

4. The fever may occur as early as four weeks previous to the appearance of the secondary skin eruption, or, what is of greater importance, late in the disease after tertiary manifestations have existed probably for years. In case III it occurred twenty-nine years after the primary lesion.

5. The fever may be continuous, remittent or intermittent. The remittent type is regarded as the most frequent form in the fever of invasion. The fever is often associated with chills and sweating.

6. Careful examination of the long bones and viscera for evidence of tertiary lues should be made in all cases of fever of obscure origin.—*N.Y. Med. Journal.*