

2. It may precede or be coincident with the appearance of the secondary eruption. This is the so-called "fever of invasion," and it is a very common and important symptom of secondary syphilis.

3. The fever may occur at any time during the course of the secondary or tertiary stages. The late occurrence of the fever is a most interesting feature. In Case III, for instance, it occurred twenty-nine years after the disease was contracted.

The "fever of invasion" is rarely absent at the onset of the secondary symptoms. It is sometimes wanting, however. It usually precedes the appearance of the secondary eruption by a week or ten days. Rarely does it antedate the eruption by more than two weeks. Practically all authorities now agree that this fever is a symptom of the invasion of the system by the organism believed to be the cause of syphilis or by its toxic products. At an earlier date some observers were inclined to attribute it to some coincident infection. At the onset of the fever there is often a transitory erythema of the skin which disappears, to be followed by the true syphilitic roseola a few days later. Lang states that the fever of invasion is seldom ushered in by a chill. It is usually accompanied by headache, malaise, general depression, and rheumatoid pains throughout the body, which are most annoying in the afternoon. The height of the fever varies greatly in different cases. It may only be moderate, not reaching above  $101^{\circ}$  F. On the other hand, the daily elevation may be much higher, the afternoon temperature reaching as high as  $104^{\circ}$  F. to  $105^{\circ}$  F. Lang quotes Stoll as authority for the statement that the fever of invasion in syphilis is usually of a definite remittent type, and states that all syphilologists who have studied this symptom of syphilis agree on this point. All cases do not conform to this rule, however. The fever of invasion, as well as the syphilitic fever associated with the late manifestations of the disease, may present any one of the following three clinical types of fever:

1. A mild continuous pyrexia, where the temperature ranges in the neighborhood of  $101^{\circ}$  F. Osler states that this type is not uncommon in the fever which ushers in the constitutional symptoms.

2. A remittent type of fever, with morning drops toward normal and evening exacerbations. This, as already stated, is considered the usual character of the fever of invasion.

3. A definite intermittent fever. This is the most remarkable form of all and is the type which is most likely to lead to error in diagnosis.

Syphilitic fever, although usually a secondary manifestation, may occur late in the disease. The febrile diseases for which such a fever is only too often mistaken, are malarial fever,