A case of paradoxical temperature
with note on other cases & comments.

C.M. Anderson
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Stamford
Kent
A case of Paradoxical Temperament.

This case has occurred in my practice and will begin by a detailed account of the patient's family history.

Family History.

Father: Twice married. He has had five children by his first wife - 5 sons and 5 daughters.

Sons: All living.

Elders: They are in good health now, but some years ago developed phthisis and were ordered abroad, which has arrested the course of the disease.

Second: How all his life been rather delicate, having shown constitutional tenderness. He was always catching cold. There is no evidence however of phthisis.

Third: Had pneumonia when a boy, his chest has always been delicate. i.e., he always caught cold.

Fourth: This is the subject I have seen. He appears strong, but when an infant suffered from an abscess on the right side of the neck, which he caused considerable deformity, viz., a lateral flexion of the head upon the shoulder.
There is no history of any weakness of
her that in these.

Fifth. Is a weakly individual.
He is a hunchback, but though he
has a tendency to catarrhal affec-
tions, there is no evidence of any lung
mi chief.

Daughter. 5. are living.
Elder. Is married & has one child.
A boy. Who is quite strong & healthy,
but in common with the rest of the
family has a tendency to catch cold.

Second. This his daughter when can
I am going to describe.
Third. I strong a healthy. She has
a tendency to colds & coughs, but
has never had bronchitis or pneumonia.
Fourth. Is always catarrh cold, a
is always a stay him getting rid of
cough. She suffer severe from migraine
headache.

Fifth. Is a delicate child aged 13
years. She has suffered from asthma
since birth with a new present, and his
features of a well marked asthmatic
constitution.
The mother died of galloping Consumption soon after the birth of her first child.

The father is a strong healthy active man of robust constitution, but has never had any chest trouble. He married a second time and had one child by his wife, a quiet aged woman, who is a delicate looking child, with a marked tendency to enlarged bronch. He has several times had bronchitis.

The second wife died also of galloping Consumption some time after the birth of her child.

The family history shows very clearly that bronch is a marked tendency in chest delicacy. I should mention that one of the daughters is of very nervous temperament. This one has suffered so much from headaches, but his brief outline of the patient's family history I will proceed with his patient's personal history.

Personal history.
Female. age 25 years.
She is of very nervous temperament.
From her birth she has never been at an early age, I was never able to what other children could.

When an infant she suffered from attacks of paroxysmal ophthalmia, which according to her account occurred at intervals every year.

When about 10 years old had an attack of eczema on the hands.

Soon after this had an attack of bronchitis, which went on to pneumonia a pleurisy. She does not recollect on which side the inflammation occurred, but at the base of the left lung there is an area of marked dulness, which is most doubt due to thickening of the pleura, the result of the inflammation. The illness was a severe one, as the patient was confined to the house for 8 months.

It is from this time that the chest trouble date. Ever since she has been liable to hay, what she calls, "chest attacks," apparently somewhat similar to her attacks which will subsequently be described.
By her own account, she had short attacks of headache, alternating with fits of sleeplessness. If she had one she did not have the other. They occurred at long intervals, about once a year generally.

About 4 years ago, she had a contraction of the right leg, which was put straight under chloroform, and this limb put up in plaster of Paris for some time. The patient does not know of any cause for this.

Three years ago, she had 3 attacks of influenza, one after the other, so she was advised to go abroad. She went to Bournemouth when one of her brothers lived there. She did not appear to have improved at all, nor at the time she occasionally brought up blood in the expectorantia. The expectoration was at first thin, but after proper treatment she was treated for some time by several doctors for phthisis, until her condition was recognized as due to bronchietasis.

She has been confined to bed in the last year.
The patient first came under my notice in the late summer of 1894, when following was her condition, of which I propose to give a detailed account.

Condition on examination.

Complained of bed. Her general appearance being that of a person suffering from phthisis or some wasting disease.

Features somewhat pinched, a thin, a hectic flush on the cheeks.

There is an enlargement of the liver.

The complexion is not sallow. Patient though thin, cannot be described as emaciated.

Systems.

Respiratory

Inguine thickly coated with a brown film.

There is a total absence of appetite and it is with difficulty that the patient can be induced to take sufficient nourishment to maintain bow strength.

She complains very much of thirst.

The breath is very sweet spontaneously, but for some minutes past whisper has been obtained by expiration.
Circulatory System.
Heart sounds muffled, but otherwise normal.
Respiratory System.
Breathing thoracic, very shallow.
Slightly irregular, rapid, rate being 45 per minute.
Cough very troublesome, worse at night.
Sputum: Cough - mucopurulent,
slightly frothy. It is not very
vivid, has no tendency to
become hemoptysis.
The above noted as in respirator.
Microscopic examination shows
absence of Tubercle Bacilli.
Thorax - Inspection.
Type of chest: Somewhat long and narrow.
Expansion not very good.
There is a good deal of depression below the clavicles, not more so on the left side than on the right.

Palpation.
Vocal fremitus increased all over the chest, but more so on the left side than on the right. The resonance on the right side is only slight.

Pericardium.
There is dullness of the left apex which is specially marked in the supraclavicular region. At the base posteriorly on the left side, emerging into the cardiac region, splenic dullness is an area of marked dullness. Due to the fact, as above stated, to old pleuritis thickening.

On the right side the note is fairly resonant all over the chest. The note being from a heart of perfect resonance than dullness. The heart - his dullness an almost, only to the lower bronch.
disturbed.

 Auscultation: Medium pitched bronchial breathing at left apex which merges with harsh vesicular with prolonged expiration over the lower lung fields. The breath sounds are almost silent over the area of dullness on this side. There is distinct bronchophony in the 1st left interscapular region. The only respiratory accompaniments are a few rales scattered over the whole side.

On the right side the breathing is harsh vesicular with prolonged expiration and a few rales.

Intercostal Systole.

Patient complains of heat of the upper part of the body a coldness of the lower. Her hands being very hot while her feet very cold to the touch.

She suffers from excessive perspiration. This is so great that the sheet can be removed out of her clothing, a multiple of pillows are constantly saturated so much so that it is difficult to keep these things.
from getting weakened.
It is also a difficult thing to prevent
the formation of bed-sore, as the skin is constantly macerated. The
lunge print is very prominent.
There is considerable emaciation.
The mammary glands are quite
atrophyed.

Urinary system

Urine: High coloured & somewhat
Scanty in amount.
Reactive acid.
Deposits: Urates.

No Albumen, Sugar or Blood.

Slight mucous cloud present.
Slight excess of phosphates.

Reproductive System

Patient used to menstruate quite
regularly, but has been exeed
in menstruate for about two
years.

Nervous System

Central & Mental functions are
normal, except last patient
complains of loss of memory.
She always suffers from sleepless-
ness, which is aggravated by any
occurrence of pyrexia.
The optic discs are normal.

Treatment.

Patient had been under treatment for some time before I saw her. She has been confined strictly bed, with a bronchitis; little going either way.

Symptoms have been treated as they came. All sorts of remedies have been employed, but with no lasting benefit.

Diet has been thick milk, but tea, brandy.

With this account of the patient's condition, I will proceed with the description of the first occurrence of an attack, with high temperature, that I saw: she came under my care. Up to Sept 11. she had been under the care of my late partner, in his absence I was called to attend her.

Sept 11th 1894: I was sent for in the afternoon. I had already seen her in the morning, but then was, then apparently nothing unusual about her condition.
but she became suddenly worse after I had left.

I found her semi-conscious; she could with difficulty be moved for a few seconds, and then she collapsed into unconsciousness.

Her breathing was very rapid, shallow and irregular, and appeared to cause some pain.

She was not coughing much. The temp. in right axilla 104.6.

I may here remark that I had no knowledge of the patient having any peculiarity about the temp. of the patient herself was unaware of the fact.

The respiration now was 60 per minute.

Pulse. 130—quite regular, but very weak.

Examination of the chest revealed nothing to account for the patient's condition, but then appeared to be internal pain in the left side. The slightest movement caused internal pain, so that a very thorough examination could not be made. Even moving her arm seemed to cause pain.
I ordered poultices to be applied to the chest. This was at about 6 p.m.

I saw her again at 7:30 a.m. She was much worse. She was delirious and very restless. Coming her arms about a morining. Her condition appeared to me to be so critical that I told her Father that I did not think she could live through the night. Her Father subsequently told me that she had never been in a similar condition and been given up by various doctors.

The Temperature was 108.2° F.

Pulse was now 140 - very weak but quite regular.

Respiration 80 per minute - very shallow, a catching as if the act caused severe pain.

She was soaked with perspiration, but the skin was burning hot.

I ordered an ice-cube to the head and the body sprayed with ice-cold water. Her temperature & pulse being watched.
I ordered Quinine 10 gr every 4 hours, reduced to 5 gr after 7 doses.

