other day over a period of eight months. Early in the illness the paroxysms occurred daily, but later presented a typical tertian intermittent type, and the fever was practically identical with that of tertian malaria. Quinine was given a thorough trial, without any effect on the temperature. The fever began to fall very soon after the beginning of the administration of iodide of pottasium and reached normal in a few days. In this case the fever occurred nine years after the syphilis was contracted.

Syphilitic fever is mistaken for tuberculosis even more frequently than for malaria. The patients may present themselves complaining of fever, sweating at night, loss of weight, general malaise, and possibly some pain in the chest. The examination of the lungs may show a few râles, which renders the case very suspicious. In other instances the diagnosis is made without any signs in the lungs or elsewhere in the body pointing to tuberculosis. Janeway has drawn especial attention to the prevalence of this error in diagnosis. He points out that the mistake is not made alone by physicians of little experience, but often by those of well-established reputation. In a most interesting paper he cites six cases of syphilitic fever which had been interpreted and treated as tuberculosis. The cases had subsequently come under his personal observation. Four of these had been sent to health resorts for phthisical patients without benefit. Careful examination and inquiry into the history of each case led to a diagnosis of syphilis, with prompt disappearance of the fever and restoration of the health of the patient after the commencement of specific treatment. Morgan reported a case of syphilitic fever of intermittent type, in which acute miliary tuberculosis was for a considerable time suspected. The absence of tubercle bacilli from the sputum and the existence of a luetic history led to the administration of potassium iodide, with prompt recovery from the symptoms and cessation of the fever.

Other cases of syphilitic fever could be cited, but the three cases reported above suffice to draw attention to the main points of interest in the consideration of this interesting symptom of lues.

The following points may be emphasized in connection with syphilitic fever:

1. In all cases of fever of obscure origin the possibility of it being syphilitic should be borne in mind.

2. Experience has shown that physicians of reputation, as well as those of limited experience, are prone to mistake the condition for one of the acute specific fevers.

3. The affections for which syphilitic fever is most often mistaken are malaria, typhoid fever, tuberculosis, sepsis, and occasionally rheumatic fever.