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AN ANALYSIS OF 100 CASES OF "RHEUMATISM"*

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The term "rheumatism," as used by the laity, may be defined as pain in any part of the body except the head and belly. Rheumatism covers almost as many diagnostic sins as malaria. If there is any excuse for the term at all it should probably be limited to the various forms of arthritis and myalgia. Being interested in ascertaining to what further conditions the term is frequently applied by the laity, at the suggestion not infrequently of a physician, I have analyzed 100 cases whose chief subjective complaint was rheumatism. These cases were examined in the Male Medical Clinic of the Government Free Bath House, of Hot Springs, Ark., and were not in any way selected, but were taken consecutively. The large majority of these patients had been under the treatment, before coming to Hot Springs, of from one to many physicians and were undoubtedly influenced in their opinions of their cases by the former diagnoses of medical men.

In the following analysis the attempt will be made to explain why the patient or his former physician thought the case was one of rheumatism, also to show why another diagnosis was made after exam-

ination in the Clinic in the majority of cases. On final diagnosis the cases may be distributed as follows:

Arthritis	44 cases
Syphilis	18 cases
Neuritis	8 cases
Tuberculosis	4 cases
Flat foot	4 cases
Muscular rheumatism	3 cases
Pellagra	3 cases
Spastic paraplegia	2 cases
Neurasthenia	2 cases
Arteriosclerosis	2 cases
Sciatica	2 cases
Tabs	2 cases
Chronic nephritis	1 case
Chronic gastritis	1 case
Progressive muscular atrophy	1 case
Malaria	1 case
Pernicious anemia	1 case
Myelitis	1 case

100 cases

It will thus be seen that there were 44 cases of arthritis in some form and 3 of muscular rheumatism, or 47 cases to which the term rheumatism if permissible at all might be applicable, and that the diagnosis was entirely inappropriate in 53 % of the cases.

Among the 44 patients in whom the diagnosis of arthritis was made at the Clinic, 10 gave a history of sore on the penis, and 7 stated that they had had syphilis. In all of these cases, however, the Wassermann was negative and there were no clinical manifestations of syphilis. Thirty of the 44 patients gave a history of gonorrhea. Of these 30, 1 had gonorrhea at the time of the examination and in 4 the time of occurrence was not stated. In the other cases the period varied from six months to thirty-six years,

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with an average of eleven and six-tenths years. It would have been interesting to have examined these cases with reference to the existence of gonorrheal infection in the prostate or other focus, and to have determined definitely the source of infection in all of the 44 cases of arthritis, but this was not possible in an outdoor clinic.

All of the 18 cases diagnosed as syphilis showed a positive Wassermann. Five of the patients denied syphilis. One was aware that he had the disease, but did not know when he became infected. The others had contracted the infections from three months to thirty-nine years, with an average period of thirteen and three-tenths years, prior to examination. Among the 18 cases showing a positive Wassermann, other lesions, possibly syphilitic, were remarkably few in number. Five showed slight glandular enlargement. One had a macular eruption. In one patient the spleen was enlarged, for which no cause could be discovered other than syphilis. There was one case of aortitis and one of mitral insufficiency. One patient had pupils insusceptible to light or accommodation, with nystagmus, but the knee jerks were normal and there was no Romberg. Another case presented tremor of the lids, tongue and fingers with increased reflexes, but the pupils were normal and the Romberg was absent. One patient of forty-eight had a blood pressure of 170, and a man of forty-two a systolic pressure of 245, no other cause being discoverable for the hypertension.

It is unnecessary to discuss so-called rheumatic pains in syphilis, as these are common phenomena.

Of the 53 incorrectly diagnosed cases in the series there was probably better excuse in the 8 cases of neuritis than in any other group. The differentiation between arthritis and neuritis is often not clearly drawn even by physicians, and in fact, in many cases the two conditions co-exist, often dependent upon the same cause. In none of these 8 cases was there any evidence of arthritis and the Wassermann was negative in all.

Four cases of tuberculosis were diagnosed, of which one occurred in the hip joint. The patient complained of the right hip and leg. An examination showed a typical case of tuberculous hip joint dis-

ease. Three patients showed tuberculosis of the lungs. One complained of rheumatism in the knees and legs. The examination showed no local cause for these pains, which were probably due to fever, inasmuch as his temperature was 101° at the time of the examination. The third case showed involvement of both lungs, together with a polyarthritis. The fourth case showed consolidation of the right apex and in addition flat foot and arthritis of the left shoulder joint. While these last two cases showed true arthritis, probably non-tuberculous, they have been classed as tuberculosis rather than as arthritis, inasmuch as the former disease is the more important and dominated the clinical scene of these patients.