Sat up most of the night and took the patient's temperature at intervals. It will be noticed that the cold application reduced the temperature progressively.

Below is the record of the t°, etc.

<table>
<thead>
<tr>
<th>Time</th>
<th>Temp</th>
<th>Pulse</th>
<th>Respiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.30 p.m.</td>
<td>108.2°</td>
<td>140.0</td>
<td>80.0</td>
</tr>
<tr>
<td>8.30 p.m.</td>
<td>102.0</td>
<td>140.0</td>
<td>56.0</td>
</tr>
<tr>
<td>9.30 p.m.</td>
<td>100.8°</td>
<td>150.0</td>
<td>60.0</td>
</tr>
<tr>
<td>10.30 p.m.</td>
<td>100.0</td>
<td>140.0</td>
<td>57.0</td>
</tr>
<tr>
<td>11.30 p.m.</td>
<td>98.2</td>
<td>132.0</td>
<td>44.0</td>
</tr>
<tr>
<td>12.30 a.m.</td>
<td>97.8</td>
<td>130.0</td>
<td>36.0</td>
</tr>
<tr>
<td>1.30 a.m.</td>
<td>98.4</td>
<td>135.0</td>
<td>40.0</td>
</tr>
<tr>
<td>2.30 a.m.</td>
<td>99.4</td>
<td>130.0</td>
<td>46.0</td>
</tr>
<tr>
<td>3.30 a.m.</td>
<td>99.0</td>
<td>120.0</td>
<td>45.0</td>
</tr>
</tbody>
</table>

It will be seen that the temperature fell rapidly when cold was applied. As the temperature fell the pulse became extremely weak, at one time being imperceptible at the wrist.

Consciousness returned with the falling temperature.
The temperature on that occasion was taken in the night and, by myself.

It was about midnight that her vitality seemed least, but in spite of the various signs of seeming illness, the patient, after regaining consciousness, a realization that she was considered dangerously ill, prepared to die in the way usually described in story-books, when the good child of the book dies young with cut and dried and expired upon her life, a resignation to all not to grieve for her. I was in the room all the time, and it was then that made me think that her patient's condition after all was not so hopeless.

I left about 4 a.m. and her again at 10 a.m., when I found her conscious but in a state of great exhaustion. She also promised to remember nothing of the various events of the past night.

For the next 2 days there was temperature etc. as below
9 a.m. 98.6 102. 40
1. p.m. 98. 108 40
9.30 p.m. 99.4 120 48

Sept. 13 at
 morning 99.8. 107. 45
 evening 107. 120 50

Remarks
After the temperature fell on the night of the 11th, I ordered 5 grains of quinine, which were continued every four hours during the next three days.

At the commencement of this attack the cough, which had previously been very troublesome, with copious expectorations, ceased almost entirely, and the expectorations a thin, potent began to complain of the internal pains in the chest referred to above.

The tongue was thickly coated with a brown fur, the breath had not been moved even with the tongue for 2 days. This was hæmoptysis.

The urine presented an abnormally thin appearance usually in pyrexia, i.e. scanty in amount, very
high coloured a depurating meths, especially.

On the 15th I ordered a acid
mixture to clean the lungs, a patient complained very much
of it.

Sept. 14th.
Temperature normal. Patient
began to feel well.
Fever gradually became clean,
and she seemed brighter and better in
every way. But there was
no appetite.

As the temperature fell, an ex-
pert's order recommenced; the
cough became very troublesome.

After this attack periodic rise
of temperature occurred, and
my assistant, Dr. B —
saw the patient a told me that
on several occasions he found
the mercury had risen to the
highest point (113°) that could
be registered by an ordinary
clinical thermometer.

Main had a thermometer made
which registered up to 120°;
but I never found the temperature
subsequently above 109°.2°.
During the rest of the year 1894 she was emaciated and unwell. She continued in the same condition, having periodic rises of temperature. Her improved to say were not recorded by Dr. Rees, who was attending her during this time.

On Feb. 27th, 1895, I was called to her by Dr. Rees and subsequent occasions. I took the temperature in both axillae, and sometimes in the mouth. I could not often do this, as there was generally so much dyspnoea, also the movement of the lips, etc., in coughing might have caused fallacious results.

Her condition on Feb. 27th was as follow:

Temperature R. Axilla 102°F.
L. Axilla 109°.
Mouth 99.4.

Respiration 30.
Pulse rate 120.

She was suffering from sickness, complained of headache and pain in her side.
Then was a burning for food, the tongue again was thickly coated with a brown fur. I may remark in passing that I don't remember ever having seen a warm tongue from the always bad, when either of those periodic hyperpyrexial attacks occurred.

She perspired profusely, but until she did, on all occasions whatever her condition was.

With regard to the general condition she was not nearly so bad, as on the last occasion. vi. in Sept. 94.

I ordered quinine powder - 5 gr. every 4 hours, a diet not recollected. Local applications of cold, as her condition was not very serious.

Feb. 28th.

Patient semi-conscious. Coughing incessantly, but no expectoration. Excessive perspiration - bedclothes were being saturated.

Breathing shallow, irregular, somewhat laboured, thin alveolar respiration marked.

Pulse very weak -
The following is the record of the temperature.

Morning: Right axilla: 100.6°F Left: 101.0°F
Respiration: 56
Pulse: 130

Evening: Right axilla: 99.8°F Left: 101.4°F
Pulse: 120
Respiration: 60

The patient remained in much the same condition for some days. The following is the daily record of the temperature from which it will be seen that, with one exception, it was higher on one side than the other, viz. higher on the left than the right.

March 2nd
Temperature: R. axilla: 98°F L. axilla: 100.2°F
Pulse: 78 (very weak)

March 3rd
Temperature: R. axilla: 102°F L. axilla: 107.8

Patient very weak; complaining of severe pain in the left side; stiffness in the chest.
March 4th

Temperature: 101° in both axilla

Pulse: 90.

Respiration: 50.

March 5th

Temperature: R. axilla 101°

L. axilla: 102°

Cough: Very Hoarseness - otherwise general condition appear somewhat better.

March 6th

Temperature: Right ax: 100.4

Left: ax 101.

Patient had a sharp attack of purulent conjunctivitis in the right eye, which lasted a few days.

March 7th

Patient much better.

Temperature 98° on both sides.

For about a minute after the
the patient complained hiccups.

I saw her every day a found the

Temperature was normal.

The tongue was very much coated.

I again ordered an acid mixture,

the tongue rapidly cleaned up.

A slight improvement of the

appetite occurred.
The time the cough was very troublesome & the expectoration mucopurulent every evening before getting an attack of pyrexia patient has always said beforehand that she was afraid she had caught cold, or that she knew it was one of her 'bad times' was coming on. The aches in every instance were the same.

A3: Expectoration issued entirely a stooling, a distressing sensation of tightness in the chest appeared, with sharp stabbing pain in the side (always the left) like kind of pleurisy. Accumulation known here never required any attention of her physical figure.

On April 1st the various phenomena occurred (patient dead) another attack of an almost identical nature.

On this occasion the tongue became thickly coated & the temperature showed variations on both sides.

On this occasion the patient's general condition was very bad, though her temperature was not so high as on previous subsequent occasion.
On April 1st
Temp. Right axilla 99.8°
    Left 102.4°

April 2nd
Temp. Right axilla 101.8°
    Left 103°
Patient sleepy & coughing in consciousness.

April 3rd
Temperature R. axilla 107°
L. 104°
Patient delirious.
April 4th The temperature was normal & remained so until April 15th.
At this time the cough was very troublesome.
April 16th
Temp. R. axilla 100°
L. 103°

This state of the temperature continued the rest of the month.
On May 14th I found the temperature 107.6° in the left axilla.
99.6° in the right.
 Pulse 100.
Respiration 50.
Patient's condition on this occasion was not quite so bad as on previous
occasions when high temperature occurred. I ordered quinine powder 5 grs. every 4 hours. The temperature gradually returned to normal. The patient being at her usual level of health in 2 days.

This concludes my record of the case. The young lady went away when last I heard of her. In the beginning of this year, she seemed both in exactly the same state of health as having periodic attacks of high temperature.

I will now give an account of all the reported cases I can find that bear any likeness to the one described. I will defer any remarks on my own case until after the description of these cases.

1. Case of high temperature after Typhoid Fever. - Reported by Dr. Smelik. (Lancet, 1878, Vol. 1, P. 678.)

Patient a Nurse aged 19 yrs. Had been feeling unwell since Jan. 1st and 2nd. She had diarrhoea. Took coffee on Jan. 13th. Rome's skin appeared and diarrhoea continued.
On the 15th. Temperature on morning 105°.

16th. Morning 105.2.

