On some Difficulties in the Diagnosis of Chronic Rheumatism, with Illustrative Cases.

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In accordance with paragraph XVII of the Regulations for Graduates in Medicine in the University of {illegible}... to certify that the accompanying thesis, "The Some Difficulty in the Diagnosis of Chronic Rheumatism... with illustrative cases," has been composed by myself.

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In the routine of a general practice a day seldom passes without a summons to attend a case of what the patient describes as "Rheumatism." The term used being expressive of the fact that the patient suffers from deep pain more or less dull, more or less persisted, generally aggravated by certain movements and situated in the neck, back, or limbs.

In these circumstances it becomes a matter of considerable importance to discriminate between a great variety of conditions which give rise to pains of such a character. Often in a case of "Rheumatism" and it to occur when a mistake in
diagnosis brings discredit upon the practice — to say nothing of its un-
satisfactory results of any treatment which in content I regard as mere
pains as if of a rheumatic character and to consider them amenable to a
single scheme of anti-rheumatic regi-
men and their drugs.

Consequently, I propose in the first
place to enumerate thirteen vari-
ous disorders which are in my ex-
perience likely to be confounded with
genuine rheumatism and then to con-
sider more fully those of them which
have especially presented themselves in
my practice as cases of doubt or
difficulty — and from which sheer
desire to valuable hints for future
guidance.

Of course, if a practice be such
and taught or careless enough, any
pain may be regarded and spoken of
by the rheumatic — but even at
leaves a reasonable amount of
intelligence and caution on his
part--sumina errors are apt to be
made in diagnosis of these cases and
are made even by leaders of the pro-
ession. This may be well illustrated
by a case of Dr. Pye's quoted in Tappis
"Practise of Medicine" (1st ed. Vol. 1, p. 324)
where a case of deep seated sarcoma
was considered to be of a general
nature and the subsequent appearance
of secondary nodules in the skin was
then as an example of these nodules
referred to a "general sarcoma" (sarcoma generalis) forming
and suggesting the diagnosis in the
first instance.

When one is consulted for supposed
"theroma" the first point to be in-
vestigated is the size, situation,
and distribution of the pain. In de-
determining this, the following classifi-
cation has seemed to me as a hand-
ful one to adopt—viz.

J. Pain
1. Pains of Joints
   A. Acute
      Acute- Rheumatism
      Acute- Gout

   B. Subacute or Chronic
      Musculoskeletal arthritis
      Rheumatoid arthritis
      Chronic Gout
      Chronic Rheumatism

2. Pains of Muscles (Myalgia)
   Inflammatory
   Pyretic
   Anaemic
   Rheumatic

3. Pains along nerve trunks
   Rheumatoid neuritis
   Neuralgia

4. Pains caused by pressure on brain
4. Pain of bones
Osteitis or periostitis
Absence of bone
rheumatism
(Rheumatic Fever)
(Chronic Rheumatism)

5. Other deep seated pain e.g.
Lumbar spine, renal disease.
Pain in face from lip disease.

In examining the table the first point of interest to the reader is that Rheumatism occurs in most of the divisions. Two items are Rheumatic Myalgia (Lumbago), Rheumatic Handgrip (Sciatica) and Rheumatic pain in bones, and in the absence of any adequate pathological definition of Rheumatism I will limit it to cases due to it as being then distinctly traceable to exposure to cold or wet, or those occurring in individuals having a rheumatic history or inheritance.

I may add that the present atti...
When investigating any case coming under any of the above classes it is necessary to consider Rheumatism as a "dernier recours" in cases in which the cause for pain can be discovered after careful examination or at least to arrive at a diagnosis if Rheumatism only when there is positive evidence in its favour, carefully avoiding the idea that a pain must be of a rheumatic than another because of its inability to make out the first decided diagnosis, except evidence of any other cause for it.

In the first group and first section of it I have placed certain acute affection of joints because they stand apart by virtue of their acute nature from all other chronic affections. It follows - and as long as this column has been chiefly with the more chronic painful affections I propose to refer only briefly to this former.
It may be worth while henceforward to record a case when an examination of the blood for uric acid after the simple method suggested by Dr.lation ("Foot and Rheumatic foot" III p. 87) enabled me to clear up an obscure case of joint pain.

