more often suffer from the low muttering type. Incidentally, the ravings of a delirious patient are seldom connected in thought, and the state, dear to the writers of popular novels, where the villain of the piece gives himself away to the omniscient detective in an attack of "brain fever" is practically non-existent. In the course of a fairly lengthy acquaintance with pyrexia in fever hospitals, I have never yet heard any of these awful revelations, and I have seldom been able to discover what on earth the patient was talking about!

In severe cases of pyrexia the patient may lose consciousness altogether and become *comatose*. Associated with this is a sign of very bad omen namely picking at the bed-clothes, with twitching of the hands and feet.

A word may now be said about the daily variations in temperature. The pyrexia may be *continuous,* when there is very little variation at all from time to time, or *remittent,* when it varies, but the lowest readings do not touch the normal line, or intermittent when the temperature varies from normal or below to considerable pyrexia. When the temperature falls, it may do so suddenly—by crisis as it is called—or it may reach the normal gradually—by lysis. The latter is by far the most common, but in some diseases, notably lobar pneumonia and typhus fever, a crisis is more common. Sometimes a sudden rise of temperature occurs associated with marked shivering; this is termed a *rigor.*

We will now proceed to some points connected with pyrexia in practice, and the first caution I must give is against what is I fear rather a common practice amongst nurses, namely the tendency to regard the temperature chart apart from the patient. The important point is not the height of the temperature *but the effect that it is having on the patient.* Another point arising out of this is that it is by no means always necessary or even advisable to "bring down the temperature." On this point I may relate a little anecdote. I was once called out of one of my wards at a fever hospital to interview an importunate personage who was evidently not unconnected with the drug trade. On my approach he at once went into what appeared to be a one-sided convulsion, but it was nothing more than an attempt to extract a bulky sample from the depths of a most voluminous frock-coat. Having effected this manœuvre, he implored me in a strong transatlantic accent to invest in what he described as the latest drug "for reducing the temperature." When I informed him that fashions had changed in that respect, and that the coal tar antipyretic with a name three lines long was no longer "being worn" he looked sad, and explained that what he wanted was that fever hospitals should use this particular nostrum. His sadness changed to amazement when I informed him that we did not reduce temperatures at all in fever hospitals, but that if the *patient* required assistance he got it from the municipal water supply and not from a drug at all!

In other words, pyrexia is in the first place simply a sign that the patient is combating an infection. He may, or may not be able to deal with the foe through the leucocytes in his own blood (which manufacture an anti-toxin or antidote to the toxins secreted by the microbes) but to bring down a temperature by any other means than by attacking the organisms which are producing the toxins is somewhat akin to putting a board on the top of a smoking chimney so that we cannot see the smoke, and then declaring that the fire has gone out!

What then should pyrexia mean to us? As I have said, primarily there is a fight, but we then at once proceed to discover the identity of the foe, and also the whereabouts of the battle-field.

The type of the pyrexia does not help us much except when it is markedly remittent, and that should always make us suspect the existence of pus somewhere, and we should not be happy till we find it. Let us take a simple case. A patient has an attack of pneumonia, during which the temperature remains continuous. Towards what should be the end of the attack it becomes remittent. We then suspect that an empyema or collection of pus in the pleura has formed, and we often have to put in an exploring syringe to be certain. I do not mean to say that the converse is true namely that presence of pus is always associated with an intermittent temperature, but simply that the "swinging" of the temperature should make us suspect pus.

(*To be continued.*)

TREATMENT OF "PORT WINE MARKS."

M. Albert Weil presented to the Société de Médécine, Paris, says the *Lancet*, three cases of port wine marks in which he had obtained almost total blanching of the skin with very satisfactory æsthetic results by the use of X-rays. He used a tube with a special window, which allowed the passage of only the slightly penetrating rays. Very few sittings were required. This will be welcome news to sufferers from these disfiguring stains.