99.6°. In the evening his temperature was 102°, and his eyes looked a little red. On March 9th the spots were more marked, he had begun to snuffle, his temperature was 103°, and the rash had spread to the chest and abdomen. On March 10th the rash was fully out and the catarrhal symptoms were fairly well marked. The temperature at 10 a.m. was 102.6°. The complaint ran a normal course. I have seen two other cases in which the bodily heat for the three days before the appearance of the rash was between 98° and 99° morning and evening, and even when the eruption came out did not rise above 101°. In these cases also the catarrhal symptoms developed very gradually.

Lately I have seen a young lady of 12, who became feverish on a Thursday with an evening temperature of 104.6°. Her face was flushed, but she seemed lively and looked well. She had had some headache over the eyes—she was subject to neuralgic headaches—but no cough or other catarrhal symptom. Her appetite was good and she said she was quite well. On the Friday her temperature in the morning was 103.2° and at 6 p.m. 104.5°, but there were no fresh symptoms and the child assured me that she felt quite well. On the Saturday the temperature in the morning was 100.2° and at 6 p.m. 104.8°; still there was no catarrh and a renewed examination of the patient could discover nothing abnormal. On the Sunday (the fourth day) the temperature in the morning was 100.2°; the eyes were a little weak and avoided the light but there was no cough or sore throat; the cheeks were flushed as before, but in addition a few red spots were noticed on the chin, and examination showed the chest, abdomen, and back to be covered with a well-marked measles rash. In the evening the temperature was 103° and there was more rash on the face. On the following day the temperature was normal; there were more spots on the face and the rash had spread to the legs. On the next day (the third of the rash, sixth of the illness) the temperature was still normal and the eruption had begun to fade.

I believe this to have been a true case of measles, although I had seen the patient in a normal attack of the disease only twelve months previously, and although, except for some weakness of the eyes, catarrhal symptoms were absent throughout and there was no feeling of illness. There was no tenderness or swelling of the superficial glands as in rubella. It is curious to note the contrast between the height of the temperature in the pre-eruptive stage, when the fever was the only symptom to be discovered, and the very mild and short course run by the complaint after the rash had appeared. It is possible that the first attack, which had occurred, as has been said, only twelve months previously, may have had something to do in moderating the intensity of the second.

Such abnormal cases are very perplexing. If they occurred during an epidemic one would, of course, bear the fact in mind when searching for the cause of the fever; but in the absence of other cases in the neighbourhood the nature of the attack must remain a mystery until revealed by the appearance of the eruption.

A CASE OF EXTREME HYPERPYREXIA.

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A FEW notes on this case may be of interest, as a temperature of 113.6° is very rare:

History.—Miss C., aged 19 years, stout and healthy-looking, had enjoyed good health until about eighteen months before this illness, when she had a fall on the back of her head. Shortly after this she began to have occasional headaches with vertigo, which were relieved when she had free hæmorrhage from her ears and occasionally from the nose also. The headaches had lately been recurring more frequently.

State on Examination.—On June 14th, 1903, I was sent for. I found the patient in bed, lying with her head slightly retracted and with boginess over the occiput. Her temperature was 98.4° and her pulse 84. She said her head felt as if it would burst, and complained of violent pain over the occiput, giddiness whenever she moved her head, and vomiting.

Progress.—I had her head shaved and a blister put over the occiput, and her ears syringed out with very hot water to encourage hæmorrhage as there had been none from the ears for over a week. She was given nutrient suppositories, as nothing had remained on her stomach for three days. The vomiting was cerebral in character.

For the next few days the pain in her head seemed to increase and she became delirious and violent. Leeches were put to the nape of her neck and she was given hypodermic injections of hyosine (gr. $\frac{1}{160}$), with little or no benefit.

On June 20th as vomiting had ceased she was put on large doses of pot. iod. and pot. brom. which quietened her somewhat, and she also got inunction of Hg. She now said everything looked black to her, and on the following day she could not distinguish between light and darkness.

On June 23rd she started having epileptiform seizures and these continued for four days, and after these she had in turn, dysphagia, right facial paralysis, paralysis of right side of tongue, paralysis of left leg, rigidity of left arm and attacks of angina pectoris. Each of these lasted for a few days and gradually wore off.

Up to July 15th her temperature was normal, pulse 80 to 90, and urine free from albumen. At 8 a.m. on this date the temperature was 103.6°, at 10 a.m. normal, at 3 p.m. as she looked flushed, the temperature was taken when it was 107.6°, although she said she had not felt so well since she had taken to her bed. When I saw her that night the temperature was 99.6°, she said her head felt very tight, but otherwise well. I left quinine gr. x to be given should her temperature go up much, and gave directions to have the temperature taken hourly.

It was on the morning following (16th) that she developed the extraordinary temperature of 113.6°, during which time the nurse informs me she remained quite conscious, but complained of the cold so much she had to give her hot drinks. When I saw her later she said she felt well, only she was "awfully tired."

Result.—After this she remained fairly well for a week, when the pain in the occiput started again, with boginess over occiput, then delirium, convulsions, and partial paralysis in turn, each lasting for some days, and so, as it were, the cycle went on, temperature remaining normal or subnormal all the time till September 17th, when she developed pneumonia, and the temperature gradually rose till it was 110.6° an hour before she died, on September 21st. She remained blind all the time from the second week of her illness.

Unfortunately I could not obtain permission to make a necropsy. The course taken by the temperature during the hyperpyrexia in July is shown on the chart.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

EXTREME HYPERPYREXIA.

HAVING read the notes on extreme hyperpyrexia in the BRITISH MEDICAL JOURNAL of July 25th, 1903, p. 193, and of August 1st, p. 248, the following notes, with chart, on a case of puerperal fever registering a higher temperature, with recovery, than any mentioned by Dr. Watson, may be of interest.