Evening 98.5 in axilla.

Shortly after 100° in the mouth. There was no obvious change in other symptoms with the fall of 1° and no evidence of change independently of the high temperature.

21st. Temp. 109.4 at 8 p.m. - In the afternoon of this day patient was at her work, being prostrate & lying next to her bed.

She was put into a bath at 90° for 15 min. at this time she was sometimes cold. The temp. falling to between 97° and 98.6.

There was no diarrhea after this date. At the time of the high temp. pulse 88 - decreased heat of the skin observed.

25th. at 10 p.m. Temp. 110°.

Shortly after with an acute hemorrhagic temperature 109°. There was no diarrhea & the pulse was 92.

The respiration was natural at this time.

28th. at 10.55 p.m. Temp. 109.2.

10 minutes after 99.2 in axilla.

98.9 in mouth.

99 in rectum.
Pulse rate 96. The patient complained of headache, a rush of heat.
A thermometer was now strapped into the axilla, it was noticed that the
high temperature was of very short duration. Every time it was removed
it was near less than 108° a normal twin 111°.
Feb. 23 at 6 p.m. Temp: 107.2 in
right axilla, a maximum thermometer.
In left axilla 107.8.
Five minutes after temp. in mouth
registered 98.8 & in right axilla
98.8.
Pulse 102. Respiration 32.
The skin was very hot.
No disease of any organ could be
discovered.
During her stay in the hospital patient has complained of dysuria.
A urine was found to contain blood,
some red & vaginal epithelium & 1/3 albumen. This disappeared in a
few days (N.B. at Dr. Coules did not
state whether this had any relation
to the high fever; but apparently
it had not).
The patient went back to duty
at children's hospital a week.
high temperature recorded.

Between Mr. 18 & 25° temperature was never below 105°, the patient having dyspnea, sickness pain & left side opisthotonos & convulsions.

On the 18th she was examined by Dr. Waterlow & found to be reticulated, with left ovary prolapsed. Since then her temperature has remained much higher.

On Ap. 24th there was slight albuminuria, with puffiness of the ankles, but these all disappeared in a short time.

Dr. Dorkin makes the following remarks on the case:

There are 3 objections which may be brought forward to this case.

1. Error in observation.

2. Inaccuracy of instruments.

3. Inopportunity.

1. With regard to this: the mostclampthermometers were taken to prevent any error.

2. Inaccuracy: Several instruments were used & they were all correct.

3. Inopportunity: Temperature was sometimes taken when patient was asleep or precautions were always taken.
The cataleptic ceased in this case, about the beginning of the year, until the beginning of Feb. when a slight flow occurred.

In the Lancet 1879 vol. i. P. 367 = 407.

Dr. Bochko contains the remarks on his case. He says.

1. The high temperature was generally unaccompanied by any discoverable constitutional symptom other than thirst.

2. Temperature very evanescent.

3. Skin not localised to points of the skin, as high temperatures were taken in the months.

Dr. Bochko then remarks on the fact that actual physical effects can produced in hysterical patients by nervous changes engendered by mental impressions.
Case 2. Remarkable oscillations of temperature without apparent cause. Reported by well-known physician.


Patient: Miss L., aged 18 years.

Contracted measles during an epidemic at a school when she was 8 years of age. She had a mild attack. She remained in bed until the following day, but soon in the morning was called to in her room. She was apathetic, her respirations rapid. Her face flushed, in a manner nervous and digastric. Skin dry, tongue coated with a thick white film. Bowels were constipated. Pulse was complete. Temperature 108.4.

Careful examination revealed nothing abnormal.

The patient described it as a nervous, phlegmatic temperament.
being somewhat detached.

Mesomelicism occurred after the first
month, a new skin formed.
It commenced at the age of 15.

The complexion had become dark, a
scar appeared on the face.

During the next 10 days, the
temperature (taken at the axilla
diameter showed extraordinary
variations. They were quite ir-
regular in point of time.

With the rise of temperature a
coincident increase of pulse and
respiration occurred. The
imperative could not the manner
become worse, a fidgety one.

Its temperature came down the
sympathetic would clean up in a
surprisingly short time, even
in the hours.

The following is a chart from the
temperature readings:

March 24th. T: P. Respiration
9.40 a.m. 101° 104° 40°
2.30 p.m. 104° 120° 36°
5.30 p.m. 106.5° 130° 46°
9.45 p.m. 102° 120° 38°
March 25th | T. | P. | R.
--- | --- | --- | ---
9.45 a.m. | 99° | 88 | 28
3 p.m. | 107° | 130 | 30
6.45 p.m. | 106° | 120 | 50

The treatment adopted was peculiar. At the end of 10 days, temperature began to subside gradually, and returned to normal.

Some months afterward, patient still suffering from amenorrhea, but otherwise bright and better than she was before her illness.

In commenting on this case, the author remarks on the probable connection between the temperature and the hysterical temperament of the patient, a chronic amenorrhea combined.

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Case 3.

Case of unusually high temperature thermometric registration under observation at the Metropolitan Free Hospital.


Patient Ann C — aged 32 yrs.

14 children.

Described as pale, weak, hysterical, looking woman.
Admitted Aug 23rd

Her past health until 4 months ago, when she came to hospital with acute rheumatism in feet and 4 weeks. She went out when her temperature was 104°. She has been well since, having had only pain in her back joints, abdomen, more specially in the right hypochondrium.

On admission: Face pale, with a cold clammy perspiration on the forehead. Throat anemic. Expressive nineteen pain in the side.

Pulse: 92. Blood pressure: 120.

Nothing abnormal discoverable in chest or abdomen. No sign of cardiac or spinal disease.

Joints not red or swollen.
No albuminuria.

August 24th:

Complaint of intense scalding pain in right hypochondrium and abdomen. Ablution was applied.
She was put on low diet with back exercises.

For 3½ days temperature 100-101.4 after that was recorded for some time.
Varicin remedies for the side proved un-
less. Paracetamol, Valium, Pomade of potassium, Biocarbonat, ph global
1 st day as usual in Varic.
Sept. 14 th Patient much excited.
Head hot, a temporal area, More than
Pulse: 140.
Temperature 107°. As a matter
was suspected 1° was taken again a
required 105°. The same instrument
placed on the axilla of a cool hand
required 99°, showing that the
Numerometer was correct.
Two hours later 5° 111.4°.
At night 110°. Pulse 156.
20 grm of Salicylic had been
ordered in the earlier part of the day
with no result.
Between Sept. 12 to 25°. The temperature
varied. She continued restless,
and complaints of head ache a Secretary
propely.
Sept. 17 at 11 a.m. Temp: 111.4°.
Pulse 120. She was sweating and
feverish.
A mixture containing Quinine was ordered.
Sept. 18 at 10 a.m. Temp: 105°. Pulse 140
19 at 9 a.m. 114° 114
11 a.m. 114.8
11 p.m. 114.8 114.
She appeared better than in the morning and not so feverish.
She now began to menstruate.

Sept. 20th
Quite rational. Face flushed.

at 9 a.m. Temp. 115°. P. 120.
at 9 a.m. 110.4. P. 100.

Sept. 21st
Thermometer at 8 a.m. 115°. P. 128.
The urine normal.
at 3 p.m. Temp. 113°.

8 p.m. 99.4. P. 100

Sept. 25th. Patient went out of the hospital and nothing further is recorded.

Remarks:
Case is a genuine one. The patient is hysterical, but the high pulse rate precludes the idea of it being simply hysteria.
The thermometer used were all correct, and one was afterwards left at heat.

No explanation is offered, but the fact remains that there temperature occurred without any such urgent symptoms as one would expect from such a temperature.
Case 44.

Case of hyperpyrexial temperature.

Reported by Dr. Graham, Res. Med. Officer, Manchester Royal Infirmary.

Patient Mrs. M. Age 20 yrs.

Admitted Oct. 24th

Patient had been nursing a case of erysipelas, was afraid she had got it. She knew she had only a slight-stitch above each ankle, and a transient mild pyrexia.

After days after retention of urine occurred. This had occurred previously. The case was regarded as one of hysterical retention, as she was treated by electricity. This caused an attack of cystitis.

Dec. 5th: Cystitis occurred. She was examined by Dr. Thorne, who found a prolapsed, enlarged bladder ovary.

The patient complained of pain on defaecation. The abdominal pain became distressing.

