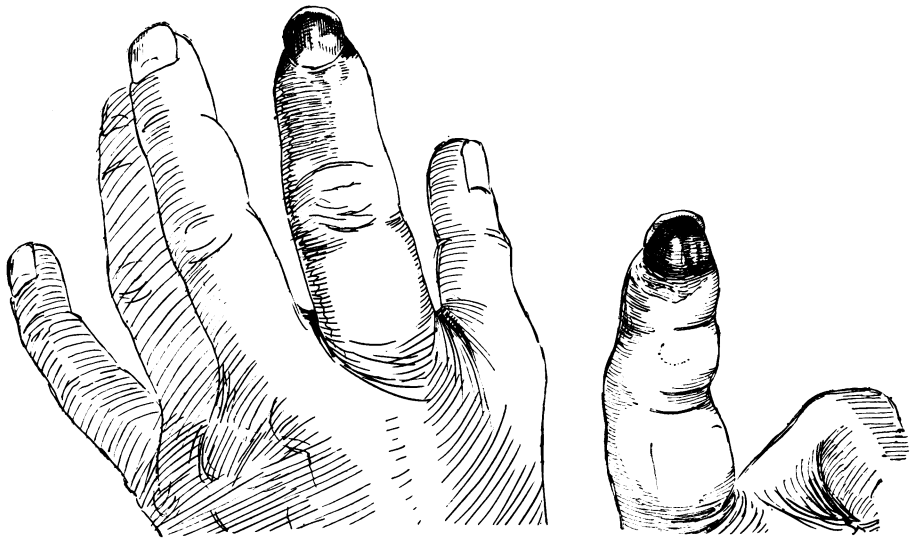
Case of Erythromelalgia.

By JAMES GALLOWAY, M.D.

THE patient, a woman, aged 66, suffered from pain and redness of both hands and feet and definite necrosis of the tip of the index finger of the left hand. She was in feeble health, and showed signs of marked general vascular degeneration. The main arteries of the extremities were firm and nodular; the heart was enlarged and gave evidence of myocardial degeneration, though no distinct valvular lesions could be



Erythromelalgia.

identified. The pulse was irregularly intermittent. Pulsation could be felt in the blood-vessels of the extremities, but it was clear that the circulation of the extremities must be very considerably obstructed. At the present time there were no active manifestations of syphilis, but from the scars on the patient's body and from the patient's history it was quite clear that she had suffered long previously from syphilis—probably at least thirty-five years ago. About two years ago she commenced to develop the present symptoms. She suffered from a tendency to numbness and pallor of the hands and feet. The pallor was succeeded by flushing of the extremities, the condition being associated from the

beginning with pain. The hands were more severely affected than the feet. The attacks of pallor and congestion became gradually more frequent and severe, till in the early part of this year they became so severe as to give rise to pain of the most trying character, and gradually necrosis of the left index finger developed. Now the condition shown by the extremities was that of constant though varying congestion rather than of pallor, especially of the feet. In the case of the hands, however, the attacks of pallor and numbness were still frequent, the pain suffered by the patient during these attacks being intense. In addition the blood shows slight polycythæmia. On June 10 there were 5,500,000 red blood-cells, 7,400 leucocytes; hæmoglobin 105 per cent. Several examinations of the blood had been carried out, but this may be considered as an average result.

Dr. Galloway remarked upon the relationships of Raynaud's disease with the cases described as erythromelalgia, and again with those which are usually classified as examples of senile gangrene. The class of case of which this patient is an example—namely, that in which for some reason obvious arterio-sclerotic degeneration has come about, it may be in comparatively early life—appears to include many of those to which the name of "erythromelalgia" has been given. Of the causes producing the arterial blocking, syphilis is probably the most effective. The combination of arterio-sclerotic change in comparatively early life with the onset of attacks of paroxysmal pallor and congestion, associated with violent pain, terminating in necrosis, forms a fairly definite clinical picture, and for clinical purposes can be separated from Raynaud's disease and simple senile gangrene. The very descriptive name of "erythromelalgia" is easily applied to such conditions. It is, however, clearly open to criticism whether such cases should be considered as belonging to a group apart from several other varieties of painful necrosis of the extremities.

DISCUSSION.

Dr. ROLLESTON said that all the cases of erythromelalgia showed arterial sclerosis, and he thought those were exactly the cases described by Dr. Weber. One authority called them thrombo-angeitis, and he thought this case belonged to that group.

Dr. F. PARKES WEBER said he thought that Dr. Galloway's case was not an example of true erythromelalgia, and that it did not belong to the group of so-called "idiopathic" arteritis obliterans. In true erythromelalgia, according to modern differentiation in nomenclature, there should be flushing with blood

(active hyperæmia) of the affected part, especially when held in a dependent position. The so-called "idiopathic" arteritis obliterans chiefly occurred in poor Polish or Russian Jews, especially those addicted to cigarette-smoking, and usually commenced in early middle life. It was almost confined to males, and seldom affected the upper extremities. Dr. Galloway's case was, he thought, a typical example of another class—namely, of multiple obliteration of arteries, occurring as a late result of syphilis, a history of which disease could hardly ever be obtained in the preceding class of cases.

Dr. GALLOWAY replied that there was the case of Weir-Mitchell, in which the leg was amputated, and the diagnosis was made by the person who gave the name to the disease. It showed wasting of the vessels. The patient suffered so much that very careful treatment had been tried with vaso-dilators, and she was much better in consequence. When she came into hospital the pain was so severe that it was necessary to give morphia, but now none was required.

Case of Xanthoma Diabeticorum.

By JAMES GALLOWAY, M.D.

THE patient, a man aged 33, was at present under his (Dr. Galloway's) care in Charing Cross Hospital. He had been admitted two months previously, suffering from the symptoms of diabetes mellitus in severe form. He was emaciated, somnolent, and suffered from neuritis affecting the lower extremities. There were no retinal changes, but a central scotoma was definitely ascertained in both visual fields. The urine—in quantity about 100 oz. a day—had a specific gravity of 1·036 to 1·040, and contained from 4 per cent. to 6 per cent. of glucose. Acetone and diacetic acid were both present. The amount of urea varied about 2 per cent. The skin showed xanthoma. The lesions were papular and nodular in appearance, discrete, and widely scattered over the trunk, especially on the anterior aspect and on the lower surface of the thorax. Very minute papules could be discerned on other parts of the body. The extensor surfaces of the extremities were, however, free. Slight lesions of flat xanthoma were seen on the lower eyelids.

The patient was placed under strict dietetic treatment, with good results. The somnolent condition soon disappeared, the neuritic pains gradually vanished, and the amount of glucose diminished till about 1·5 per cent. only was found in the urine. The quantity of urine, however, increased until an average of about 140 oz. was passed per diem. The patient increased in weight and improved markedly in his general condition. Coincident with his general improvement the