range, 400 to 1,100 pg/ml). Serum and red cell folate levels were normal.

A diagnosis of pernicious anemia was made by Schilling test, and the patient was treated with intramuscular cyanocobalamin, 1 mg per day for three weeks followed by 1 mg per month thereafter. Three months later the patient reported that the radiating shocklike sensations had ceased.

That Lhermitte's sign should accompany subacute combined degeneration of the cord is not particularly surprising since both multiple sclerosis and subacute combined degeneration are characterized by disintegration of myelin sheaths. Remarkable in this patient was the presence of the symptom as the presenting complaint.

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Morbilliform Rash Secondary to Baclofen Ingestion

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Baclofen (Lioresal, CIBA-Geigy) is an oral muscle relaxant used for symptomatic relief of spasticity in patients with cerebral palsy, multiple sclerosis, or disorders of the spinal cord. "Skin rashes" secondary to baclofen are infrequent [4]. They have been reported in 9 of 261 patients given this agent [1–3, 5–9]. The eruption has generally been poorly described, with published accounts including "skin manifestations" [7], "skin rash" [2], "rash" [1], "fleeting rash" [6], "papular erythema" [8], and "erythema" [9].

We observed a 52-year-old white woman who had had multiple sclerosis for 17 years and extreme spasticity of the legs. She was hospitalized and placed on baclofen for the first time. Thirteen days after beginning therapy she developed an asymptomatic skin eruption. Initially an evanescent macular erythema, this progressed to a morbilliform, maculopapular erythematous eruption predominantly on the trunk but also extensive on the upper arms (Figure). The eruption blanched completely on pressure. The legs, groin, face, and mucous membranes were spared. The patient's only other drug taken within the prior two months was prednisone, 50 mg every 6 hours, which had been started on the same day as the baclofen. The prednisone had been tapered to 10 mg daily when the eruption was first noted.

Morbilliform eruption on the trunk secondary to baclofen.

A drug reaction to baclofen was suspected, but because of the patient's clinical improvement with this agent, we elected to continue therapy. Within a week of its onset the eruption disappeared. There was no evidence of any viral infection, and acute and convalescent titers for rubella and rubeola were negative.

The disappearance of the eruption despite continued usage of the drug suggests that discontinuation of baclofen may not be necessary if an eruption develops. This is supported by the disappearance of the rash with reduction of dosage in Van Hemert and Notermans's patient [9] and by no reappearance of eruption when baclofen was reintroduced in the patient reported by Duncan et al [2].

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