From this time the temperature began to be extremely high, with increasing frequency, each being accompanied by a rigor.
series rise of temperature.
These were quite irregular as to their period of occurrence.
Perspiration generally followed.
The symptoms of severe illness were absent.
The following is a record of the temperature taken during or immediately after a rigor.
*Jan.* 24th 11 a.m. Y匾k: 107.2°
  12. 102.2°
  9 p.m. 101°
*Jan.* 28th - at 4.30 p.m. Y匾k: 113°
  29th - in the morning Y匾k: 100.8°
*Feb.* 24th Morning Y匾k: 95°
  5.35 p.m. 108.6°
  10 p.m. 98.4°
*Feb.* 26th at 6 p.m. 112°
*Feb.* 27th 4.30 113°
*March.* 18th at 3.30 p.m. 116.4°
During last week of treatment mental disturbance occurred at first only with the pyrexial attacks, but lasting almost constant. She has delusions of melancholy.
At times she is exceedingly violent and always suspicious.
There is no history of nervousness in the family.
The retention of urine continued all through this period. All the observations in this case were made in the interval.

Different thermometers were used, several had their registering column driven into the bulb at the top of the instrument.

Subsequent history of the case.
The hyperpyrexia ceased, but a new series of phenomena occurred, including general convulsions of great violence, with opisthotonos or of extreme prostration, followed by persistent tremors, which simulated tetanic trismus in an extraordinary way. She however gradually improved a great deal and was removed to a convalescent home. She got quite well and is now a nurse in the same institution.

Case 5

Hyperpyrexia in a case of Typhoid. Reported by Dr. Stephen Hartlieb, Berlin. in Lancet, March 9, 1879.

Patient a girl aged 5 years.

Called to see 11th child on 9th of the
mittle Temperature at axilla 106°.

In the evening 103°.

11th Morning temperature 100.4°. This

therm was sent for by Dr. Mackay who

had taken tempeature himself. It was

registered over 108°.

A second thermometer at mittle registered

108.2°.

Fifty minutes after thermometer in left

axilla registered 107°, a 2 hr after

104°.

Recovery occurred.

12th morning temperature 102.2°.

Afternoon 104°.

From this time temperature both the

and pyretid ceased.

The patient stated the case partly of the

care, a note as comments.

Case 6. —

Note on a case of Hypertension.

by G.H. Philips, M.D. Cantab. Profess

of Medicine Univ. of Durham.


Patient A.B.— aged 23 years.

A domestic servant a unmarried.

Admitted July 4th at Newcastle Infirmary.

In the past three years of his life he

had hardships & difficulties, having
previously been in compatible circumstances.

Nine years ago had rheumatic fever a melaena had also occurred on account of the lower pain. Great care was taken prevents any habit being acquired. She has however taken large quantities of various melaena at 1 a. e.g. 3 p.m.except: - 4 p. O. diquimi and anything spirits, she could get hold of, also ephedrine ephedrine.

She admitted having taken as much as 3v of Collins Brown's ephedrine.

In March 1877 she was examined led with severe pain in left side, so severe kind it sometimes caused her to faint away. It was worse on movement a movement.

A medicine of Opium. Chloroform once taken by her, which she pronounced complete to be destroyed.

Confusion as a response.

Present, with pale sallow appearance. Countenance dulled a heavy.

Very sensitive descendent.

Complaints evident pain in chest, which was intensified by breathing. Hair skin Pain comes in
Intestinal muscles ached at night, in morning.

Soreness, especially in the muscle of the sternum region, on the left side of the left side of the spine. General hypochondria of surface present, the surface of the back was marked at back a left side.

Skin: dry, hot, very.

During night sweat very much. The sweat being very acid in reaction, something very sour smelling.

Complaint of great heat, tongue was coated.

Midnight is difficult, sometimes for a whole day a night no water was present.

Urine - dark, with a specific sediment composed of water, phosphates, very acid. No albumin. No sugar.

Specific gravity 1030.

Bread, enbricoped.

Calcium errectus 10 cent. 4.

Pulse 84.

Respiration 15.

Can was regarded as hysteria, with amnecia, with mental derangement. Treatment - ordered to be supplied.
between temperature.


Well sick. Camp. Wm. and myself. 30°


15. Evening Camp. 101°


19. Morning 112°


11. Evening 101°


12 x 13 x 14 w. Tmb. remained between 100°


12 x 3 x 14 w. Tmb. remained between 100°


July 16° morn. 111°


July 16° morn. 100°. Evening 112°.


Three days after admission sod. salicylate was substituted, 20 gr. every four hours.


Pain continued so severe that morphine was injected, 1/4 gr. acetate.


It did good, but was discontinued.


July 24°. Tmb. in the axilla 117°


R. 110°


March 102°


July 28°. Left axilla 117°


Right axilla 114°


March 112°


July 29°. Left axilla 115°


Right 110°


March 116°


Every precaution was taken to prevent de. captation. 2 special thermometers were used.


July 21° Quinine 10 gr. to be ordered.
The sour smell of the breath became much more marked at this time.
A position elongine appeared on the back.
The lower extremities cold. Complaint of sciatica, in head of leg.
For several nights the patient was very restless. The temperature on the night before being 98°.
Remarks -
15. Philipson draws attention to the following points:
1. The non-effect of antipyretics.
2. The non-persistent character of the temperature.
3. The want of uniformity over the whole body.
4. The want of signs of general danger when the temperature was high.
   — The differences in the temperature was associated with differences in the hyperesthesia, this being generally most marked on the left side of the spine, left side of thorax, left arm.
Though the temp. was so high, the mind was clear. The patient was self-preserving.
The normal ratio between pulse and
respiratory nerves reacted. 

My conclusion is that the condition was the result of an influence due to the vagus nerve system, that many hysterical symptoms justify me in calling it a case of hysterical neuritis.

Case 7.

Hypochondriasis in hypomania.


It appeared in the Centralblatt für klinische medicin, translated from a Danish medical Journal. No case being under the care of Dr. Loewenhan.

Patient—a woman—woman.

She had an attack of hemoptysis, which was followed by severe dyspnoea with cyanosis at first, type of phthisis. This occurred several times during the night following.

The patient had cyanosis for some time after the attack was a short time elapsed to have hallucinations and fear anxious.

During next 2 months, had a severe attack of hemoptysis, intense cough of the type of phthisis, again, a repetition of the symptoms, connected with the respiratory organs took place.
Here was also retention of urine.
In 3 days, temp. varied between 103° and 104°.
On the fourth day 113°.
Patient was slightly delirious, but there was no sign of any inflammation.
The morning temperature was 106°, but in the evening 104.3.

The next day after some paroxysm of dyspnoea, temp. 113°, and hour after 97.5°.
The next few days, the temp. varied between 101.3° and 103.1°, and then became normal.

Remarks: The patient complained of headache, without any sign of phthisis, or being affected in any way.
In the evening, the rise of temperature was hysteric.

Case 8
British Medical Journal 1881 -
Vol. II. P. 746.

Read before the Clinical Society by
Dr. Stephen Mackenzie.
Patient: Woman aged 42 years.
Thirteen years before had an injury.
by Aqua, which was followed by persistent ulceration. Necrosis then had been removed and amputation had been recommended. This was done in 1878 by Mr. Burton, and the stump was left open.

Feb. 25, 1879. Patient returned for pain in stump, which was red and inflamed. It was thought to be supplicative and was accordingly isolated.

She had some rigor, followed by pneumonia at the right side.


Morning after 111°, x 15 minutes after

Nec. 105.8°

March 18th. Two thermometers placed

Sweaty afternoon, six hours after sweated

110.6° x 111°.

Between these 21st April 22. Heavy high temperature every recorded.

May 21st. Stump was opened as a piece of bone removed. After this except the day following the operation Vomiting did not exceed 102°. The case Cured on an ordinary Common. She was firm not bound in August.

Pain did not at once leave the stump. Sensation came after 8 weeks.
Readmitted Oct. 21, 1879 for pain in stomach.

Another piece of bone was removed. The stump remained painful. Pain and distension of the abdomen was now complained of & vomiting occurred. Dec. 31st. The patient was removed to be under Dr. MacKenzie's care, on account of these symptoms, in order to investigate the high blood. Patient was thin, thin but not unhealthy looking. Abdomen distended. Under no treatment could he feel.

Seems very much better looking. Patient vomits frequently.

It was now discovered that she had taken opium for 12 years.

On Jan. 13, 1880, had a rise of temp. found to be 104.2. Pulse being 72 & the respiration 24.

On Jan. 14th,

at 1 p.m. Temp. 108.0
2.6 pm. 108.2
4 p.m. 107.4
5 p.m. 108.5
7 p.m. 104.6
8 p.m. 106.8
9 p.m. 102.6.
at 11 a.m. Temp. 106.4°

12 p.m. 113°

Jan. 15th highest beach. 113.3°

16
17
18
19
20
21
22

Jan. 23rd Temp. in arsilla 108°

in mouth 98°

in rectum 99°

Jan. 27th Temp. 110°

April 5th Temp. 113°. 10 minutes after

her temperature in each arsilla san

99°

April 16th Temp. unwatched 104°

watched 99°

May 4th Thermometer in arsilla

registered 110°. when taken by

men the watch. it was normal.

