

ALCOHOLIC LEG PAINS.—T. Clifford Allbutt, writes to the *Brit. Med. Jnl.* These pains are so characteristic and so often met with that I feel surprise that they have received but little attention. These pains are commoner in women than in men, they are often tibial in distribution but also often occur about the ankles and feet. They are usually associated with marked cutaneous hyperæsthesia. I have diagnosed in women many a case of secret drinking by these pains alone. Indeed, if a woman were found to complain bitterly of pains in the legs below the knees, pains somewhat nocturnal in occurrence and as severe as those of syphilitic periostitis, if she resented any free handling of the limbs, if again she lay with legs adducted, extended, and with the feet pointed, much as in lateral sclerosis, but without permanent rigidity; if for all this outcry there were no visible cause whatever, the tibiae smooth, and no more sign of spinal disease than perhaps a slight ankle clonus, then I should almost without hesitation, infer that alcohol was the cause. They can be cured only by abstinence.

SYPHILITIC FEVER.—Dr. Duflocq relates the history of a young man, twenty-five years of age, who was admitted to a hospital suffering from a fever. The attack had begun eight days previously with headache and vertigo followed by vomiting, after which fever and diarrhœa came on. There was also epistaxis a few days later. On admission the patient presented nearly all the symptoms of typhoid fever; the tongue was white; there was tenderness on pressure in the right iliac fossa, though the belly was not tympanitic; the spleen was slightly enlarged: heart and lungs were healthy. The temperature was 104.7°. The eruption of rose-colored lenticular spots was confluent over the abdomen, and very thick over the arms, legs, and thorax. They were large, slightly elevated, and disappeared momentarily on pressure. It was the great extent of this eruption that excited suspicion and led to further examination. A cicatrix resting upon an indurated base was found upon the glans penis, and there were enlarged glands in the mouth and fauces. The patient was placed upon ordinary anti-syphilitic remedies, and the fever and eruption disappeared in about two weeks. Dr. Duflocq mentions, as of diagnostic value in the differentiation of typhoid from syphilitic

fever, the early appearance (third or fourth day) and the abundance of the eruption.—*Med. News.*

PAINFUL REFLEX IN THE ULNAR NERVE IN GASTRO-INTESTINAL AFFECTIONS.—M. Treille says that in certain chronic affections of the digestive tube, as dysentery, palpation and strong pressure in the left iliac fossa will produce painful sensations and troubles of innervation variable in intensity and character on the back of the hand and the ring finger. Pressure is made with the fingers of right hand pressing on the abdominal wall towards the anterior superior iliac spine bringing the fingers up and towards the umbilicus at the same time depressing the integument. Weak induced currents applied three finger breadths internal to the iliac spine on the line proceeding to the umbilicus, will immediately produce a series of discharges in the ulnar nerve. M. Treille has noticed this phenomenon in so many dysenterics and gastralgies that he believes it to be constant. He can produce it upon himself by slight pressure. He found it in a saturnine gastralgie. This ulnar reflex may consist in hyperalgesia and hyperæsthesia to which anaesthesia sometimes succeeds, of a portion of the skin innervated by the ulnar nerve. The best means of causing the disappearance of this pain is to cure the intestinal affection.—*L'Union Méd.*

PYREXIAL SYPHILIS.—Dr. Burney Yeo gave the particulars of this case to the Clinical Society (*Brit. Med. Jnl.*). The patient had symptoms of pyrexia—high temperature, with great diurnal fluctuations, twice reaching 105° F. and four times 104°, and averaging in the evening for three weeks from 103° to 104°. The daily oscillations were often more than 6°. The other symptoms were pains in the limbs and trunk, headache, thirst, sleeplessness, great debility and rapid emaciation. Between a fortnight and three weeks after admission, symptoms appeared, chiefly on the back and legs, resembling imperfectly developed variolous pustules without the areola. He confessed that he had venereal sores on the penis. Anti-syphilitic treatment was attended by a rapid fall of temperature to normal, rapid improvement of nutrition and recovery of strength, and rapid drying up of the pustular eruptions.