

A case very similar to the above has been reported by Burney Yeo. The patient had a fever ranging as high as 104° F. to 105° F., with daily oscillations of from 5 to 6 degrees. An interesting feature of his case was that the fever began between twenty-five and thirty days after the exposure, and between three and four weeks before the appearance of the secondary eruption.

Case II (Hospital No. 10581).—*Syphilitic fever of a remittent and intermittent type which for weeks was suspected of being typhoid fever and treated as such. Diagnosis established by the discovery of periosteal thickening over the clavicles and by cessation of the fever the beginning of treatment with potassium iodide.*

N. R., a man, married, aged thirty-nine years, was admitted to Dr. Osler's service in the Johns Hopkins Hospital on August 8, 1894, complaining of pains all over the body. The family history was unimportant, with the exception that his father had died of pulmonary tuberculosis. The patient had always been a healthy man. He had had gonorrhoea, but denied ever having had lues. He used alcohol in moderation.

The patient had been ill and unable to work for three weeks previous to admission. During this period he had felt feverish at times. Nausea, vomiting, and diarrhoea were complained of during the week previous to his entering the hospital. He had not had headache or epistaxis, but had complained of aching pains in the back and extremities and of general weakness. There had been a steady loss in weight, but the patient had not been confined to bed previous to admission.

The physical examination of the patient failed to reveal anything to account for his fever and other symptoms. There was a corneal opacity of the right eye, which, however, was believed to be due to perforating corneal ulcer occurring during childhood. The examination of the thoracic organs was negative. There were no typhoid rose-spots. The liver was not enlarged, but the spleen palpable four centimetres below the costal margin. The superficial glands were not enlarged. There were several pigmented scars on the right shin, but there were no nodes on either tibia. The blood examination was negative for malarial parasites. The urine was normal and did not show the diazo reaction.

As already stated, the patient apparently had irregular fever for three weeks previous to admission. On the day he entered the hospital his temperature rose to 103.4° F. at 8 p.m. The pulse and respirations at the same hour were 92 and 20 to the minute. A two-hour temperature record was taken and, from August 8th to September 12th, there was persistent fever. At times the temperature ran a fairly continuous type, but usually