

lowest in the early morning and highest during the day.\* It is one or two degrees higher in children than in adults.

A rise in temperature in disease of  $1^{\circ}$  Fahr. corresponds, as a rule, with an increase of the pulse of eight to ten beats per minute. The thermometer in the axilla may, in some febrile cases, mark  $106^{\circ}$ ,  $108^{\circ}$ , even  $112^{\circ}$ . It has been found highest in scarlet fever, yellow fever (Dowler), and tetanus. Dr. H. C. Wood, Jr., found it  $109^{\circ}$  in the axilla of a man dying with heat-stroke, and  $110\frac{3}{4}^{\circ}$  in his abdomen after death.

In intermittent fever, during the paroxysm, even when the patient shivers and feels cold to himself, his heat by the thermometer is always above the natural degree.

†“When the temperature is increased beyond  $98.5^{\circ}$ , it merely shows that the individual is ill; when it is raised as high as  $101-105^{\circ}$ , the febrile phenomena are severe; if above  $105^{\circ}$ , the patient is in imminent danger; with  $108^{\circ}$  or  $109^{\circ}$ , a fatal issue may without doubt be expected in a comparatively short time.

“A person, yesterday healthy, who exhibits this morning a temperature above  $104^{\circ}$  Fahr., is almost certainly the subject of an attack of ephemeral fever or of ague; should the temperature rise to or beyond  $106.3^{\circ}$ , the case will certainly turn out one of some form of malarious fever. It cannot be typhoid fever.

“A patient whose temperature rises during the first day of illness up to  $105^{\circ}$  or  $106^{\circ}$  Fahr., certainly does not suffer from typhus or typhoid fever. In a patient who exhibits the general typical signs of pneumonia, but whose temperature never reaches  $101.7^{\circ}$  Fahr., it may be concluded that no soft, infiltrating exudation is present in the lung.

“If a patient suffer from measles, and retains a high temperature after the eruption has faded, it may be concluded that some complicating disturbance is present.

“In typhoid fever, a temperature which does not exceed any evening  $103.5^{\circ}$  indicates a probably mild course of the fever.  $105^{\circ}$  in the evening, or  $104^{\circ}$  in the morning, shows danger in the third week. In pneumonia, a temperature of  $104^{\circ}$  and upward indicates a severe attack. In acute rheumatism, a temperature of  $104^{\circ}$  is always an alarming symptom, foreboding danger or some complication, such as pericardial inflammation. In jaundice, otherwise mild, a rise of temperature indicates a pernicious turn. In a puerperal female an increase of temperature shows approaching pelvic inflammation. In tuberculosis an increase of temperature shows that the disease is advancing, or that untoward complications are setting in.

“A fever temperature of  $104^{\circ}$  to  $105^{\circ}$  Fahr., in any disease, indicates that its progress is not checked, and complications may still occur.”

Certain diseases have been found to have *typical* ranges or daily fluctuations of temperature throughout their course, so that their “differential diagnosis” may be thus assisted materially. This has now been determined, especially in malarial fever, typhus, typhoid, small-pox, scarlatina, measles, rheumatism, pyæmia, pneumonia, and acute tuberculosis. Dr. Da Costa has observed that in some cases, at least, cancer is attended by a lowering of temperature.

In continued fevers the temperature is generally less high in the morning than in the evening. Stability of temperature from morning to evening is a good sign; on the other hand, if a high temperature remains stable from evening till the morning, it is a sign that the patient is getting or will get worse.

When the temperature begins to fall from the evening to the morning, it is a sure sign of improvement; but a rise of temperature from the evening till the morning is a sign of his getting worse.

Convalescence from disease does not begin until the normal temperature of the body returns, and maintains itself unchanged through all periods of the day and night.

\* See Aitken's "Science and Practice of Medicine," 4th ed., vol. i, p. 39.

† See Aitken, *op. citat.*, vol. i, p. 44.