that we see. The boggy feel, the trophic disturbances, and the chronic course are diagnostic.

9. *Syphilitic and tuberculous dactylitis* (see Fig. 33), seen as a

FIG. 30.—Spade Hand in Myxœdema.

rule in young children, are not distinguished from each other by the physical signs. Diagnosis rests upon the history, the course,

the results of giving tuberculin or potassic iodide, and the evidence of syphilitic or tuberculous lesions elsewhere. In either disease we have a chronic, almost painless, boggy, red enlargement of one phalanx, or more, due to an indolent inflammation which starts from the bone or periosteum and usually burrows to the surface, to produce a chronic discharging sinus or ulcer.

10. *Raynaud's disease* attacks the fingers more often than any other part. Osler distinguishes three grades of intensity: A. Local

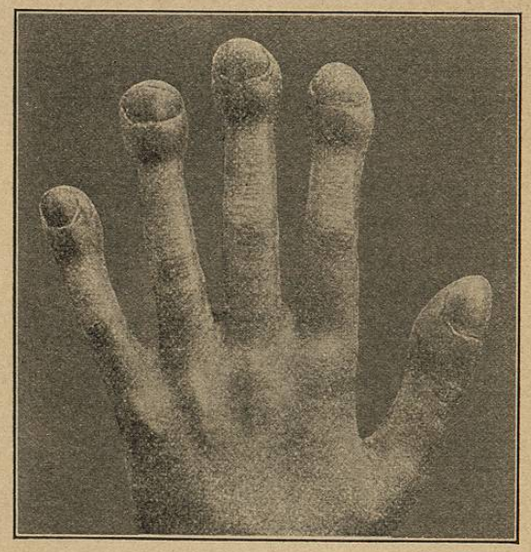

FIG. 31.—Clubbed Fingers.

syncope ("dead fingers) following exposures to slight cold or emotional strain. The fingers become white and cold. The condition usually passes off in an hour or two. From similar causes we may have: B. Local *asphyxia* ("chilblains"), producing congestion and swelling with or without pain and stiffness and with heat or coldness of the part. C. Local or symmetrical *gangrene*. If local asphyxia persists, gangrene results.

11. *Morvan's Disease.*—As a part of syringomyelia multiple arthropathies (atrophic arthritis) and painless felons may develop

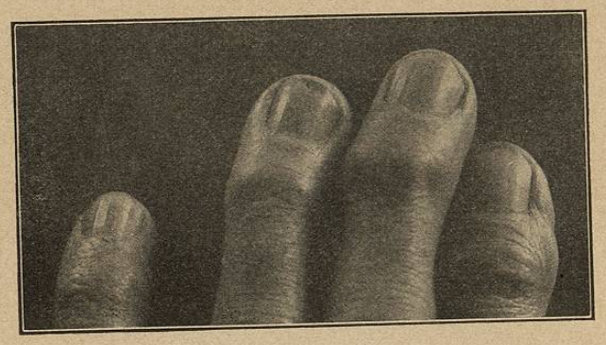

FIG. 32.—Heberden's Nodes.

in the hands (see Fig. 34). The appearances may strongly suggest:

12. *Leprosy*, in which there is likewise anæsthetic necrosis of

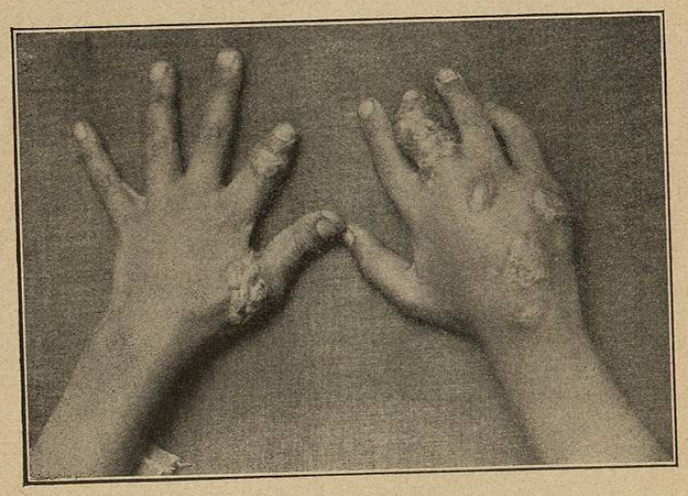

FIG. 33.—Tuberculous Dactylitis.

phalanges, but the two diseases can usually be distinguished by a study of the lesions and symptoms in other parts of the body.

