

sisting for from one to three days or even longer, falls to normal. With this there is no constitutional disturbance, no furring of the tongue, no distention of the abdomen. These so-called recrudescences are by no means uncommon, and are of especial importance, as they cause great anxiety to the practitioner. They are attributed most frequently to errors in diet, constipation, emotions, and excitement of any sort, such as seeing friends.

There are cases in which the temperature declines almost to the normal at the end of the third week, the tongue cleans, and the patient enters

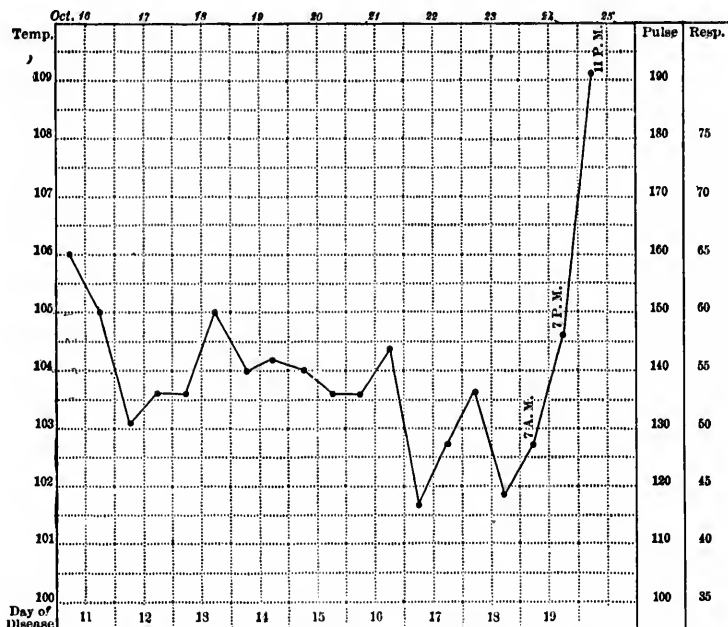


CHART II.—Hyperpyrexia—death.

apparently upon a satisfactory convalescence. The evening temperature, however, does not reach  $98.5^{\circ}$ , but constantly keeps about  $99.5^{\circ}$  or  $100^{\circ}$ , and occasionally rises to  $100.5^{\circ}$ . This, in the late stages of convalescence, I have seen due to the post-typhoid anæmia. Complications should be carefully looked for, particularly insidious pleurisy or bone lesions.

In certain of these cases the persistence of the fever seems to be really a nervous phenomenon, and there is nothing in the condition of the patient to cause uneasiness except the evening elevation of temperature. If the tongue is clean, the appetite good, and there are no intestinal symptoms, it may be disregarded. I have frequently found this condition best met by allowing the patient to get up and by stopping the use of the thermometer. This prolonged slight elevation of the fever after the dis-