

The balance of temperature

Publication/Creation

c.1890.

Persistent URL

<https://wellcomecollection.org/works/kmnwb4rv>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

The balance of Temperature.

Name.	Age.	Address.	Disease.	Vol. and Page.
A Paper read before the Hongkong Branch of the British Medical Association Every man ^{man} who observe must have been struck with the regular, constant drop in ⁱⁿ temperature which is ^{is} below the normal temperature which occurs during ^{the} Convalescence ^{from an} of any ^{any} illness. In tropical countries, where our ^{European} patients so frequently take their own temperatures, the fact is more ^{more} often brought home to the Doctor, ^{by the patient} that ^{that} during the illness, the the When the illness subsides, that is to say when the temperature falls to the neighborhood of normal, & the anxiety being over, the Doctor comes, his daily visit & therefore loses the record of the subsequent temperature, not so the intelligent patient. How frequently it ^{it} does one receive a note to the effect that "My little boy's temperature was only 97 this morning ^{at 7.30} & now at noon it is only 97.8 what am I to do; what ^{is} it necessary for you to see him?". The following morning				

Name.	Age.	Address.	Disease.	Vol. and Page.
merleaves				
message a with ^{message} series of a still more urgent character stating "that the temperature at 7.30 am. was only 96.5th." At first one is apt to look upon the scientific observation of the mother, to question the correctness of the instrument or the method of observation. By & by however the truth grows on me that there is a decided depression after any & every illness, be its nature what it may. ^{from the loose} the knowledge of ^{from our heat centres, regulated their} expenditure ^{the knowledge of} to be gained by low temperature after an illness, the ceasing to take temps We lose the knowledge of how our heat centres regulate themselves after an illness by ceasing to take temperatures. When a high temperature attains the region of hyperpyrexia we record it carefully by regular ^{frequency} taking ^{recording} it ^{of the same} but the conservations of heat ^{by balancing the high flow records} attained during an illness is not considered worthy of ^{notice} record or of any clinical importance ^{thermal} We are well acquainted with ^{the action} the action after depression, but not with the depression after a heat expenditure.				

[illegible]

Name.	Age.	Address.	Disease.	Vol. and Page.
-------	------	----------	----------	----------------

be its height & how long will it last. Of course ~~not~~ the temperature, ^{dependent upon} consequent inflammation, must be excluded so that it is necessary to take observation from such some accident as a broken thigh bone or simple concussion of the brain in preference to case of burn or scald where the ~~state~~ true reaction, ~~not~~ merge, with the inflammation, pyrexia.

~~Here again the depression~~

The depression consequent upon severe injury is a ^{guarantee} secondary, minute, at most a few hours. & it is difficult or inconvenient ~~clinical~~ to ascertain the precise truth in all but a few cases. But a few ^{reliable} ~~good~~ observations I have before me yield the following. 4 Cases.

Name.

Age.

Address.

Disease.

Vol. and
Page.

I was ^{2nd} however further purposed I ventured upon the question of ^{the} Conservation of heat; it was to study the amount & duration of the depression after the crisis; to ascertain if any rule ~~can~~ obtain; to enquire whether any law obtains between the ~~time~~ ^{amount} of elevation & the ~~time~~ ^{amount} of depression. ~~It~~ not only so but in other words to ascertain if the excessive expenditure of heat is compensated for by a diminished corresponding diminution to what extent. The proverb. "The sea is as deep as the mountains are high" applicable in the elevation & diminution of temperature. We are all familiar with the sudden drop that sometimes occurs during a crisis when the temperature falls, & below the normal. During an intermittent fever the temperature we know may be very far off & considerable below the normal. Merodt ~~states~~ states that it sometimes falls, to 93°F . This is below anything I have seen the lowest I have observed being 95.8 .

Name.	Age.	Address.	Disease.	Vol. and Page.
The normal average temperature is variously quoted				
Bridgwater 95° Fahrenheit	Vierordt (Clinical)	Foster (Physiological)	37° = 98.6.	
	Baillieu (Clinical)		37.6 = 99.2 a mistake	
	The temperature varies 1.8° to 2.3° Fahr in the 24 hours in health.		37.8 to 38.2 = 98.6.	
Now 98.4 is considered the and normal average temperature as registered in English thermometers & on the charts. But in no physiological work or clinical record can I find 98.4 accepted; 98.6 is the lowest stated with the that I meet but I have thought it better to leave my calculations in something between the two & called it 98.5. With this temperature I propose to analyze a few charts. & first the in health.				