Four cases of flat foot presented themselves. They complained of rheumatism in both feet, hips and knees, right knee and right foot, and both knees, respectively. None of the cases showed evidences of arthritis. One patient had myocarditis. Many cases coming to Hot Springs for the treatment of rheumatism in the lower limbs are cases of flat foot and are relieved by appropriate treatment of the feet.

All three cases of muscular rheumatism had trouble with the teeth, which might have been possible sources of infection. One patient had had gonorrhea two years previously.

The three cases of pellagra were typical. One was complicated by tape worm, which was removed. This patient complained of rheumatism in both hips, small of back, left knee and feet. Spurs have recently been removed with entire relief of symptoms. It is questionable which etiological factor was the most important in this case. The second patient complained of pains in both legs, and they would give out so that he could not stand up at times. The third had rheumatism in the left shoulder. Arthritis can not be considered a common complication of pellagra, but pain is not infrequent on account of neuritis.

Both cases of spastic paraplegia complained of rheumatism in the legs. The diagnosis was made on characteristic gait, increased lower tendon reflexes and negative blood and spinal fluids. Neuritic pains in this condition are not uncommon.

The diagnosis in the two cases of neurasthenia was made largely by exclusion

and the characteristic personality of such patients. The physical examination was entirely negative in both cases excepting a case of pyorrhea in one, which might have given rise to a neuritis, evidences of which, however, were lacking.

In neither of the two cases of arteriosclerosis which complained of rheumatism were there any evidences of arthritis. The blood pressure was 165 in one case and 190 in the other, with the palpable arteries thickened. In one patient the heart was considerably hypertrophied and the pulse 134 and an irregularity as to force and frequency. Pain was complained of in one case in the right foot and knee, and in the knees, shoulders and legs in the other case. Pains are not uncommon in arteriosclerosis though not always to the extent of typical intermittent claudication.

The two cases of sciatica were typical, showing pain and tenderness along the course of the sciatic nerve, increased by raising the leg. The confusion of sciatica and arthritis is not uncommon and is not always confined to the laity.

The two cases of tabes were diagnosed upon clinical findings and characteristic spinal fluid, the blood Wassermann in one case, however, being negative. Tabes is frequently incorrectly diagnosed, particularly as to the cause of the pains. The leg pains are not infrequently mistaken for neuritis, rheumatism or sciatica, and patients with gastric crises have even been operated upon for ulcer. One of these patients was a Negro who had had syphilis seven years previous to the examination.

The patient with chronic nephritis complained with rheumatism of the small of the back and left hip. There was a slight tenderness of the left sciatic nerve and the urine contained albumin with hyaline and granular casts. He had an advanced pyorrhea and three badly carious teeth.

The case diagnosed as chronic gastritis was a patient who in addition to gastric symptoms complained of rheumatism in the legs. There was no evidence of arthritis or neuritis, and no cause could be determined for the leg pains.

The patient in whom the diagnosis of progressive muscular atrophy was made complained of rheumatism which began sixteen years ago, first in the knees, and of weakness. Pain is not a part of progressive muscular atrophy, but there may be a sense of intense muscular fatigue. This case was reported in detail in the *Interstate Medical Journal*, April, 1918.

Malaria is frequently mistaken for rheumatism, the malaise and joint pains being responsible for the diagnosis. In malarial localities the diagnosis of malarial rheumatism is frequently made. The patient in this series complained of rheumatism in all the joints, particularly in the knees, elbows and shoulders. The blood examination showed one generation of simple tertian parasites. Appropriate anti-malarial treatment immediately relieved his rheumatism.

The chief subjective complaint of the patient with pernicious anemia was rheumatism in the right hip and leg, also pain in the right shoulder and in the neck. The blood picture was characteristic of that of pernicious anemia with high color index, poikilocytes and nucleated reds. The patient gave a history of gonorrhea about a year previous to examination, but inasmuch as he was in extremis when he came under observation, it was impossible to determine the role of gonorrhea in the etiology of his rheumatism.

The patient in whom the final diagnosis of myelitis was made complained of rheumatism of the right side of the trunk and of the right arm and leg. He had a right lateral scoliosis, the lower tendon reflexes were increased and there was a spurious clonus in both ankles. The arm jerks on the right were increased; normal on the left. The pupils were normal. There was partial anesthesia of scattered areas of the right hand and the right side of the face, scalp and back; less so on the left. The Wassermann was negative.

If this analysis succeeds in impressing the importance of a careful examination before pronouncing a diagnosis of "rheumatism," its mission will have been largely fulfilled. Better still will be the elimination of the term from the medical vocabulary.