

*Nipples.*—Nipples which are sore but not cracked may send up the temperature by reason of the pain and nervous excitement they produce. Wash them with boracic solution before and after nursing and anoint after nursing with a paste composed of equal parts of Bismuth Subnitrate and castor oil. Cracked nipples are a frequent source of high temperature. Apply a boracic poultice for 12 hours. Then dry out thoroughly with sterile absorbent. Then dip the flat end of a probe into pure carbolic acid. Shake till no drop hangs from the end, and then gently touch the whole surface of the crack. Repeat this every two days until the crack heals. It may be necessary to use a nipple shield for a day or two.

*Breasts.*—If an abscess forms in the breast it must be incised at once at the most dependent part and drained with iodoform gauze. A redness may come on the surface of the breast, without further local symptoms, when the trouble is really in the uterus. My attention was first drawn to this at Queen Charlotte's Hospital, and I have seen it frequently since.

*Intercurrent Diseases.*—One of the most frequent of these is influenza. There is usually a sudden high elevation of temperature and often a labial herpes.

*Stitches.*—When there are many stitches in the perineum the temperature may be of an up and down type until they are removed. It rarely rises above 100 degrees in the afternoon and is about 98 or 99 degrees in the morning. This may be due to absorption from the skin taking place about them, but I think it is often due to the irritation they produce, especially if they are drawn too tight. In a nervous patient the removal of the stitches may send the temperature up to 101 degrees or 102 degrees.

*First Getting Up.*—The first day that the patient gets up may be marked by a rise of temperature. I do not offer any explanation of this, though I have often seen it.

*Post-eclamptic.*—The temperature of patients who have had eclamptic convulsions sometimes remains elevated for days or even for weeks. I do not know why. Perhaps it is due to the continued presence of the poison which caused the convulsion. Perhaps it is that such patients suffer more readily than others from mild infection. Certain it is that a febrile puerperium is more frequent in them than in other patients. Two of my eclampsia patients developed signs of cavity formation in the lungs. House surgeons reported tubercle bacilli in the sputum. Yet when seen at a later date no signs of lung trouble were evident. The treatment is active elimination by calomel and salts.

*Crowded Wards.*—In the winter time when windows are necessarily shut if the wards of the hospital become crowded, temperatures are apt to go astray without any definite cause being assignable.