

absent, is usually of the size of a pin's head and, therefore, not perceptible in the normal condition. In syphilis it may become as large as a pea, or even a hen's egg.

The epitrochlear adenopathy is less frequently observed than that of the other regions above mentioned; it begins in the secondary period, often later than the other adenopathies; it undergoes the same changes as the others, including the gummatous evolution. Its examination in every case of syphilis is all the more important as it is less influenced by other morbid principles, which often cause enlargement of the glands in other regions.

Tuberculosis and leprosy can cause, though rarely, swelling of the epitrochlear glands; but when these two infections can be excluded in a special case, the existence of syphilis must be considered.

When these glands are enlarged, it would seem to indicate a more severe degree of infection. I have also observed that the swelling lasts longer than in the other regions, in some cases from twenty-five to thirty-five years from the beginning of the infection, after all swelling had disappeared in the other regions. In case of doubt we should search for these enlargements, as they may help us in the discovery of a hidden or forgotten syphilis.

I. John S., 50 years of age, is a man of robust constitution; has never had malarial fever; has not abused wine or liquors. In 1870, while in the militia, had a chancre and bubo; does not remember having any trouble afterwards. In the year 1897 he was attacked by severe neuralgia in the right hypochondriacal region, which radiated towards the umbilicus and the lumbar region, beginning about 5 p.m. and becoming more intense during the night until 3 a.m., after which the pain became less severe. For six months he had tried different remedies, prescribed by distinguished medical men, without any good result. He came under my care in July, 1897. The objective examination of the abdomen was negative; liver normal, also the alimentary canal. The glands in the inguinal and cervical regions were not perceptible. A large epitrochlear gland was observed on the right side and also one on the left.

The presence of this adenopathy and the nocturnal character of the pains made me think of a syphilis, of which the man had been ignorant. I therefore prescribed hypodermic injections of sublimate. At the seventh injection the neuralgia disappeared. He had twenty injections and then received the iodine treatment until the end of the year. He then stopped all treatment. In December, 1899, the neuralgia recurred with the same characteristics, beginning at 5 p.m., but remaining severe till the early hours of the morning. Under the mercurial