J. H., aged 50, a strong labouring man employed in an acid-gas factory of the flour trade. There was considerable pain and effusion with slight suppurative lesions of the skin. The joint was hot and all affected. He had never had gout and there was no history of injury or of gout.
The attacks being attributed to cold. The limitation of the disease raised a doubt in my mind as to whether it was an ordinary rheumatic attack. I therefore took the patient from the arm to the foot and obtained from him a pain in the arm and away, a pain in the urine acid.
Crystals. This evidence has conclusively, and the patient rapidly improved under coelomic and has shortly after and convalescent. The view is such multiple cases, but only facilitate exact diagnosis - that may, as in the case of this man, the incision then yield relieved by its operation, evidence an excellent effect on the mind of the patient.

Scurvy local activities in either its acute or chronic forms is frequently a trap for the unwary medical man, in fact the only safe way is to keep the disease constantly upon one's mind and to regard with especial suspicion any case of scurvy, occurring in a young man, when its course is at all anomalous and especially if it be limited to a single joint. In the latter case scurvy local activities should at once suggest itself and the medical man should
insist if necessary, on himself examining for any sign of em.


From the temperate in his days - and the pains also completely disap-
peared in the same time.

They own experience in cases of
true quinsy a hysteric is that
for the Salicylates is absolutely without
effect in the non chronic cases. In
the acute form it may relieve the
severity of the pain, but it does not
at all modify the duration of the
case which is quite a critical one.
if it is to end thus and without
failing manner.

Every quinsy one has it when I
and in diagnosis of quinsy a
acute.

H. Q. at 28, a gentleman in business
in London, when at the Theatre
one evening sat on the outside seat
of the theatre opposite a box which
there came a draught. During
the whole performance, he felt
the tips and shudder which had
been never applied to it before.
pleasant and somewhat stiff. He tried
by a two mile walk to 'walk it
off' - let it run its course. The pain
became aggravated and after two
days suffering he called me in.
From that time he gave me, coupled
with deep knowledge of a very decided
family history of hemorrhage, I awaited
his condition to hemorrhage from
pressure to cold, and treated him
accordingly, expecting him in a
curve of a few days to be much
better! In fact I had this apprehended;
after a while treatment he had
very much "in status quo." At
the time of further examination
the next day there was no further change
in he had contracted hemorrhage but had
and quite recovered. I had the
examination next he had a slight
but distinct increase in change of
a ghastly character - which at once
showed as far sight on his case.
The very contracted and binding cause
his illness took quite another ten
[Signature]
that I had a genuine case of gout.

...as to deal with a case of which I had at first been mistaken by the
history of it and by my having omitted to examine into its crisis of
remission or flare.

The diagnosis of Rheumatid as
...depends mainly upon the
peculiar deformities which it
is associated, and which are espe-
cially to be sought for in the joints of
the wrists and fingers. When the
disease attacks only a single joint
and especially if that be a dep.
cended joint like the hip, then the diag-
nosis is not so easy. It is neces-
sary to remember that Rheumatid
...arises in almost any age. Dr. Sirard (Peyronel, 'Spinal
...of Medicine,' Vol. 1, p. 419, 423) says that
...has been well marked examples in
children of 10 or 12 - and I myself
have seen it in patients under

Twenty
Twenty years. Inability for the diagnosis, the characteristic symptoms are as a rule very marked in new young patients.

There is also an acute onset of fever which occurs sometimes with arthritis rheumatica and which has given rise to discussion upon the point whether rheumatism is not a frequent cause of arthritis.

(Vide: Lancet July 1873 p.10 - September 1873 p.494.) Have seen some such cases.

A man aged 38 consulted me for what appeared to be acute rheumatism. Several joints were tender, swollen, and the skin over them red and hot.

Pain in the chest, about a fortnight this continued but he developed a cough of Severe form and this was the commencement of a septic arthritis which developed in about a month. I regret to say that I have no details of this patient's case; the fact I had...
had almost forgotten it until the
more apparent brought it back
to my recollection.

