

Though well acquainted with the different voices of my little patients, I could not discern to whom the cry belonged. It was in so peculiar a note, high, shrieking and short, commencing with a full intonation, and terminating as abruptly. In entering the room, I found everything and everyone as quiet as I had left them shortly before. The only noticeable change was an acceleration in the breathing of one of the patients.

Whilst thus contemplating and watching him, he again uttered the same shriek, rose into a sitting posture, rubbed his eyes, stared around with a terrified expression, and sunk back upon his bed, continuing his scarcely interrupted sleep. In another ten minutes this scene was re-enacted, with almost the same concomitants. During several of these paroxysms I observed a peculiar quiver of both the adductor and flexor muscles of the thigh. The rest of the joint was evidently disturbed by it, and the pain accompanying the quiver must have been of an agonizing character, for the patient automatically grasped the affected limb, as if to arrest the involuntary movement. His rest for the balance of the night was disturbed by moanings, and repeated attempts to changing his position. I found the aspect of the patient much changed on the following morning; he looked pallid, haggard, and prostrate; he was of morose and irritable temper, his pulse excited, and his appetite indifferent. The tenderness of his joint had signally increased. Whilst the abduction was more difficult and painful than before, the entire group of the adductor muscles was as tense as if possessed of tonic spasm.

In continuing my observations for successive years, I have seen this very symptom in almost every aggravated case of joint disease in structural affections of the spine, and in acute periostitis in the proximity of joints. In all these cases it is invariably of the same type, though varying in intensity. The greatest violence of reflex pains we observe in morbus coxarius, and in affections of the knee joint.

It is rather remarkable that the patients thus afflicted do not remember these nocturnal pains, and that the shrieks of different patients are almost invariably of the same note and duration.

It may well be said these shrieks are as characteristic of joint disease, and as important in its diagnosis, as the peculiar croup tone in diphtheritic laryngitis, and the cries of a parturient woman in the last period of confinement.

As already remarked, these reflex pains occur almost exclusively during the night, and whilst the patient is dormant.

In a few exceptional cases, however, I have met the symptom under inverse circumstances. In one case (Schindler) the pains continued for several days and nights, and kept the affected member with but short