(tested by cotton-wool). If such should be detected, and if they correspond to definite root areas, meningeal tumour should be carefully considered. Also brachial "neuritis" of very long duration should lead to a careful consideration of the possibility of spinal meningeal tumour.

Spinal meningeal tumour is a rare disease, but not so rare as is generally believed. Closer consideration of this affection in the differential diagnosis at the early period of chronic spinal diseases would lead more frequently to its early recognition and to early successful operation.

REFERENCES.

¹ Sir William Gowers: *Diseases of the Nervous System*, first edition, vol. i, London, 1886. ² *Med.-Chir. Trans.*, 1888. ³ *Diseases of the Spinal Cord*, London, 1911, p. 184. ⁴ Reported by Dr. Tytler and the writer in the *BRITISH MEDICAL JOURNAL*, February 7th, 1903.

THE OCCURRENCE OF URTICARIA AFTER SPECIFIC FEVERS.

BY

E. WARD, M.D.CAMB., F.R.C.S.ENG.,
TUBERCULOSIS OFFICER, SOUTH DEVON.

WHEN in general practice some years ago I frequently noted the occurrence of urticaria after specific fevers, especially pneumonia and clinical influenza. Other practitioners tell me they have noticed the same phenomenon, so perhaps it is worth recording.

The eruption usually occurs within a day or two after the temperature has become normal, but sometimes a few weeks later; it may be so transient as hardly to be noticed by the patient, or, on the other hand, persistent and troublesome. I estimate that it occurred in quite 20 per cent. of my pneumonia cases, but as a number of these were not observed with sufficient accuracy to be sure the eruption was not present at some time or other, it is possible the percentage is considerably higher. Sometimes a slight pyrexia coincided with the rash, and occasionally also pains in the joints.

Illustrative Cases.

CASE I.

Fig. 1 shows the chart of a male patient aged 22. On December 22nd, 1912, he had a rigor; typical signs of pneumonia were detected on December 24th in the right upper and middle

FIG. 1.

lobes. The temperature subsided by crisis on December 28th-29th, but there were a few slight fluctuations subsequently. On December 31st a sparse blotchy erythematous and urticarial eruption appeared over the abdomen and limbs; on the limbs confined mainly to the extensor aspects of the elbows and knees. By January 4th the rash had gone.

CASE II.

Fig. 2 shows the chart of M. M., a well-built railway worker of 46. At the onset there was a rigor, then headache, malaise, pain in the back and limbs, and epistaxis (twice). Definite

FIG. 2.

signs of pneumonia were first detected on the seventh day of the illness at the right base. The temperature subsided on the eleventh and twelfth days by a rather prolonged crisis; the

attack was a severe one. Ten days later, the twenty-second of the disease, general muscular pains were complained of. The calves and biceps were noticed to be tender to pressure on the twenty-fifth day, and from this to the forty-seventh there was occasional slight pyrexia. All pains disappeared, and there was an uninterrupted recovery after the forty-seventh day. On the fifty-first day an itching, coarsely macular rash appeared, mainly a pure erythema, but in places urticarial, and with much the same distribution as noticed in the previous case. Within twenty-four hours the eruption had disappeared.

CASE III.

W. S., a man aged 29, had an attack of influenza with pyrexia lasting about seven days, but never exceeding 101°. On the eighth day, the day after the temperature had become normal, an erythematous and urticarial eruption appeared, lasting about thirty-six hours.

I have noticed a similar occurrence in several influenza cases; it seems unnecessary to give details. The eruption was of much the same nature and distribution as already described, but varied in extent and duration. Other rashes were noticed occasionally about the time of onset of the disease, but this was a late eruption. I have also seen a similar urticarial rash six days after the onset of varicella in a girl of 14; and again eight days after the first appearance of a measles eruption.

In the following cases, for the account of which I am indebted to Dr. Parkinson of Horncastle, post-febrile urticaria was not such a transient affair as in those already narrated.

CASE IV.

A man, aged 65, with no previous history of urticaria or of any other illness, was attacked suddenly with headache and generalized pains, especially in the back of the neck and behind the eyes. The temperature ranged from 101° to 102° for two days, then gradually subsided to normal. The attack seemed a typical influenza. Seven days after the fever subsided a severe urticarial eruption appeared on the arms, legs and abdomen. Some of the patches might have been called "urticaria gigas"; and there was also dermatographia. The trouble resisted treatment by dieting, calcium salts, aperients and local applications for over six weeks. At the time of its disappearance he was taking 3 grains of ichthyol three times a day, but it cannot be stated whether this was connected with the disappearance or not.

CASE V.

O. C., a girl, aged 21, developed a severe sore throat, with pains in the back and limbs, which was at first thought to be diphtheritic, but later streptococcal. The temperature rose to 103°, but subsided in a few days; joint pains, however, persisted for fourteen days. Ten days after the temperature had become normal a severe, typical urticarial eruption appeared and lasted for a week, subsiding ultimately under treatment with aperients and alkaline baths.

Discussion.

The question of coincidence must of course be considered when dealing with such a common condition as urticaria. Out of 8 cases in which the previous occurrence of urticaria was investigated, a positive history was found in one only. On the whole, I think coincidence can be excluded in the majority. Nor can it be said that the eruption was a drug rash, for widely different treatment had been adopted in some of the cases.

1. The time at which the eruption occurs suggests its association with the development of immunity, as if the mechanism of immunity, after defeating the invader, proceeds further, and urticaria results.

2. The concomitant occurrence of joint pains and slight pyrexia suggest anaphylaxis, which might be related to the disposal of pathological by-products after resistance has developed.

3. The relation of urticaria to calcium salts and of calcium metabolism again to immunity gives food for further speculation.

I could find no mention of this post-febrile urticaria in any literature available to me at the time these observations were made, nor, to my knowledge at any rate, has anything since appeared on the subject.

THE Red Crescent, which takes the place of the Red Cross in Turkey, developed considerably during the war. It had under its charge 17,110 beds, in which 162,146 wounded cases were treated. It also opened popular kitchens, in which 35,000 indigent persons were fed, and an infirmary and out-patient department for children.

A NEW Spanish journal devoted to dermatology and syphilis, entitled *Archivos Dermosifiliograficos y Revista practica de la especialidad*, has recently been founded at Madrid under the editorship of Dr. Sicilia.