potassium iodide and mercury was followed by an immediate return of the temperature to normal.

Case III (Hospital No. 5796).—Syphilitic fever, characterized by intermittent chills with fever, and treated first as a case of malaria. Fever occurred twenty-nine years after the primary infection and yielded readily to antisyphilitic treatment.

W. W., single man, a physician, aged fifty-seven years, was admitted to the Johns Hopkins Hospital in Dr. Osler's service on August 24, 1892, complaining of having suffered from chills and fever. He had had typhoid fever at fourteen, and diphtheria at twenty-eight years of age. In 1864, at the age of twenty-eight years, he contracted syphilis and developed definite secondary symptoms. Later, he had deep ulcers on his body which were apparently tertiary lesions. These persisted for three years, but eventually yielded to mercury and potassium iodide. In 1882, while in good health, a sore developed in the popliteal space and another in the hairy scalp. He again took

specific treatment and the lesions cleared up.

About June 15, 1892, several sores appeared on his body, which, from the description given, were apparently rupial in About two weeks before admission to the hospital some tenderness and swelling developed over the sternum and in the left shoulder-joint. About the end of July the patient began to have definite recurring attacks of chills and fever, the temperature rising to from 102° F. to 104° F. The physician in attendance thought that the chills were of malarial origin and gave quinine in daily dos of twenty grains, without any effect on the fever. A few days before the patient entered the the hospital Dr. Osler saw him in consultation. A definite history of recurring chills was obtained, but the examination of the blood showed no malarial parasites. The fever was regarded as probably of luctic origin, and potassium iodide in increasing When the patient entered the hospital a few doses was begun. days later, on August 24th, the chills had ceased, but he was still having evening elevations of temperature to 101°F. Under the iodide the temperature gradually fell, and by September 14th reached normal and did not become elevated afterward. The patient remained in the hospital until November 2, 1892, on which date he was discharged, feeling perfectly well.

The case just related illustrates the error so often made of mistaking syphilitic fever for malaria. The late occurrence of the fever, namely twenty-nine years after the syphilis was contracted, is of great interest. This is a longer period after infection than in any case of which I have been able to find records in the literature. A remarkable case of syphilis fever is reported by Sidney Philips. His patient, a woman, had regular intermittent chills, fever and sweating occurring every