wards, that this affected tooth was the second lower molar, and we removed it.

This was not the first time I had seen deep temporo-submasseteric phlegmon follow dental caries. In two of my private patients the suppuration invaded not only the submasseteric portion, but also the subtemporal portion of the phlegmon. I considered it necessary to make two incisions, one through the temporal, the other through the masseter muscle, and to pass a drainage tube from one to the other, in order to assure the evacuation of the collection. In one of the patients, the incision of the temporal muscle occasioned a flow of arterial blood, which rendered a rather laborious ligature necessary. Both patients recovered without necrosis of the branch of the maxilla, and did not even have the alveolar necrosis which we observed in our last patient.

Things did not pass so happily in a man whom I treated at La Pitié in 1867. After the submasseteric collection had been opened, purulent infection occurred and caused death. I did not find the maxilla denuded to a very great extent, nor its parenchyma in suppuration; the purulent infection seemed to me to have been caused by septicæmia consecutive to the decomposition of blood and of pus in the deep pouch.

The possibility of this complication authorizes me to tell you that the indication in abscesses of this kind is to open early and freely, and in both regions (of the masseter and temporal), when fluctuation can be sent from one to the other; in one alone, the first, when the collection remains exclusively submasseteric. Stagnation, and consequent decomposition, of the pus in the bottom of the foyer must be afterwards avoided by means of repeated washings.

As for the patient, we have only to wait for the elimination of the necrosis of the lower jaw, which is more extensive than usual, but still quite limited, and to advise frequent washings of the mouth, so as not to allow the pus to be swallowed.

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LECTURE XXVII.

STIMULANTS IN FEVER—Views as to the nutrient properties of stimulants are to be received with caution—*Anticipative* use of stimulants—Meaning of the term—Considerations to be taken into account in resolving upon this method of treatment: (1) prevailing epidemic character of the disease, (2) previous condition of the patient ("Sinking of vital power"—Illustrative case—Stimulation often unsuccessful in the intemperate, and in those whose brains are overworked), (3) development of symptoms of severe typhus, (4) development of *fever odour*—Contrast between typhus and typhoid as regards period at which stimulation is called for—*Condition of the heart, a guide*—Physical signs of cardiac weakening.

FOLLOWING the consideration of food in fever we shall next take up that of diffusible stimulants. Their employment we have had together a full opportunity of studying, and those of you who are practising pupils have learned to prove their value and importance in every form of fever. You have learned also to avoid routinism, and you well know that when we speak of every form of fever we do not mean every case of the disease. We have had cases in which no wine was used, in which it was sparingly employed, where it was not used until after the middle period of the fever. In many cases, too, you had to use it and other stimulants with great boldness and for many days, beginning at an early stage of the disease. Again, wine had sometimes to be omitted, though the disease still was running on; and, lastly, its exhibition or its withdrawal had to be alternated several times in the course of the disease.

Many of you have also learned that in fever the common error of delaying the giving of stimulants to a very late period of the case is a practice fraught with mischief, attributable to the prevalence of the doctrine that fever and all its local symptoms were induced by inflammation. By this system all the good of the anticipative use of stimulants is lost.

Any unbiassed observer of fever will admit that between the condition of vital prostration and what is termed "waste of animal tissue" there is no constant relation. We cannot deny the occurrence of metamorphosis of tissue and waste of organic substance as incidental to fever; on the contrary, we believe that these phenomena are remarkably perceptible. But we must also hold that there is a prostration of vital energy—a thing *per se*, which is totally unconnected with loss of organic substance. Do not for a moment forget this—that the