A CASE OF ERYTHROMELALGIA.

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Typical examples of erythromelalgia, the "red neuralgia" first described by Dr. S. Weir Mitchell in 1872, are encountered with sufficient infrequency to merit more than passing notice.

Patient.—A. B., physician, aged 54, applied to us for treatment on July 1, 1908.

History.—He is a native of Prussia, having removed to America in 1887. He has had one attack of gonorrhea, over thirty years ago, but has never had syphilis. There is no history of any serious illness, although he has been a frequent sufferer from slight attacks of rheumatism and has for many years been subject to neurasthenia. His circulation has always been good. He has never sustained an injury of any kind and has never indulged in violent exercise or experienced prolonged physical fatigue. Formerly he was a moderate drinker of beer, but for the past ten years he has been an abstainer. He averages one cigar a day. In June, 1908, his wife, who has always been an invalid, had a stroke of apoplexy, with resulting partial paralysis. For a considerable period the husband was with her constantly; day and night, and this nervous strain, together with the loss of sleep and his susceptibility to neurasthenia, came near resulting in a mental breakdown.

Present Illness.—It was at this time he first noticed an irregular, rosy to dark red mottling of both palms, including the palmar surfaces of the thumbs and fingers, with some swelling and slight elevation of temperature. This was especially marked if the arms were allowed to hang at the sides. When the hands were held over the head the redness slowly disappeared, although the puffy condition of the tissues persisted for several hours. About one week after this he experienced a severe attack of neuralgia. The pain, which was burning and stinging in character, "as if a puff-ball made of red-hot needles had been forcibly grasped," affected both palms, came on suddenly, and lasted for about thirty minutes. Since that time he has had an attack almost daily, the paroxysm lasting from a few minutes to an hour. The only local application that gave any relief was cool water, and its effect was only transitory. Hot or cold water increased the pain.

Examination.—Both palms were found to be slightly swollen (the patient had had an attack fourteen hours previously), and a trifle paler than normal. There was no pain, although the parts were extremely sensitive to the touch. There was no pitting on pressure. Compass points separated by a distance of 1 cm. could be readily distinguished in the centers of both palms. Sensibility to both heat and cold was increased. There was no atrophy or loss of motion in either limb, and no tenderness over the nerve trunks. The reaction of degeneration was not present. The skin was normal, so far as could be ascertained with a high-power hand-glass. The patient was in constant fear, however, of becoming infected through some skin abrasion and frequently thought he had found cracks in the epidermis where, in reality, the integument was smooth and unbroken. Both pupils were normal and reacted readily to light. Urine examination was negative. The knee-jerks on both sides were exaggerated and the ankle-jerks a trifle excessive. The blood pressure was 128 mm. (Riva-Rocci, 14 cm. armlet, recumbent posture). The radial arteries were softer than is usual in a man of 54. When seen on the following day the patient was in the midst of an attack and appeared to be suffering intense pain. The palms were deep red in color and, especially those portions overlying the metacarpophalangeal articulations, greatly swollen. The parts were much more sensitive than at the first examination, the slightest pressure giving rise to increased suffering. Manipulation of the limbs or pressure over the nerve trunks did not increase the pain.

Course of Disease.—Since then we have seen him many times while in the course of an attack, the symptoms being practically the same in every instance. Worry, either as a

result of his wife's condition or as to his own future, and excessively hot weather both have a tendency to increase the frequency as well as the severity of the paroxysms. On August 24 he endeavored to turn a tight water faucet with his right hand. Considerable force was used, the greater part of the pressure being borne by the ball of the right thumb. A few hours afterward the thumb became red, swollen and extremely painful. The edema persisted for forty-eight hours, then gradually subsided. Three days later a superficial exfoliation of the overlying skin began and, during the following week, the entire palmar surface of the thumb shelled off, being replaced by apparently healthy epidermis. On September 15 it was noticed that the outer layers of this new skin had become cracked and broken and, although signs of inflammation were absent, a second exfoliation occurred. On October 10 several small papules could be seen beneath the epidermis of the right palm. Five or six reached the surface, vesiculated and scaled off, having given rise to practically no subjective symptoms. The patient has now been free from severe neuralgic attacks for over two months, although there is considerable congestion and some pain manifested when the arms are allowed to hang naturally at the sides for an hour or more. His general health is much improved, because, in large measure, of the return of cooler weather.

Treatment.—Of the numerous therapeutic agents tried in this case only three have proved of perceptible value: lecithin, as a tonic; aspirin, given for its antirheumatic effect and empirically to alleviate the condition; and the x-rays, employed because of their action on the peripheral nerve endings. The exposures, which were brief (from three to five minutes, on alternate days, a soft tube, at 15 cm. distance, being used), appeared to give more relief than any other measure applied.

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POSTCLIMACTERIC UTERINE HEMORRHAGE,
DUE TO RELATIVE HYPOTHYROIDISM.

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Physiologic antagonism between the secretions of the ovaries and thyroid has, for some time, been in a general way recognized. Bandler very definitely attributes many of the nervous symptoms arising in adolescence and in the climacterium to "relative hyperthyroidism," by which is signified a failure of the ovaries to produce sufficient of their internal secretion to neutralize the entire product of the thyroid. Thus a condition similar to Basedow's disease is brought about, which condition is relieved by the administration of ovarin.

That the normal balance between the secretions of the thyroid and ovaries may be disturbed by a deficient thyroid secretion, thus bringing about a relative hyperthyroidism, which may be the cause of uterine hemorrhage, I have not seen stated in any of the literature at my command. The following case demonstrates that such a condition may arise:

Patient.—Mrs. D., aged 55. Early history uneventful. Menses were established normally at 14 years, and were regular and painless until the age of 38. The patient had four children, all the labors being normal and without instrumental aid.

Present Illness.—When the patient was 38 menstruation ceased for several months, since which time it had been irregular in periodicity and quantity, the flow occurring at intervals of from two to seven months, and being accompanied by a sense of constriction in the throat and some visible enlargement of the thyroid, together with general nervousness. When first seen by me in April, 1908, the patient had been "feeling bad" for several days, and for the two days previous had been flowing more than usual, yet was not sick enough