

phases. Here, in passing, let me say, that after a number of years of close observation of the heat of the body, and the quality of the pulse in respect to diagnosis of diseases, especially insanity, I have been convinced of the unreliability of these two tests, if depended on alone. When we take into consideration the difficulty of finding the same heat twice, under apparently the same pathological conditions, in the same patient; also that scarcely any two thermometers indicate the same degree under exactly similar influences of heat or cold, it is evident that as a diagnostic method it needs to support it collateral confirmation from other quarters. This is more evident when we consider that alarming conclusions are drawn from only a few degrees above or below the normal standard. If a number of thermometers are put in contact with the same axilla, or under the same tongue, it will be seen how fickle they are, and that even if adjusted, no two of them exactly agree, as at present constructed. They can only approximate to the true condition. This untrustworthiness is true of both temperature and pulse. A sudden bodily movement, a passing emotion, a transitory excitement, a sudden congestion of any of the organs of automatic life, or a shock of depression, may heighten or lower both without any apparent pathological change. To put the matter fairly to the test in insanity, I selected a number of cases belonging to distinct classes of disease, and took the temperature and pulse regularly, morning and evening, for several months at a time. No conclusions of a satisfactory character could be drawn from our trial. To speak generally, in dementia we found the heat and pulse below the standard of health, but in an erratic way, for several days at a time, they would take a leap upwards. In cases where dementia and consumption