was remittent or intermittent in character, the evening exacerbations reaching as high as 102° F. to 103° F. Owing to the fact that the patient was admitted to the hospital at a season when typhoid fever was prevailing, and, taking into consideration the character of the fever and the enlargement of the spleen, it was strongly suspected that the case was one of typhoid fever, and the patient was given cold sponges. The diagnosis was always in doubt, however. At no time did rose-spots appear, and the urine never gave the diazo reaction. The case occurred before the Widal reaction came into use.

On September 12th Dr. Thayer made the following note: "Both clavicles towards their sternal ends are remarkably thickened and bowed. They feel remarkably as if the thickening were due to an old periostitis. Both ulnæ and tibiæ are free from nodes. There is a distinct scar on the glans penis, and the patient says that he had a sore on the prepuce."

It was thus suspected for the first time that the fever might be of syphilic origin. Accordingly, on September 12th, potassium iodide in fifteen-grain doses three times a day, the amount being gradually increased from day to day. The effect on the temperature was most striking. On September 13th there was practically no change, the temperature reaching 102.4° F. at 8 p.m. From this day on it steadily fell, reaching normal on September 16, four days after the potassium iodide was started. It remained normal during the rest of his stay in the hospital. He was discharged from the hospital on October 3rd, feeling perfectly well.

The day the patient left the hospital Dr. Osler made the following note: "This case is of exceptional interest in connection with the fever of lues. Although he had no rash, no visceral lesion, only chronic periostitis of the clavicles, which are now symmetrically enlarged, the history of lues, the presence of the periostitis, and the drop in the temperature after specific treatment was started, seem to justify the suspicion if not conclusion that this case is one of luetic fever."

This case illustrates very well how closely some cases of syphilitic fever resemble typhoid fever, both in the clinical symptoms, and to a less degree in the character of the temperature. It also shows the importance of carefully examining the condition of the long bones in fevers of doubtful origin, for in this patient the cause of the fever was determined by the discovery of periosteal thickening of the clavicles. Prentiss published a similar case of syphilitic fever with remittent temperature, in which typhoid fever was first considered. The presence of a pharyngitis and the development of a suggestive-looking ulcer over the right tibia led to the suspicion that the patient was probably suffering from syphilis. Treatment with