Same thing repeated many times.

From May 24th - July 3 - when she was

discharged temp. remains normal.

Throughout the time she remained under

observation condition remained about

the same, but vomiting ceased. a

abdominal pain not complained of.
no important constitutional disturbance. When temp. was high pulse was between 70 & 80. Respiration 20 - 30. On no occasion when the temperature was watched was a high record found.

The author thinks the temperature was firile in as, on the following grounds.
1. Patient a nervous woman, and an educated hospital patient. i.e. knew that high temperatures were important.
2. On no occasion, temp. taken in mouth, axilla, or rectum, showed it to be normal in mouth & rectum, but 6° up in the axilla.
3. When 2 thermometers in one axilla, sometimes a difference of 4.5° was observed.
4. Pulse & respiration showed no correspondence with the temperature.
5. On no occasion when instrument was held in axilla a patient can fulfill watching, was an excessively high temperature recorded.
Case 9.


Reported by Dr. Clewco at the Clinical Society of London.

Patient a Landry maid aged 23 yrs.

Admitted into Edinburgh Royal Infirmary on Oct. 22, 1803—under Dr. Brackenridge.

Complained of dizziness upon one side, a presentia a purpuric rash upon the extremities.

Nov. 29. The day after receiving a fright from seeing a man who had lost his eye. Temp. was 107.8°.

At midnight 3 records shewn 111°—108°—98°.

Nov. 30. at home. 110°.

Temperature at 7 a.m. in both arms.

Temperatures at 8 a.m.: Right. 108°.4°

Left. 99°.4°

At midnight. Right. 98°.

Left. 99°.4°.

Dec. 1st. 6 a.m.: Right. 108°.4°

Left. 98°.

9 a.m.: Right. 99°.2°

Left. 100°.6°.

Midnight: Right. 98°.2°

Left. 105°.
Dec. 2nd. 3 P. m.  Right. 97.8°  
Left. 108.4°  
6 a.m.  Right. 107°  
Left. 98.4°  
9 a.m.  Right. 108.2°  
Left. 99.2°  

On Nov. 30th several sharp, but severe, spasms occurred, stimulating the patient. On Dec. 1st, a constant increase of the eyelids occurred, and the right pupil reacted slowly to light, and the left iris was almost present.

Complaints of a throbbing pain at the vertex, increased by pressure, which was capable of evoking the pulse. Spasms continued abreast.

Dec. 3rd. Spasms frequent, and during their continuance, the heart sounds became tautened, adopted in rapidity, the pulse imperceptible.

At night, heat was shared, a belt applied to the vertex, and he was removed to a private room.

One-quarter grain of eserine was injected hypodermically, and after a period of quiet delirium, appeared to soothe him.

Dec. 4th. Spasms frequent.
and then was a palpable difference between the temperature of the 2 sides.


Planter's patch clear reflexes absent.

Men was cutaneous anesthesia at first at a minimum of urine output.

During greater part of time.

Dec. 5th. Urine Spurts were increased in frequency by pressure on left side of abdomen.


She improved but on Jan 15th.

Temp. 110° F - immediately after 9th 4°.

From this time until April 1st. She improved, occasionally showing temperature to be only 2 or 3 days, but gradually regained strength, although emotional, sensation was otherwise well on keeping.

Remarks:

Ordinary ward thermometer was used, sometimes by the nurse, sometimes by himself.

There was no polticed or hot water bottle in the bed line which was watched —
Case 10.


Patient: A woman, aged 22 yrs.

Admitted Sept. 29th 1878.

Excitable, vivid, a delusional hysterical woman, unmarried.

Some years ago had delirium tremens, followed by general convulsions.

In 1876 was under Dr. Stabenham for anaemia and irregular menstruation, exhibited no unusual symptoms.

Now has right-side symptom of loss of vision. Had had a cough for 4 months.

Sputum positive 5 days before admission.

Temperature rose rapidly to 105° in the left chest.

Complained often of haemorrhage from the mouth, which was very weak.

Inspiration very variable.

Temperature during March, April, very irregular between 98° and 102° in the evening, sometimes 103°.

From June 1st: temperature became higher: 103°, 104°, 104.5°.

Sept. 23: Became phrenic. Thermometer registered 106.4°.

Sept. 25: 107.4° at 8:45 p.m.
at 10 F. m. 110.8°.

Her respiration was then hurried, otherwise endurating the same.

During rest of 6½ a deep pulse. Temperature never was higher than 102°. From 5 times about 105°.

Came under observation in Sept. on one occasion. Temp. in
Left axilla 102°.
Right: 104°
Internal: 107°.

128°, recorded once.

A high fever has been recorded by a registrar by the thermometer on a surface thermometer just so recorded. The high temperature could be obtained at any time of day, appeared to be under the control of the patient, but would sometimes say beforehand that the temperature would not exceed 102°.

Pulse and Respiration did not Lennon, except sometimes the latter as if from some exertion.

The bulb of the thermometer never felt hot, but a thermometer near got a temperature when he held the arm to the side.

There was other evidence of hypothermia.
The patient eventually died of Sequestra, and the post-mortem revealed nothing except the phthisis.

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Case 10.

Case of excessive sleep, maintained high temperature after spinal injury, with recovery.

Clinical Society Transactions 1875.

Mr. Teale's Case.

Sept. 5, 1874. Miss G. was riding. She was a good horsewoman. She was a passenger behind, fell with her at a jump. She rolled 2 or 3 times over her chest on the log on the ground, which was very rough with large stones. She got clear, ran a fell back, painting into the arms of a friend.

She was moved to a house 6 miles away. On exam. it was found that left 5 or 6 ribs were fractured about the middle.

She was emaciated, her collapsed & complained of great pain in the back.

She was smoking.

Bone in ankle... relief furnished to a few days. 100°. Thigh normal in a fortnight. The rib united, but still a good deal of pain & tenderness over
The spine, especially about the dorsal vertebrae.

Consultation - Much less. Some internal inflammation of the spinal ligaments excited, resulting from the injury.

All October conditions made some progress.

100°-107°, and Spinal tenderness.

Manic. The spine badly, was depressed overall, occasionally yielding, stretching of the spine occurred - lower limbs.
The complaint of pulling a tight cord around the waist.

Lodges were applied to spine - Ice-bag to head, above spine, but temperature still rose.
Nov. 3: 103.4°
Nov. 6: 106°
Nov. 7: 107°

Recovery being normal, a pulse 100.

Nov. 7th. Consultation again held.
After careful examination diagnosis:
Inflammation of the spinal ligaments, and intervertebral substance, and possibly of the membrane of the cord, but it was thought that the cord was only affected by the pressure, as power remained over the limbs, and the sphincter were unaffected, also
no absolute paroxysm of-sweatings and

Nov. 8th. Temperature 110°. Suckle applied

Nov. 11th. Temple 111°.

12 ... 113°.

13 ... 114°.

Onset 11° at 4 a.m. to 10.30 p.m. above 122°. The pulse was 120 - smooth and

Nov. 14th. Rapid emaciation.

Extreme pain down spine, back of hand, treated by morphia hypodermically.

At times could not swallow, once for 48 hrs attempt even to swallow saliva

caused agony.

Nutrient enemata were given.

Ice bag applied.

Mercury stopped, and improvement of general condition occurred. Power of swallowing returned, a pulse fell

Pains less, motion, hotching of legs less.

Dec. 12. Sudden severe sweating of

Dec. 13. Improved more, but fever, shift between 110° and 114°.

Jan. 7 ... 104°.
Jan 9th. 70. 102°.
Jan 10th. 70. normal.
Jan 11th. walked about the room -
slight dry of left leg perceptible.
Jan 22nd. Comalant. walked 100 yards.

Remarks -
1. Several instruments were used. <
   four were venereal at heart.
2. The highest to that could be register-
   ed was 122°, but it was really higher 126°.
3. Humidity generally taken in axilla.
   Very often one in each,
   The temp of left side usually ½°
   higher than that of right, perhaps
   because too weak to hold arm close to side.

4. Occasional occasions Thermometer
   placed between high and very
   Generally corresponding with axilla.
   or 72°. Tuna in 95. 113. 4. is between
   high 116°.

5. Dec. 10th. reexamined 111°
   Axillae 110. 4°.

6. Patient knew nothing about the
   values.

7. Thermometer always examined before
   and after every examination done at one
8. No hot water bottle anywhere near.
9. Sometimes when turning she felt her forehead and face very cold. A patient would say she felt as if the blood were on fire.
10. While taking, high, scald, & very sick & no sense of appetite. It had to be passed into hot water, & with the greatest difficulty.