Passing next to—

Group II. Pains in Joints.

I would distinguish four classes
which I may term inflammatory,
hyperistic, rheumatic, and anaemic.

In the true rheumatic group
(leading the team as I have before
mentioned). There are found a vari-
ety of pains in the skeletal muscles
of which lameness and stiff-
ness are familiar examples.

By hyperistic rheumatic I mean
the pains which are felt in a
variety of fibrous conditions so uni-
formly that they may be regarded
as part of the symptoms of the joint
and its slips. These are specially marked
in small joints. So to at the root of
interior from then may be considerable
muscular pain. (Vide Report of Clinical
Society of London, Lancet April 1854.)
Of inflammatory myalgia than lette to say.
The commonest form of muscular pain is due to that due to anaemia or debility. The pains experienced after muscular exercise, especially well marked in the adductors of the thigh, after riding a horseback, are an example of myalgia produced by fatigue (and closely simulate the pains of rheumatic myalgia), and in persons of youth or anaemic constitution, especially in both boys or young women, the point of muscular pain is so nearly reached that some muscles an almost continually aching. It slightest exertion causing fatigue.
A friend of mine who practises includes a large dispensary in the city of London tells me that he often thinks of iron and tinctures then he hears the familiar complaint of "pain all over" among his out-patients.
These are the people who in the higher ranks of life is often found having
such a habit to exist as upon a fish; for finding that unnecessary
effort is painful, they strive to pass it as much as possible to the
habitation of the inward muscles fails both and now and then.
These leaves as in a vicious circle.

The muscles of the back in particular,
are unable to maintain the body in
an erect attitude without much
discomfort and the patient (generally
a woman) takes to the erect a
marked "sternal complaint".

It is frequently a very fine point
in treatment to decide whether to
favor a salicylate or one in con-
tain of iron in anemic patients
for, on the hand vague muscular
pain frequently precede the onset
of acute articular inflammation.

And further salicylates are contra-
indicative in anaemia yet it
withholds them may be it lose an
opportunity.
opportunity of impressing it most of all other rheumatism, and
this by increasing the importance of a correct diagnosis, increases its difficulty at the same time.

However, rheumatism may also be complicated with other diseases and in patients with a history of rheumatic history. Lately I have had under my care a young lady who was paying a visit in town. She had suffered from rheumatism for a few years before. When I first saw her she had a temperature of 102.4 and complained of pain in various parts of the trunk and limbs. There was an old standing drama of acute and chronic coughs. At first judging her case to be one of rheumatism, I treated her with salicylic acid and light diet, but after a few days with no improvement, I changed the treatment and gave a liberal diet of meat and fish. Sailed ions and the Albums
improvement which followed confirmed my belief that it had to do with a case of simple imprecision rather than with themselves.

In cases of this character all points of the case must be carefully gone into and weighed. If the pain is an obvious home at sight, it is absolute of some value as an indication of the hemorrhagic condition, although it can be by itself this is not enough to justify a diagnosis.

Passing on to Group III.

In cases of pain due to morbid changes in the heart or lungs, the determination of the exact seat of pain is of the utmost importance. And a clue is often obtained from the relation of the painful parts to a region of blood supply. If there be any definite distribution found along it, cause of a nerve, then it is worth while to search for the
Painful joints of Valkyria, and especially for any state of muscular paralyzis, or of numbness or impaired sensation or finally, for muscular weakness.

As an example of rheumatic rheumatic sciatica, which in some cases is certainly rheumatic, though ty to be nearly always, 2, this treatment could be for here simple and more quickly successful. When all the painful parts are distributed along the course of a single nerve, the disease should barely be confounded with rheumatism.

The cases of pain from implication of nerves which are the most difficult to recognize, in which they are thrilled from some inward process in or around the pelvis, such as ulcers or cancers, have quite or uncommon. Commonly it happens that its first symptom complained of is pain, shooting along arms or legs or both, with pain in some part of the back, and such pains may for
A long time precede any other and more definite symptoms, such as firmness of mammary，“valsetre” species, saracisia, etc.

