

Another point to consider is whether treatment of diabetes could have played a significant part in the aetiology of renal agenesis. The critical time for renal development is between 3 and 7 weeks, the somite stage to 18 mm size. During this time the mesonephros, mesonephric duct, metanephros and ureteric bud are in an active stage of development (Shikunami, 1926; Torrey, 1954). Hypoglycaemia has been suggested as the cause of congenital malformations (Hagbard, 1956; Kyle, 1963). In these cases there was no evidence of hypoglycaemia during the critical period. Oral hypoglycaemic drugs have been reported to be teratogenic (Larsen & Sterky, 1960). Although the second patient was given chlorpropamide for 2 weeks, this was not until after the critical period for renal development.

The circulation of amniotic fluid probably involves several pathways (Plenty, 1966). The association of oligohydramnios with renal agenesis suggests that the foetal urinary system is an important pathway for maintaining normal amniotic fluid volume.

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Alcoholic lymphalgia in early syphilis

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PAIN in the cervical and inguinal lymph nodes following ingestion of alcohol is described in a patient with early syphilis.

Case report

A 35-year-old Jamaican serviceman gave a history of having had a penile sore 4 months before which had healed without leaving a scar. Subsequently, while on service abroad, his inguinal lymph glands enlarged, were punctured and, on dark-ground

examination, disclosed *T. pallidum*. Serological tests for syphilis were positive at that time. He was then treated with ten injections of 'penicillin', having an acute febrile (? Herxheimer) reaction following the initial injection.

He now attended complaining that he had been forced to give up drinking alcohol for 1 month, as, each time he drank, a severe pain developed in his inguinal and cervical lymph nodes. During this period, he lost 1 stone in weight. The pain had a

short latent interval and lasted for an hour. It was not accompanied by coughing, nausea, itching, paraesthesia or any flushing. Some relief was obtained by use of antihistamines. He stated that he had had yaws as a child, but 3 years prior to his attendance, he had been a blood donor in England and it can be assumed that tests for treponemal disease were negative at that time.

On examination: he had multiple, discrete, rubbery, firm, enlarged inguinal nodes and some similar enlargement of his cervical nodes. No other lymphadenopathy was detected. The spleen was not felt and the liver was not enlarged. There were some paper-thin scars in the skin over the anterior surface of both tibiae, which corresponded with the site of his early yaws lesions.

The alcoholic lymphalgia was reproduced by giving him 1 oz of alcohol (masked in orange juice) but was not observed when he was given plain orange juice. One of his inguinal nodes was biopsied and investigations, including the following, were carried out:

Inguinal-node biopsy showed exuberant non-specific reactive changes with preservation of the normal architecture. Hb 15.4 g/100 ml, WBC, 4900, 53% neutrophils, 41% lymphocytes, 2% eosinophils, 4% monocytes, ESR 10 mm/hr Westergren. LGVCFT and Frei test negative. RPCFT, FTA and VDRL, all positive. TPI, doubtful. Serum calcium, 10.2 mg/100 ml. X-rays of chest and long bones disclosed no abnormality.

A diagnosis of early syphilis (presumed relapsed) was made and he was given 2.4 mega-units of benzathine penicillin which rapidly relieved his alcohol intolerance. Thereafter, he was posted out of the area and, unfortunately, cannot be traced.

Comment

The phenomenon of pain at the site of a disease following the drinking of alcohol was first recorded by Hoester in 1950, in Hodgkin's disease. This was

soon substantiated for other reticulososes (James, 1960). Soon afterwards, there were reports of its occurrence in various malignant conditions (Healy, 1959; Wanka, 1965; Brewin, 1966b). However, its occurrence in inflammatory disease appears to be only rarely documented. Several observers have reported it in bone disease, e.g. *Brodie's abscess*: Alexander (1953) and *osteomyelitis*: Alexander (1953), Braun & Schnider (1958) and Conn (1957). Conn (1957) recorded the phenomenon as lymphangitis, which resolved on antibiotic therapy. It is interesting to note that alcoholic lymphalgia associated with foci of malignant disease similarly ceases when irradiated (Brewin, 1966a). As far as is known, this is the first recorded case of the occurrence of this phenomenon in early syphilis.

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