Hemorrhage only once since accident on Jan. 26. 75. Hemorrhage regular.
11. Attenetion of temperature very rapid, intestinal appetite change in the condition of the patient, but for 7 weeks, no temp. nearly below 108°.
12. Could injury of the sympathetic ganglia be a possible cause?
13. No loss of sensation.
14. Jumps generally higher on the left side.

P.S. It can:
On Feb. 5th. Hardly 100 miles. 7:50 ore 110°. Pain returned. After went on for some time, but gradually improved.
On June 7th. 1875. Though still some lumbago, about 6 in. below ventre, she can walk quite well on her left, & support with aid of her canes.
Mr. Jonathan Hutchinson makes some
interesting remarks on his Table's case
He thinks that there is an essential
difference between these cases of un-
usual temperature following lesions
of nerve centres, which form
part of a specific fever. He concludes
that in cases of injury to the cervical
cord, there are 2 classes of opposite
facts, in the one set a very low count:
becoming, in the other a very high.
On p. 343 he says that such cases
point to the existence of a heat con-
trolling centre, or centres in the cord.

Case 12.
Hysterical pyrexia.
Clinical Society's transaction. Vol. XIX.
P. 124. By Dr. John White.
Read Feb. 12. 1886.

Elinor N. — aged 18 years.
Machine girl, assistant at a carpenters
admitted under Pye. Smith in
Aug. 15th 1885.
On admission, severe rectal pain,
in the abdomen of the lower
perpetual constipation for 41 days.
A purgation caused the
shocks.
She has had some pain in the right iliac region, but no sickness.
Family & Personal history good.
Splenic dullness slightly increased.
Temperature 104°.
Pulse: 112.
At 6 p.m. 3 hours after admission Temp: 104.6° Pulse 120. Resp.: 36.
Aug. 11 A.M. Temp: 104.6°. Cold sparging reduced it to 102° -
1 hour after 103.2° and at 6 p.m. 105°,
which was again reduced by sparging.
Complaints of headache, pain in right iliac region.
13.°
99.2° 102°
14.°
98° 99.2°
At 6 p.m. Dr. Wood acted. She felt better after.
She took no medicine.
Slight cold in the night.
Mother states that after going home she
was quiet until last week. She was
to work in Sept. She was seized with a
severe pain on the left side & she
assumed in her speech.
On Sept 9th managed to walk up to the hospital with her brother's help. Condition on readmission:

- Face flushed
- Skin hot and dry
- Frontal headache
- Abdomen contracted, but no abnormal resistance anywhere
- No gland enlarged on the groin.
- Complains of pain in tenderness in left side, midway between midline of ilium, also tenderness on pressure in the groin.

Generally lies on right side.

It was found that the site of the pain varied continually by distracting her attention, a painful place could be examined without any sign of her pain.

 Urine contained a trace of albumen, and an active pus cell. Probably from right vaginal discharge which was present.

Temperature 103°.

All organs were found healthy.

Sept 10th at 2.45 pm: Pulse: 105° at 107 m. 99°

Sept 11th: No pain, but abdominal tenderness on pressure, vomiting greenish mucus during last night.
Annie as before - height: 1.807 m.
Temperature 6 a.m.: 98.6°, 6 p.m.: 104°.
Sept. 12 a.m.: no tenderness in loin.
Tenderness in right iliac.
6 p.m.: 102.2, 10 a.m.: 98.8.
Sept. 13 a.m.: no vomiting, tenderness in
loin, but temperature much lower.

From this date it remained normal.
And patient had no further pain or tenderness.

5th state. While their remarks on the case:

why was the case hysterical?

The character of the pain markedly so.
No objective cause whatever could be discovered.

Abdomen was very restricted a little
painful on this side, that if any an-
algies were present could not
possibly have escaped detection, also
if any inflammatory trouble, there
would of necessity have been
some tenderness of the organ affected.

Concluded by a process of exclusion that
temperature was normal.

To put it in evidence he put forward the
following arguments:

1. The erratic character of the temperature.
2. Patient otherwise hysterical.
3. Age a sex, an aged case being wi quire, and about the age at which hysterical most common.
4. Nothing in the patient's condition militates against the view that the eruption was hysterical

Dr. Walter Whitehair makes some very interesting and important remarks—whih
There quotes in his own words.
"So little in hysterical psychosis recog-
ized, that a good deal of skepticism
exists as to its existence. But to a
mistaken notion that in hysterical
there function on which the will
has some control can be affected,
and also to the fact that it is not
sufficiently recognized that not only
is the regulation of the bowels through
by the nervous system that can be
under the influence of the nervous
system, but that the nervous itself
is directly controlled by nerves which
have their origin in the central
hemisphere proceed with much
Science quotes this fact that it is
not necessary that the will shoul
have any control over a function
which is hysterically disturbed.
and also that the nervous system regulates
the heat of the body, then is no reason
why hysterical pyrexia should not exist. It is a nervous disorder in
which that part of the nervous system,
which presides over the temperature of
the body is deranged.

"Hysterical patient has a head
coloful area.

"If there are secondary heat centres
lower down in the body, then may
also be affected in hysterics e.g.
ra... motor paralysis in hysterics,
which is just as strange. Also
the phenomenon of hematochoria.

—

'Paradoxic temperature,'
Cass. 13.

by Julius Caesar. F.R.C.P.

Melita — act 15 years.

Seen Oct. 21, 1878. had been ill a
week. was prevented into, made
symptom of enterica.

Temp. morning 102.4°, evening 104.6°.

For the next 18 days varied between
a morning maximum of 102.4° and
minimum of 98.6° or
an evening max of 105.2° and min of 102.6°.
Nov. 9th. Bubonic pneumonia diagnosed.

Temperatures:
- Max.: 107°. Min.: 79°.
- Max.: 104°. Min.: 100°.
- Max.: 104°. Min.: 102°.


Nov. 18th. Temperature ran up to the top of the thermometer, which was indexed to 110°, registering 113°.

At 3 pm. same day. F. 101°.

At 6 pm. 100°.

At 11 pm. 102°.

Nov. 19th. Morning temp. 109.2°.
Evening 100.6°.

Morning 104°.

Evening 102°.

Nov. 20th.

Morning 108.2°. 

Evening 102°.

Nov. 21st.

Morning 100°.

Evening 100°.

Nov. 22nd.

Morning 100°.

Evening 108°.

After this no high temperature was noticed, a complete recovery was made.

Remarks: Observations were made with a thermometer, a patient was often measured when the temperature was taken.

The occurrence of 60-70°C is mentioned, possibly referring to fever.
Case 14

Lament May 15th 1886.

by D. Black to the Société Médicale des Hôpitaux.

Patient hysterical.

In Nov. 1885 elevation of temperature continually observed. 39.5°C. was recorded in axilla night evening.

During Dec. 40°C.

at the end of the month 41°C.

Jan. 1 - 24th always above 41°C.

Jan. 24th normal.

No visible lesion could be discerned.

An hysterical attack always came on about 7 p.m. lasting till 1 a.m.

The next ensuing point was the slight difference between the morning lowering temperature. After 3 minutes of 'hyperthermia' convalescence was complete rapid.

Case 15.


Patient a milliner aged 19.

Temp. of 108° occurred a few
few minutes found to be 99°.
She had symptoms of gastric ulcer, shortly
the treatment by iron salts the pyrexia
developed. It went on for 1 month.
Treatment by quinine and cod-liver oil
Robert's' oil had no effect.
Every precaution was taken to pre-
vent fever.

Case 16

Dr. Chauvel in London in 1870. Vol. iii
Nov. 27th reports a case of
a female aged 18 yrs enameved
from typhoid, when temperature was
over 115°. On the 11th taken by
Dr. Chauvel himself it was 108.6°.

Case 17.

British Medical Journal 1880 Vol. iii P. 517.
Dr. Little of Dublin.
In this case a term of 133.6° was
registered by a specially prepared thermo-
meter. Registered at 115°.

Case 18.

Pneumonia with paradoxical respi-
ation.
Dr. C. F. Knibb at medical school of
The Academy of Medicine in Ireland.

A woman aged 33 yrs. Temperature of 104°F and 127° even tendered, but found to be pitiless. The patient kept a piece of coin away out of her mouth under her pillow.
The patient a female aged 22 years, admitted Sept 30th 1878 for haemoptysis.

History. Taken in at spinal disease.

Seven years ago had scaber feet followed by swelling of the legs, which soon subsided.

Four months ago caught cold, on Sept. 24th had slight haemoptysis.

On admission. Patient anaemic, skin hot and dry.

Appetite bad.

Improved romanow at left apex with bronchial breathing.

Pulse 92. Soft and regular.

Heart sounds normal.


No albumen or sugar.

Nov. 16. Bronchial breathing at night apex.