They further have drawn our attention to a paper in St. Bartholomew Hospital (London) Reports for 1883, by Dr. Lewis Jones, on a case of a peculiar indigent disease of the uterus in a child where there were no symptoms but of pain for a period of six weeks; and there, there was an reference given to several similar cases, of the particular to a paper by Charcot on pain in the club cancer by secondary deposits of cancer in the valsetre. (Journ. Medicine, 1885, p. 796)

A case exactly like that described by Charcot was under my care in 1877. A woman aged 50, suffered from severe pains distributed over back, legs and arms. She had had a breast removed two years previously for "cancer" but there was no return even in the scar. Her task...
has not carefully examined for any abnormal prominence or sign of angular curvature but listening could be heard, and there were no other symptoms but the pain of which the patient complained much, declaring that she was unable to sit up or move at all without pain. She was quiescent and a few were no physical signs of disease. Ons found, regarded it as nothing more than a muscular spasm about the symptoms which I attributed to myalgia. However, I learnt afterwards that a hearing was of another medical man, and had developed symptoms of similar disease. I then had to face that she died, so that I was led to regard her case as one of Charcot's case of 'painful paraplegia' due to vertebral cancer — secondary to the old disease in the breast.

The painful affection of the shoulder.
Shoulder seen in "Dull and Rheumatic" is said by Dr. Pittman ("Treatise on Practice of Medicine" 3rd ed. p 1382) to be an affection of the air uncurling nerve. Certain it is, yet many suffer by anti-rheumatic treatment. In a patient aged 26, a sailor, this uncurling Six for the alkaline potas. wash, &c. It did well at
not very well at effect in it, but
finally after two hypodermic injec-
tions of morphia (p. 13%) it has
much benefited. The treatment had
then suspended as the morphia
made them feel better, but the pain
gradually left him & then has no
further complaint. Whether it
remained So much to say as
there has been little since.

As an example of pain excited
in rheumatism at knee, one to
pressure on nerves during histamine
test of a man, aged 60, who died
in February 1888. He had been
linden
Ludger Bayliss for some months.
I first saw him in August 1887 suffering from "shyness about the left
arm" as he said. He complained
of pain in the region from to the
constant which sometimes took the
form of stiffness, sometimes of aching
in the muscles in the region of
the shoulder. (I had attended him
some four or five years previously during
a very bad attack of acute rheuma-
tis.) From my previous experi-
ence I had expected in cases of
chronic pain, some unwillingness to let
the pain be humiliated. The pres-
ecessity of aneurism suggested itself
at once but I could detect no
direct symptoms of it. After October
1887 I lost sight of the man for
some time—but he came to me
again in December with hoarseness
and a suspiciously sounding cough,
and the pain was a bit better.
In Jan 1888 he was in the hospital
for bone, he had been going to a doctor.
hospital for his conception, where he 
the fact he was suffering from

"thrombosis and chronic inflammation

of the windpipe." — On examining
his throat with I found blazed phleghm of the left
vocal chord — in the left recurrent laryngeal
nerve, and an enlarging deep tu-

more. This chest I noticed
well before physical signs of e.

cession of the thoracic duct
from which he died some weeks after.

The pains of chronic asthma may
also be regarded as hemorrhage of
any sort by the patient. These I

remember them a sudden disintar an
old gentleman who had his com-
plaint of "chronic asthma" to
his laying down. It diverse in
wet clothes in India after having
been at shooting. He was shortly
afterward taken ill of it as he said his
medical man by treating him impertinently
with Colchicum had caused him
to have rheumatic wars since. I
have no doubt that this complaint
was rhizas, and I can remember
the twinges of pain (constantly lightning
pain) which used to seize him,
and the awkwardness of his gait.

Pains referred to patient's left
shoulder & come may be due to
rheumatism or (apart from peri-
ritis) to epilepsy. The latter is a
common cause and must never
be lost sight of. If the pains are
localized strictly to a single bone
then chronic osteitis may be length-
and if they are confined to
part of a bone, they may be caused
by abscess of bone - or localized
periostitis - the latter being usually
diagnosed by the presence of a
bump or nodule at the site affected.
In chronic osteitis the increased
strictness of its bone may be felt
and when acute periostitis in a
child
child is mistaken for acute rheumatic fever. Caution is necessary not only that the pain is not articularr, but also at an early period fluctuation may be felt, so that the immediate attention should prevent possibility of complications.

