fall of temperature may occur, and what we should learn by this occurrence. To begin with operation cases; for two or three hours after the shock of the operation, the temperature will probably remain very low, then, under the influence of warmth, etc., it may gradually rise to 99° or 100°; if all goes well, this will, in a few days, again subside to normal; if on the other hand, two or three days after the operation the temperature should rise to 102°, 103°, or higher, one might suspect that (if the temperature could not be accounted for by constipation) some suppuration might be going on; the doctor would probably direct that the wound should be examined. If there were any redness or tenseness he would probably remove a stitch, and then, if there were any fluid to escape, he would very likely insert a small drain, and all might go well. Fortunately, with aseptic processes, this very rarely occurs, but if the rise in temperature is disregarded when it *does* occur, and you wait until the fluid forces its way through the stitches and into the dressings, a very much more serious condition may follow, and the recovery would be very much prolonged. If, on the other hand, after the first few hours of shock, the temperature does not rise to the normal, or if, after it has risen to, or above the normal line, it should suddenly fall to 97° or lower, and if combined with this fall you find a rapid running pulse (I have not space here to go into the question of pulse variations) you would have grave cause to suspect that hæmorrhage was going on, and should lose no time in informing the doctor; but let me warn you from a recent experience that it is possible for a patient to die from internal hæmorrhage without any fall of temperature (in the case I am thinking of it never went below 100°, and the pulse must be the *chief* thing to depend upon in these cases.

The same remarks with reference to a sudden fall of temperature apply to it as a danger signal in typhoid fever, gastric ulcer, appendicitis, and other abdominal diseases, only that in these diseases besides the probability that it is due to internal hæmorrhage you must also face the possibility that it is due to a perforation of the intestine, and that, unless surgical aid is very prompt, it will be followed by peritonitis and death.

You all know what a far more serious thing it is for a surgeon to be obliged to operate upon a case of appendicitis in the acute stage, to his being able to operate deliberately between the attacks, and for him to decide upon whether it is safe to wait for the attack to subdue, or whether the danger of perforation is too great, is such an obscure question that it makes one thankful to be "only a nurse," and not called upon to make a weighty decision of this kind, but at the same time the surgeon will come to his decision very largely on information he gleans from the pulse and temperature chart, and for this reason it must be most accurately kept, and any variations intelligently watched and reported upon.

We must now pass on to say a very few words on the subject of diseases, which usually terminate in a "crisis," and perhaps the best example of this would be pneumonia.

The onset of this disease is generally sudden, and the temperature rapidly rises to 103°, 104°, or higher in the evening. It remains about this height (the morning temperature being only one or two degrees lower) for from six to nine or ten days, and then suddenly falls. Sometimes in the course of about twelve hours it will fall to normal and remain there. Often at this stage there is profuse perspiration, and sometimes diarrhœa; if a patient has been violently delirious while the temperature was high, he may sleep quietly and wake up quite conscious of his surroundings after the temperature has fallen, but I have seen patients who have been able to keep themselves in hand during the height of their fever relapse into a muttering delirium for a day or two after the temperature falls. At this stage the nurse must be careful that her patient is warmly but lightly wrapped up; she must persuade him to take plenty of fluid nourishment at frequent intervals. Stimulants must be pushed, carefully watching the pulse for indication of how far it is necessary to push them, and the ward must be kept quiet to encourage him to sleep.

As a general rule, solid food is withheld from patients with high temperatures; in any case of abdominal disease, when you find a patient's temperature has suddenly run up, it is wiser to keep him on fluids until you have ascertained the doctor's wishes. In cases of phthisis you often find great variations in the temperature, very high at night, and down to normal or subnormal in the morning, but, as these cases are very prolonged, and as nourishment is of the utmost importance, many doctors allow them to have easily digested solid food, even when the temperature is very high.

R.C.

A Meeting will be held at the London Temperance Hospital, Hampstead Road, N.W., on Saturday, April 27th, at 3.30 p.m., when an address will be given by the Rev. Canon Barker, M.A.B.D. A card of invitation will be sent to any nurse on application to the Secretary, Women's Total Abstinence Union, 4, Ludgate Hill, E.C.

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