May 5th, 1879 - Pleuritic rub on left side posteriorly heard.

July 15th. Evening temp: 108.8° 2 vomiting.

July 25th.Temp at 8.45 a.m. 107.4°

110.8°

Some dyspepsia, otherwise uncomplacent.
Observations on the temperature were made early in September. The nurse observed:

Three thermometers were used simultaneously: one in mouth, the others in axilla. Following temperatures found:

- In mouth: 107°F
- In one axilla: 114°F
- In other: 102°F

By changing thermometers, the highest temperature was recorded in the opposite axilla.

The surface thermometer was read in the mouth.

The nurse physician said that he had obtained a very high temperature if he held the instrument himself.

She would never suspect it, being deceptive.

No mictura in the area was present.

This went on until the month of September, when patient got worse and in the 21st P.M., the nurse checked in the area

Not the highest fever was always on left side, either the skin here was hyperemic, hot to touch, which was not so elsewhere.
with these cases — my own — the extract from the case which has been from time to time being reported in the medical journals. I think it can be proved that the high temperature which, in my opinion, are quite genuine enough that the case is a genuine one.

1. The patient was a young lady, who was not by any means an educated hospital patient in the sense that Dr. Mackenzie meant, i.e. she was quite unignorant, at the outset, at all events, of the importance attached by physicians to the conditions of the temperature, i.e. ignorant that her temperature was peculiar in any way.

2. Then were no hot bottles or poultices near — the patient was never left alone for an instant night or day. When she was ill, she could hardly have prided herself with means to affect the mercury, much more to the person in attendance upon her.

3. I took myself on an occasion for...
certain. I always took the temperature myself as that was not trained men in attendance the circumstances of the patient not being good.

q. Found 2 Thermometers one was tincted at times a the other I had made especially for me.

5. On all occasions when the temperature was high, a marked increase in the pulse rate & the respiration was observed.

6. The patient exhibited all the signs of pyrexia - anxiety, high coloured countenance, depiring under

fever became quickly control. a vivid pulse a Respiration always increased

Convulsion too became more ex-

erected.

These points are I think sufficient evidence of the genuineness of the case -

with regard to the Case being one of hypostasia. There is ample evidence -

The patient family history which is very rustic.

According to my predecessor Dr T.
The patient used to rub acetic acid on
the sacred region, in order to produce
the appearance of a hectic flush. This
determined her to proceed.
She exhibited the craving for symp-
pathy which is so marked a feature
of hysterical cases.
The scene described in the account of
the case, when she thought she was
dying, was also quite in accordance
with this view.

The contraction of the leg that the
sufferer complained of, was in all probability
hysterical, as there was no history
of injury, disease, or inflammation in it.
In short, you had only to write
the patient a short time, to recollect
that she was a typical hysteri-
cal girl.

If we examine the other cases that
then occur noted in the same kind,
with an alteration in explain,
they occurred in hysterical patients.
They occurred in females at the
majority between the ages of 18 to 25,
a time when hysterical manife-
stars almost always occur.
It is interesting to note that in nearly all the cases attended to the same 4 points viz:

1. The non-effect of antipyretic medicines.
2. Evident character of the fever.
3. The want of uniformity, the temperature being different in different parts of the body.
4. The absence of urgent symptoms, e.g. no one died nor can end fatally from the high temperature.

With regard to the 4th point my case was an exception as the general symptoms were always urgent, when the temperature was high.

With regard to point 1, in my case I was inclined to attribute this fall in temperature which occurred, to due to the antipyretic measures, which I employed, not by the effect of further exsanguination. I think that this was not the case.

I think I must not say more about the particulars of the cases, as in each case I have mentioned that particular case was taken
to obviate any source of fallacy, a
many of the cases are reported by well-
known physicians whose detection
faculties must have been sharpened
by long experience. The accuracy of
their observations it would be
perverse to doubt.

There is no doubt that the tendency
has been to question the truth of
their cases e.g. in T. Pageti's work
on medicinae in 1891. Pp. 31-2. The
author adopts a very sceptical tone,
saying, "In these cases of abnormally
high temperature, the pulse and respiration
did not rise in any like proportion,
then was no delirium, a state condi-
tion of the urine, or the patient did
not die."

My one case, apart from several others
of them reported, is a complete re-
petition, with the slight exception of
the patient dying, but this is not a
state of a necessary sequel to para-
clinical temperature.

To quote further from the same author
on p. 41. At the bottom of the page he
summarises his well-known phenomena
of the phthise state a phrase as we have
seen been all present in my case.
Among the cases reported by me I have quoted 2 that were found to be spurious. I think I have purposely done, to show how it was done, to point out, that in an subsequent case at least, a repetition would have been impossible.

The 2 cases were No 8 and No 18.

In No 8 - the case was never found but the points mentioned on p. 49 of this paper are enough to show that the temperature could not have been genuine, i.e. it will be seen that all the other cases bear comparison with this one.

In No. 18 - the case was discovered as mentioned p. 69.

Having, to the best of my ability, established the genuineness of my own case a little reported, my next object is to try and furnish some explanation of the occurrence of these high temperatures.

The first thing to be done is to prove the existence of a mechanism which controls the body heat and then to explain how it may become disordered.
There is both experimental and clinical evidence to show that in the brain, at the heart and central, exist which have for their function the control of the body heat. What their precise action is, is still a matter of conjecture. In has proved that the subject of many theories. None reasonable of which are very profit of view in light of Dr. White's work, albeit that his work is further on.

First with regard to the brain, experiments have been performed by many observers in many countries, proving the existence of what are termed heat centers in the brain. I will very briefly refer to some performed by Dr. White, an account of which appears in the British Medical Journal for 1889. Vol. I., p. 1401. Dr. White performed a series of experiments using rabbits in all cases as his conclusion are as follows. First it is necessary to state that the normal temperature of a rabbit varies between $101.0\degree C$ $103.0\degree C$. 
1. In 14. degree of the white matter my was examined, a fat following is an analysis of this 14.

In 8 hours went over 103°.
In 4 out of the 8 that termi nail reached the corpus striatum, though it was mainly in the white matter.

Of the other 4, one developed central abscess, while 3 then had a termi of 103.4° which might easily have been due to the combined influence of the operation and anoxemia. The conclusion therefore that lesions of the white matter do not produce a rise of temperature, unless they touch the grey matter of the central ganglia, when a slight rise may occur.

2. Lesions of Corpus Striatura.

In 23, this was the part which was principally destroyed by the operation. In 2, their temp. over 103.8° or

In 7, temp. 106° or over.
In 11, over 105°.
In 18, temp. 104° or over.
In 15, remains of a rise occurred in the assimilation 2. The rise of the 2, the temp. was 0.2° less than in 2.

For this operation, but for that he
cann could be accounted. In the other
of the 2, it was 0.40. however, but
this lesson was very, extremely, a this
condition was probably due to
shock.

Only a few hours usually passed
between this operation after occurrence
of the highest temperature. e.g.
In 14 km. South of 168.5° occurred.
In 3/2 km. in another one.

The duration of the rain averaged
55 hours. Sometimes a second
rain occurred late in the ex-
periment. This was in very case
found both due to a secondary
harmonics in the copper structure.
Occasionally a fall occurred. in
which was invariably found both
due to the shock caused by a
large secondary harmonics having
taken place.

3. Lessons of the Optic Husband
occurred in 9 reflectors. in
all a rain of temperature occurred
in one. 105.6°
in one. 105.5°
in all but one 17. over 104°, a in
which one the lesson was very serious.
The rise was not so marked, as in the case of injury to the corpus striatum. The average height was obtained by 6-7 hrs. & the average duration was 42 hrs.

The experiments show conclusively that there are higher centres in the brain, which have an influence upon the body temperature. These quite apart from any vascular changes.

So much for experimental evidence, I next will mention several cases which confirm these experiments.

Carnot 1889. Vol. I. P. 1295. 697. It is with regret that I report several cases which show the influence of the corpus striata upon the body temperature.

Case 1.
Bilateral softening of both corpus striata.
Patient 67. 50. a man.
On admission: Speech slow.
On admission: Speech slow.
The muscles, especially of the legs, exhibit considerable paralysis.
On 7th week, being over 90°. On April 5th whilst at rest, he
fell off, he said he was not unconscious. He became so after being put under ether. Temperature ran to 102.4. He died in 5 days. Temperature was varied all the time.

P.M. Examination.

Antenatal, aftermanner.

Two patches of softening were found on the right side of the brain. I wish long tracts, both backward, i.e., occupying the posterior portion of the internal capsule, not quite so far forward as the thalamus. The 2nd on the left side, affecting the genu of the posterior limb.

Both patches extended for a short distance into the corpus striatum ephi thalamus.

Case 2.

Softening of corpus striatum in a man, aged 58 yrs.

