examine the chest, the abdomen, the limbs, the nervous system, and finally the throat. In the vast majority of acute fevers, having no special symptoms, the throat is the site of infection. If nothing is found in any of these regions, we present ourselves two possibilities :

(1) There is a blood infection.

(2) The infection is in a place where a local manifestation requires longer than the existence of the present fever.

1. INFECTIONS OF THE BLOOD.

Is the disease malaria? We know how easily physicians who practice in malarial districts make this diagnosis. But we must seek for corroborative signs. In malaria the fever is often preceded by a chill in older children, and infants by blueness and coldness of the extremity. The liver and sometimes the spleen are swollen. The skin has a slightly yellowish hue. The fever is intermittent or distinctly remittent. Perhaps there have been previous attacks, or the season is one in which mosquitoes are very active. But the crucial test is finding the plasmodia in the blood, and finding an absence of leucocytosis, the therapeutic test—the subsidence of the symptoms on the administration of quinine is practically worthless in isolated cases, since so many febrile movements in children are fleeting, and quinine acts beneficially in a variety of infectious diseases.

If there exist certain facts opposed to malaria, or if the plasmodia is not found, we consider other blood infections. Typhoid fever has a gradual onset, and children are sick several days before a physician is called.

Various forms of septicemia depend for their existence on a local infection, and then the latter exists, the former may be diagnosticated. Very puzzling are those forms depending on some micro-organism in the blood and which terminate in endocarditis and cardiac valvulitis. Fever may exist for several days before a cardiac murmur is audible.

2. LATENT LOCAL INFECTIONS.

The infection may be situated in some internal organ, but on account of its depth or the smallness of the tissue involved it may escape observation. This happens very frequently in the lung. Two or three days may elapse before the inflammation has spread sufficiently to be recognized, but rapid respiration, a suppressed cough and