Name.	Age.	Address.	Disease.	Vol. and Page.
98	4	98.3	1	
98.3	1	98.2	2	
98.1	3	98.3	1	
98.	4		4.	
98.2	2			
97.2	6			
98.2	2			
98.1	3			
98.1	3			
98.1	3			
98.3	1			
98.2	2			
98.2	1			
98.2	2			
98.2	2			
98.2	2			
98.2	2			
98.3	1			
98.2	2			
98.3	1			
4.9				

Name.	Age.	Address.	Disease.	Vol. and Page.
101.2 = 2.8	101.	= 2.6	98.7 = .3	
100.5. 2.1	101.6.	3.2	98.8 .4	
99.4 1.0	101.5.	3.1	98.8 .4	
98.7 .3	101.8	3.4	98.9 .5	
98.7 .3	100.5.	2.1	98.7 .3	
101.5. 3.1	101.	2.6	98.5. .1	
99.7 1.3	101.	2.6	98.8 .4	
99.7 1.3	101.	2.6	98.7	
99.7 1.3	99.5	1.1	98.5 .1	
100.4. 2.0	99.2	.8	<u>2.7</u>	
101.3. 2.9	101.	2.6	28.3	
100.5. 2.1	98.6.	.2	49.5	
101.5. 3.1	98.8.	.4	<u>80.5</u>	
101.6. 3.2	98.6	.2		
102.6 4.2	98.5	.1		
102. 3.6	98.6	.2		
101.8 3.4	98.5	.1		
102.2. 3.8	98.6	.2		
102. 3.6	98.5	.1		
102.6 4.1	98.5	.1		
<u>49.85</u>	<u>28.3</u>			

G. C. Bowman Esq
Custodian
Swatow

Name.	6.30	7.30	8.30	9.30	10.30	Age.	11.30	12.30	1.30	Address.	2.30	3.30	4.30	5.30	6.30	7.30	8.30	9.30	Disease.	Vol. and Page.
-------	------	------	------	------	-------	------	-------	-------	------	----------	------	------	------	------	------	------	------	------	----------	----------------

102
 107
 100
 94
 98
 97
 96

98.5

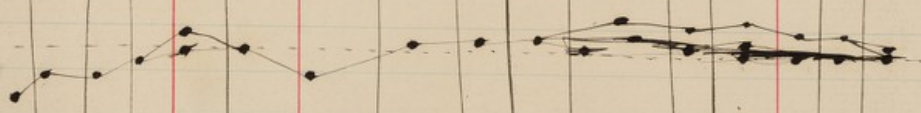


Chart 7. Virolat. Crupous Pneumonia

Name.	Age.	Address.	Disease.	Vol. and Page.
all the above below.				
medium	3.	below		
2.5 38.5	2.6	0		
3. 40.	3.4	.8		
2.6 39.6	2.2	.4		
1.8 38.8	3.	1.2		
2.8 39.8	0.8	.4		
2.6 39.6	2.8	.6		
1.8 38.8	2.4	3.4		
30.6 .4	3.2			
36.4 .8	2.2			
36.2 .8	3.2			
36.7 .3	2.8			
16.1 2.1	31.6			
21/164 (7)	always below. practically 10.6 9.57.			
144	34/316 (9)			
14	306			
	10.			

Chart II Quotidian Ague.

Max.	Name.	Min.	Age.	Address.	Disease.	Vol. and Page.
41.2		36.6	also	4.2	below .4	
40.8		36.5		3.8	.8	
40.7		36.4		2.7	.6	
<u>122.7</u>		<u>109.5</u>		<u>10.7</u>	<u>1.8</u>	
109.5						
<u>13.2</u>	average also.			practically none 76 1.		

