There is sometimes a too-ready tendency to conclude that a patient is tuberculous because he is febrile over a long period. This should be resisted until several other causes that are more easily excluded have been reviewed. Nevertheless, the possibility of the disease must always be borne in mind, and it is useful to remember certain situations in which this infection is apt to lead to more or less disturbance of general health, with fever, usually mild and remittent. These situations include the lung, pleura, peritoneum, lymphatic glands, kidney and suprarenals, Fallopian tubes, and spine. Critical examination of all these organs and their functions must be made, and one or other of the tuberculin tests must be undertaken, remembering the limitations which the presence of fever imposes upon these investigations. Occasionally the febrile patient has given proof of active tuberculosis; this must be allowed great weight. The frequency of secondary pyrogenetic infections in tuberculosis must also be remembered: such a secondary infection may occasionally be demonstrated by blood culture.

(7) Fever Following Operations.—A physician is not infrequently asked to discover the cause of pyrexia arising soon after an operation. However confident (and justifiably so) the surgeon may be of his technique, his wound must be closely examined. A rising leucocyte count is an important indication of infection. Cultures should be taken from any fluid present, be it "blood-stained fluid," "serum," or obvious pus, and efficient drainage ensured. If a growth of any microbe is obtained from the cultures, an appropriate vaccine should be prepared and administered forthwith.

II.-PHYSICAL SIGNS ABSENT.

(1) Influenza is the commonest cause of a pyrexia without physical signs. Hence the doubt which always exists as to the accuracy of diagnosis; for there is nothing specific about any of the symptoms of influenza, nor about all of them taken together. They do but spell acute microbic poisoning. This doubt is naturally less during an epidemic. The fever in uncomplicated cases is usually over by the fifth or sixth day; if it lasts longer than this almost certainly some complication is present, or the disease is not influenza. If a complication exists, a focus of infection is probably present (bronchial, pulmonary, intestinal, biliary, endocardial, meningeal, etc.), and physical signs are usually forthcoming. In uncomplicated cases, leucopenia is of great service in diagnosis, especially in the absence of the typhoid agglutination reaction. Even with pulmonary complica-