

of meningitis. A persistent headache, with pains in the back and limbs, and progressive loss of flesh—typhoid fever being excluded by a negative Widal and the presence of a leucocytosis—should lead to a lumbar puncture and a search for the meningococcus. A young adult suffering from this disease has been treated for two or three weeks for rheumatic fever on account of the severity of his pains. An intensely sour odor of the sweat, which was profuse, increased the simulation.

(7) *General tuberculosis* is a rare cause of fever in patients who show no physical signs. According to the text-books, this is not so, and the physician has not infrequently to discriminate between it and such a disease as typhoid fever. Undoubtedly cases do arise in which general tuberculosis occurs (for some days up to two or three weeks) without evidence of focal lesions, but these are very uncommon. Blood cultivated on ordinary media will not reveal the nature of the infection, and even if special media be used the growth of the bacillus will be too slow in most instances to prove of service. If the condition be suspected from the occurrence of leucopenia and the absence of agglutination reactions for the typhoid bacillus and the *micrococcus melitensis*, films should be prepared direct from the blood and carefully stained by the carbol-fuchsin method. One or other of the tuberculin tests should be applied; the subcutaneous test is not available on account of the fever.

(8) *Intestinal Intoxication*.—Under this heading there may be provisionally included a number of cases of fever which present no signs of a specific character, and oftentimes present no signs at all. No doubt the group contains cases differing widely in pathogeny.

(a) In infants and in young children, errors in diet, both quantitative and qualitative, are commonly associated with fever. According to some authorities, one form deserves the epithet "carbohydrate fever," because it is due to an excess of starchy food. The stools are unduly pale, fermented, and offensive. But excess of starch is, of course, by no means the only error which underlies the febrile dyspepsias of childhood. The prompt and good effect of small doses of mercury and chalk, or of calomel, in many cases, suggests that excessive or unusual microbic action is a dominant feature.

(b) *Intestinal parasites* contribute some of the cases. The fever may be due to direct absorption of the poisonous products of metabolism of the worm, aided possibly by the mechanical irritation set up by its presence and by its movements; or it may