13. *Dupuytren's contraction of the palmar fascia* is commonest

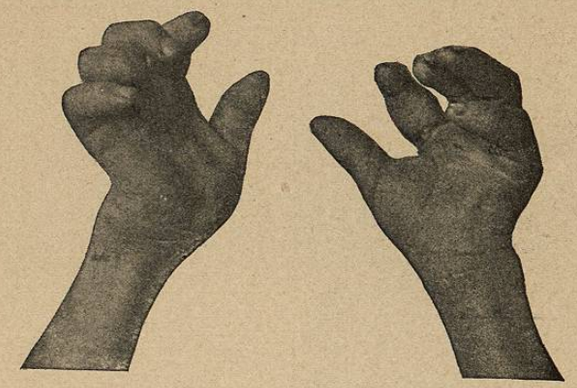

FIG. 34.—Morvan's Disease.

in adult men, and gradually produces a permanent, painless flexion of the little finger in one or both hands. A tense band is felt in the palm. The ring finger may also be affected; less often

the others. If burn and felon are excluded, the diagnosis is obvious.

The Nails.

1. The *nutrition of the nails* suffers notably in many chronic skin diseases, in myxœdema, and in many nerve lesions (neuritis, hemiplegia, syringomyelia, etc.).

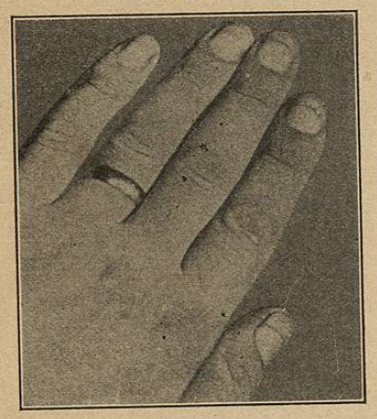

FIG. 35.—Grooved Nails after Acute Illness.

2. A *transverse ridge and groove* on the nails often form when their growth is resumed after an acute illness. The movement of this ridge from the matrix to the free edge is said to take about six months (see Fig. 35).

3. *Hang-nails* possess a certain medical interest, because in some individuals they become sore when the general condition is below par, and constitute a rough index of the degree of resistance to infection. They may become infected and lead on to suppuration (*paronychia*).

4. *Indolent sores* around the nail should rouse the suspicion of tuberculosis or syphilis, especially in a child.

5. (*a*) *Cyanosis*, the slatey or purplish-blue color of venous congestion, can be well seen in the nails. (*b*) *Anæmia*, if well marked, blanches the tint of the tissues seen through the nail, but the diagnosis should invariably be confirmed by a hæmoglobin estimate.

6. *Incurvation* of the nails has already been referred to as a part of the condition known as "clubbed fingers" (page 47).

7. *Capillary pulse* (see below, page 91).

THE BACK.

The evidences of spinal tuberculosis, spinal curvature, and of the spinal form of hypertrophic arthritis will be described later (pages 489 and 502).

I. Stiff Back.

"Stiff back" may be due not only to the joint troubles just mentioned, but also and more commonly to *lumbago*, a painful affection of the lumbar muscles without known pathologic basis. Clinically it is characterized by pain when the muscles are used, as in bending forward to tie one's shoes and in recovering the upright position. There is no bony soreness, and sideways bending is usually freer than in hypertrophic arthritis. The pain of lumbago does not radiate around the chest or down the legs, and is not especially aggravated by coughing or sneezing, but it sometimes extends down low into the fascia of the lumbar muscles over the sacrum. The age of the patient (usually over thirty) distinguishes most cases of lumbago from spinal tuberculosis.

II. Sacro-iliac Disease.

Tuberculosis of this joint has long been known and calls attention to its presence by pain, psoas spasm, and a limp. If the wings of the ilium are forcibly pressed together, the pain in the joint is much increased. Abscess formation is often the first distinctive sign. The motions at the hip-joint are not restricted and the local signs of vertebral caries are absent. The duration of the disease and the formation of abscess distinguish it from other lesions of the sacro-iliac joint.

Goldthwaite[1] has recently shown that the sacro-iliac joint is subject to most of the diseases of other joints, and that some (*e.g.*, hypertrophic arthritis) are not at all uncommon there. Many of the pains in the back complained of by women during menstruation

[1] Goldthwaite: Boston Medical and Surgical Journal, March 9th, 1905.