Had complained of numbness in left arm shortly before admission. fell down a few minutes after. On admission, conscious, but complete paralysis of left arm, leg, face except forehead. Ptosis of left eyelid.
Tongue pointed to the right. Also the head & eyes turned to right.

Complete hemianopsia in region of left side of head & trunk, & left upper & lower extremities, except a small spot over the outer side of left ankle.

Left conjunctiva insensitive.

Left side - deep pain

Left homonymous hemianopsia.

Talk - sounds normal.

No colour blindness.

In the first 9 days, temperature on paralysed side from 0.2° - 2.2°, higher than on sound side.

On 4th day 100°, became same as the other side on 9th day.

Died in 5 weeks of oedema after things.

P. M. Examination.

Cortical softened on right side, but not any paranoia that has by experiment been found to have any influence on the temperature.

In centre of brain on right side, a patch extending from the level of the corpus callosum to grey matter of base, laterally from the claviform to the outer surface of the collateral nucleus a cubic
thalamus, which were both somewhat softened.

In this case, the temperature is recorded from the front of the internal capsule, nearly to its posterior extremity. The temperature as shown in the chart given on p. 1296, shows a difference on the 2 sides, always, even when not raised. This is opposed to the view that at first the temperature is highest on the side opposite to the lesion, and that it soon becomes the same on both sides.

Case 3.

In this case a temperature of 106.6 was recorded, and a symmetrical patch of softening was found in each corona striata.

Case 4.

High temperature in depressed fracture - under Mr. Page in the Middlesex Hospital.


In this case Mr. Page says: "The case is deserving of record, as an instance of disturbance in the central equilibrium manifesting itself by elevation of the
temperature. There was nothing in the wound to account for the rise. The
membranes were healthy, and so were the convolution beneath. The depression
of bone was insufficient to explain the subject of symptoms, but it was
sufficient to upset the equilibrium of the head mechanism."

Mr. Page then says that the case fits in very well with Dr. Sacchetti's
theory, as expressed in his Gustavian lecture.

The following is a brief account of

On Dec. 31st. Patient a man aged 36 yrs., a devoted teetotaller, fell
against a scraper. He was un
conscious a moment, then got up
and walked to hospital.

He had a jagged curved semicircular wound 1 inch long, in the
right occipito-parietal region,
and a fracture was felt with very
slight depression. In the absence
of any central or obvious symptoms
of any sort, the wound was merely
cleaned and dressed, then at 6 p.m.
At 11 p.m. Temp. 101.2°. On
January 1st. Morning 10 4°.
The patient being drowsy and apathetic. He pulse was 70.

It was quite empyema, asked for food away in no pain.

The wound was again carefully examined, found again retracted. The part not being stripped or sutured.

In afternoon Temp: 105° falling in the evening, and on Jan. 2. Temp: 99.4°

Jan. 3. 10 a.m. 99° No pain. Lay in same state, which was accustomed both his habitual one.

Afternoon. Temp: again rising.

at 6 p.m. 102°

at 10 p.m. 103.6°

Jan. 4 at 2 a.m. 104° Very drowsy, but in no pain.

Operation was was decided on, as it was found that there was a V-shaped fracture. The open being must depressed & wedged. It had both been off. The opening was entirely in the parietal bone, and situated over the temporal sphenoid lobes.

Dress rotated enigmatic a healthy.

After the operation at 10 p.m. 107.2°
Jan. 5. at 2.2 pm. Temp. 104°. It then fell to 100° for the rest of the day. With one slight exception no recurrence after this.

There were no symptoms, mental or sensory, of brain lesion.

The optic discs normal.

Colour vision field normal.

This case is a very interesting one. Clinically speaking, it is very strong evidence in favour of the existence of a heat controlling mechanism.

I do not propose to enter fully on this question of heat centres in the encephalon. If they exist, they are probably unconscious ones, a very slight stimulus being enough to produce the existence of these in the brain, and having a bearing on my case. However, I have quoted a case of Dr. Taylor's in P. 55 of my notes. This case furnishes very strong evidence of the existence of some controlling mechanism in the end.

Sir John Hughlings Jackson in his classical work, 'The human brain,' 1875, vol. 1, p. 546 says, to mark on this case a degree
That in his opinion such cases point to the existence of a heart-controlling centre a centrum vii. 

On p. 748. He gives it as his conclusion that the temperature in injury to the cord is dependent on vaso-motor paralysis as he asserts, that in cases when the heart beats strongly it will always be found that the temperature is raised, the heart acting in such cases being vigorous to the pulse thrill, 

whereas when the heart action is slow a futile the hands are cold. 

Observations differ very much as it would involve a much greater expenditure of time which than I can spare here into this.

With these data I go upon a new line of inquiry to explain how paradoxical temperatures occur. I must say a few words on the nature of fever. The theme on the subject is numerous, but the most popular are those to me that of Dr. Small. Dr. Small. The Guatemalan lectures on the Nature of Fever (1887) are most suggestive. He points out that high temperatures

does not necessarily mean fever, and vice-
versa: this may be a fever's sine
febre, a runk, thermogenesis without high
fever, the increased heat production
being compensated by some other less
compensated by increased heat loss.

The substance of his theory amounts to this:
there are 3 mechanisms at work:
1. Thermogenesis: this is the power that
regulates the balance of production and
loss.
2. Thermolysis or catabolism.
3. Thermoregulation or katabolism.

To quote his own words:

"It is excessive thermogenesis, with
excessive katabolism of nitrogeneous
substances, which limit together, that con-
stitutes fever, without the true body
reaction may rest on a tone to a
paroxysmal height, to a point at
which we may expect albumen to co-
agulate, yet the patient may re-
come a promptly, for there has been
no excessive combustion, no con-
sumption of the tissue."

He says that 'a certain order is
observeable in the disturbance of the
thorax relations of the body.
1. The most easily disturbed is the
thermoregastic mechanism. The results
in groups vary; a fall of the
temperature, according to the inde-
pendent variations of production of
heat are accompanied or the reverse,
but then need to be seen. The balance
rhythm of metabolism and respiration
in the human is not disturbed;
there is no excess in oxidation and
in excessive inhibition. This condition
between thermoregulation.

2. Then an additional disorder of
the part of the thermoregulation
mechanism, heat production, e.g., under-activity of
an endocrine system with diminished
conduction in a diminished heat
expenditure of energy, or over-activity of
the endocrine system with increased
oxidation at hemo-regulation. The
hemo-regulatory mechanism gets ahead
of the thermoregulatory approach results,
but if the thermoregulatory gets dis-
ordered, then severe pyrexia and
hypopyrexia develop.

By this theory, every form of pyrexia
is easily explained: the paradoxical
temperature without febrile symptoms,
while paradoxical febrile with a,
in my case men especially.
To boaslichio maintain the variability of
the child's temperature as corroborative
evidence of both this theory, this
is due to the thermolactic mechanism
not being developed. It is the most deti-
cally part of the mechanism a child
likely to develop.

Without going fully into the subject I
may just remark that experimental
evidence is also in favour of it bears
ohter's views.

Experiments go to prove that by the
stimulation of a particular region
in the inner side of the corpus striatum
the thermogenic function of the mammary
is abnormally increased a thermolactic
than kolobolic or acidotic metab-
olism. This without approaching
upon the motor tract, without ex-
citing the motor function, a without
any vas. Motin action coming into
play. Then experiment an them
of Armishin's, a study of Beskita
Protestor work has shown that in-
crease and production of heat is Caused
in a dog, by destruction of a
critical area, just posterior to the
cerebral sulci.

Without saying that...
is proved, we can go the length of saying that theoretical and experimental evidence is in favour of the existence not merely of heat-controlling centres, but of separate anaerobic and aerobic ones, or, as we may say, thermogenic and chemoorganogenic ones.

Huxley proved the generation of paradoxical temperature a decade and a half before. The proof of the existence of heat centres in the brain is probably also. The proof, it only remains for me to suggest that in their case a hysterical disturbance of the heat-controlling centres occurs, producing of course effects varying with the particular centre affected, the degree of its affection and the condition of the patient apart from this. Many hysterical manifestations are extraordinary, but better known, not therefore thought so much of. e.g. than are the rapidity of respiration in heat centres. In this respect it was so rapid as to be unmeasurable. This went for days at a time. The term "head Calmeyia" or "a cry made a cry at once" is equally applicable to other hysterical manifestations.
One might multiply examples of this same kind, but one cannot overlook the fact that in many instances, phenomena of mechanism occur, which are quite outside the range of the fact of the temperature becoming disordered. It is not more surprising than the disorder of any other mechanism. The case is not that of cardiac disease or any only wonder. In fact, there are not many cases of these kinds reported. That they occur is not quite sure, but they have to be looked for.