

typhoid fever, tuberculosis, and sepsis. Where general pains and joint-pains accompany the fever, the diagnosis of rheumatism may be made.

The following case was one of unusual interest and illustrates how puzzling some of the cases of syphilitic fever may be during the period of the fever of invasion :

Case I (Hospital No. 32480).—*Syphilitic fever of remittent and intermittent type, commencing at least twenty-seven days before the appearance of the secondary eruption. Fever ushered in by a chill, followed by sweating.*

L. B., a woman, married, aged thirty-four years, was admitted to the gynæcological department of the Johns Hopkins Hospital on September 28, 1900, complaining of abdominal pain. The family and personal histories then obtained were unimportant.

The abdominal pain of which the patient complained on admission began three weeks before she entered the hospital. The night before admission she had a shaking chill, followed by a profuse sweat. The patient was examined by Dr. G. B. Miller, who found a pelvic abscess, with evidences of a double salpingitis. On September 29th and 30th the temperature ranged between 98.7° F. and 101° F. This fever may quite possibly have been due to the local pelvic inflammation. On October 1st the pelvic abscess was evacuated *per vaginam* by Dr. Miller. The temperature failed to drop, and on October 4th it rose to 104.2° F. On this date there was a slight erythema of the skin of the body. As it was thought possible that one of the acute exanthemata was developing, the patient was transferred to the isolation ward. The erythema proved transitory, however, and had disappeared by the following day. This febrile paroxysm, on October 3rd and 4th, was ushered in by a definite chill and accompanied by profuse sweating. The temperature fell very slowly and had not reached normal before another febrile attack occurred on October 6th, the temperature rising in the evening to 105.5° F., falling rapidly and reaching normal at midday on October 7th. Subsequently, there was a third exacerbation of temperature, commencing on October 9th and lasting until October 11th, the temperature reaching 104.2° F. on October 10th. On October 14th a fourth febrile attack occurred, the temperature rising to 103° F. From this time on, the temperature gradually fell, but there were still slight elevations of temperature in the evening.

The case naturally occasioned a great deal of worry. It was thought that there might still be a focus of suppuration in the pelvis. Pelvic examination showed the local condition to be perfectly satisfactory, and no pus focus could be found. The heart and lungs were normal. There were no rose-spots. The leucocytes were frequently counted and were practically normal