conditions of body in these cases of excessive temperature appear to be distinct from the conditions existing in fevers, in which the rule as to the extreme peril of temperatures of 107° and upwards remains unassailed.

What the explanation of these rare and exceptional cases may be it is for physiologists to work out, but it can never be settled if they shut their eyes to facts which contradict their theories, and relegate such cases to oblivion.

ANEURISM OF POSTERIOR TIBIAL ARTERY, LAID OPEN BY MISTAKE: ATTEMPT TO TIE THE ARTERY: AMPUTATION.

By G. H. MACSWINNEY, M.D., Brook Green, W.

THE interesting and instructive clinical lecture by Mr. T. Holmes on a case of aneurism opened by mistake, which appeared in the JOURNAL of January 10th, recalls to my mind a case which occurred in my practice in Ceylon, three years ago, which was in many respects very similar.

The patient, a Tamil coolie, was admitted to the Dickoya Hospital early in December. He had got a blow with a stick a few months before on the back of his leg, and soon afterwards noticed a swelling just above the heel. This increased and became very painful, and on admission the tumour was of considerable size, the leg being twice its natural width. The dorsal surface of the foot was oedematous, but there was neither bruit nor pulsation in the tumour. There was, however, a distinct sensation of fluctuation, and the limb was very hot. I ordered a poultice, believing the swelling to be an abscess. Two days afterwards, I found the skin over the tumour very thin, elastic, and glistening. The appearance was exactly the same as that of an abscess about to burst. The man complained so much of the pain that I determined to open the tumour. I made an incision about an inch and a half long, when, to my surprise, there was a considerable gush of bright arterial blood. I immediately plugged the wound with lint, steeped in perchloride of iron, which arrested the hæmorrhage for the time. Some time afterwards, there was a good deal of oozing, so I resolved to tie the artery. Chloroform was administered, and a tourniquet and Esmarch's bandage applied, and I then made an incision four inches long over the tumour. At first, there was a good deal of hæmorrhage, but this ceased almost entirely when the sac was cleared of its clots. I now proceeded to look for the ends of the artery, but during an unsuccessful search of ten minutes, I came on the tibia, which was so softened by the pressure of the aneurism, that I could push my finger through it. I found that the bone was diseased for several inches of its length, and therefore saw that it would be useless to attempt to save the limb. Amputating instruments were fortunately at hand, so I at once amputated the leg below the knee. The man had a fairly good pulse after the operation, which lasted about an hour, and I hoped he would make a good recovery. During the night, however, he became very excited, and pulled off the bandages from his stump, and attempted to jump out of bed. The result was that bleeding came on, which was with difficulty checked, and he continued so violent that the bleeding came on again severely, and the man gradually sank and died, two days after the operation.

This case is interesting because aneurism of the posterior tibial is very rare, and I believe there are not many such cases recorded. A surgeon is much more likely to open a fluctuating tumour in such a situation, in which aneurisms are rare, than in one in which they are known to be frequent. It is, therefore, necessary that attention should be called to the possibility of the occurrence of an aneurism on arteries such as the posterior tibial.

Mr. Holmes has entered so fully into this subject, that I shall only, in conclusion, call attention to two very interesting cases, described by Mr. Solly, in which aneurisms were opened by mistake.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The third meeting of the session was held at the Royal Kent Dispensary, Greenwich, on December 5th, 1879: Mr. J. P. Purvis, President, in the chair. Mr. F. B. Jessett of Erith read a paper on Fractures: their Pathology and Treatment. After going fully into the pathology of fractures, he discussed at length the various modes of treatment, especially urging the early application of fixed splints in all simple fractures of the long bones, plaster-of-Paris and starched bandages being especially recommended; and in the treatment of compound fractures, he recommended the same line of treatment, with trap-doors cut over the wounds for dressing.