Chart III Tertian Ague.

		also	4.	below	0.2	
Max.	Min.		.0.		.4	
41	36.8		4.5.		.3	
37	36.6		2.0.		1.0	
41.4	36.7		1.5		—	
39	36		2.5.		—	
39.5.	38.5		—		.2	
36.8	36.7		—		.3	
37.3	36.7		.3		.3	
<u>272.0</u>	<u>258.0</u>		<u>14.8</u>		<u>2.7</u>	
258						
<u>14.0</u>	average also.			practically 76 1.		

$$\begin{array}{r}
 27 \overline{) 148} \quad 5.4 \\
 \underline{135} \\
 130 \\
 \underline{108} \\
 22
 \end{array}$$

Chart III

Name.	Age.	Address.	Disease.	Vol. and Page.
Almeida			Cholera.	
2	39			
	36.9		.1	
	36.8		.2	
2.2	39.2			
	36.9	-	.1	
	36.5.		.5.	
1.	38			
2.	39			
	36.8		.2	
	37.2		.8	
	36.8		.2	
<u>7.2</u>			<u>2.1</u>	
Practically 3:1.				
$ \begin{array}{r} 21 \overline{) 72} \quad 3.4 \\ \underline{63} \\ 90 \\ \underline{84} \\ 6 \end{array} $				

Unit 10 Quanta regu.

Name.	Age.	Address.	Disease.	Vol. and Page.
medium above				
37.2 below	above	below		
40.8			.8	
39	36.8 = 2.2		.2	
39.2	36.9 = 2.3		.9	
38.	36.5 = 1.5		.3	
39.	—		.8	
	36.8		.0	
37.2	36.8		.2	
192.4	183.8	8.6	3.1	
188.8				
8.6	0.			
	max			
	below	min		
	40.8	37.		
	36.8	36.2		
	37.4	36.1		
	40.	36.2		
	37.4	37		
	38.5.	36.8		
	230.9	230.9		
		219.3		
	average	11.6		

Chart IV Quarantine Log

Name.	Age.	Address.	Disease.	Vol. and Page.
		above	below.	
41	3.8	102.2 = 2.	39	
40			36.5 . 5 = 97.5 = .9	
39	.5	.2	36.6 . 4 = 97.7 = .7	
38	2.3	1.1	37.2 37.9	
27	.4	.1	38.1 . 1 = 98.5	
36	.6	.2	36.6 . 4 = 97.7 = .7	
	1.6	.8	37.1	
	9.2		37.2	
			37.8	
			36.9	
			36.9	
		4.4	1.3	
				2.5

4:1.

15/44(2.9
3.0
140
134
6

Chart I Care of Typhus

Name.	Age.	Address	Disease.	Vol. and Page.
Calculated by taking medium daily temperature, adding together those above & those below the normal in separate columns & ascertaining the proportion.				
Result 50.5 : 4 i.e. about 12½ to 1.				
6.1 6.3 5.4 5.4 5.7 6.2 5.4 3.9 2.4	104.5 104.7 103.8 103.8 104.1 104.6 103.8 102.5 100.6	97.8 99.4 98.6 98.1 98.6 98.9 98.1 98.1 97.8 98.2 97.8 98.4 98.3 97.8 98.3 98.7 98.1	- .5 .3 .4 .3 .5 .2 .6 .3 .1 .6 .1 .1 <u>.7</u> <u>1.5</u>	25 / 50.0 (11.5) 45 / 45 #50 #48 #50 45
50.5	50.0			

Chart VI Case of Enteric fever 14th day

Name.

Age.

Address.

Disease.

Vol. and Page.

Calculated by taking the median temperature for every day & all above the normal still below the normal 98.4.

above 98.4 day and in chart below.

4.0	102.5		
4.1	102.5		
4.1	103.5		
5.1	104.2		
5.3	102.7		
4.4	102.8		
4.2	102.6		
4.4	101.8		
3.6	102		
3.4	101.8		
3.2	101.6		
3.2	101.6		
2.0	100.4		
2.2	100.6		
	97.8	.6	
	98.3	.1	
	99	.5	
	98.1	.1	
	98.2	.2	
	97.7	.7	
	99.4		
	97.8	.6	
	97.8	.6	
	97.7	.7	

59.3

41/533 (140)

183.
164
19



ACCESSION NUMBER

89186

PRESS MARK

MS 1472