As examples of disease of bone which at first present symptoms very similar to those of rheumatism, I may cite two cases which have quite recently occurred in my practice.

Mrs. J. S., a lady aged 62, assisted in nursing her husband through a protracted illness of two or three years, helping him to and from bed, etc. Her efforts caused eventually much aching in the lumber muscles; movement aggravated the pain. She in fact presented the usual symptoms of lumbago. Nothing abnormal had to
be visited on inspection or palpation of the back. Rest, mining, dynamic applications, galvanism, etc. were all in turn tried, together with the various internal remedies usually prescribed for pain—cold, heat, etc._without beneficial result.

After going on in this unfruitful way for some months—she one day on making some effort "felt something give" and next day found a surfacing in the spine. This was seen by a well known London surgeon who diagnosed aural hernia and ordered a cure. On a visit of the 2nd day increased and the pain in the back became worse. Still taking medicine could be detected in the lumbar region. Eventually through being stuck at deep puncture in the spine and introduced an exploring needle through which came pus. Thereupon I implanted it again with a large bovine trocar and
drew off two tiny pieces of foot of venous cord, in which were small pieces of canines. It was certain her being home to the intestine. "Thirteen" was nothing more or less than disease of the hinder ellipse.

Again, a young lady, aged 21, complained to me for four months and stiffness about her shoulder and upper part of her arm, which interfere with her playing the violin and tendered movements (especially that which brought the tendons into action) for fear of discomfort or acrid pain. There was no local tenderness and no elevation of skin. She had had severe attacks of muscular rheumatism during it last summer three years in different parts of the body and had been very low. In the course of a few weeks the pain began to get worse at night, often interfering with her sleep, but it so
Other symptoms developed and her general health was excellent. About this time, an evening there at a dance she suddenly threw herself in adraughty condition.

During the following night she had very severe attacks of shivering and great excitement. I found her with a temperature of 102° and complaining of great pain and tenderness on the upper part of the humerus.

This pain very increased in severity and the symptoms became so urgent that I cut down on, and explained that I was in the midst of a crisis about the question of her condition.

After obtaining some relief from an ind and perfect recovery. It form a scrofulous.
which she caught, suddenly set up
the considering frame and developed
as condition of acute inflammation.

I have known Rickets to be use-
taken for Rheumatism.

Not long ago, a child aged 20
months, was brought to me who
had considerable pain, tenderness
and swelling of some of her joints.
She had been treated for weeks by
a neighbouring practitioner for
rheumatism without benefit.

Diagnosed Rickets, and under care
ful treatment therefor, her pains
and joint trouble rapidly left her.
The case was rendered even diffic-
ult by the strong family history
of Rheumatism.

Other chronic, debilitated pains
which simulate Rheumatism are
the pains of early Hip joint disease,
especially if the pain at the knee
is direct or by Dr. Helen C. Chisholm
on Rest and Pain") be present — Is that
thing done, may be confused with
thrombosis and inflammation.
The greatest care is required in the
examination of such cases as the most
experienced surgeons may be in despair.

A patient of mine, a child aged
three years, a few days after being
allowed to sit on
champ grass developed a limp and
pain in the hip — at times keeping
the right semiflexed, drawing up the
foot from the ground and crying
when attempts to manipulate or
straighten the limb were made. I
considered the affection thrombosis
and treated her accordingly. As
she did not seem much better
after a few days' treatment, she
was taken to an eminent London
surgeon who said she had hip dis-
sease and ordered her to be put
in certain apparatus etc. He passed
through this for a few or five days; after

Infor
before doing anything, and if that soon all symptoms had disappeared? 

The pain, fever, and rest at all likely to have arisen from infection.

Infection of the hip joint, but in all probability, ven simply rheumatism.

Conversely — as an example of a case of hip disease which had been diagnosed as rheumatism — may refer to one mentioned by Dr. Hilton ("Preliminary Rest and Pain," p. 316, etc.) when a young gentleman was advised by a well-known surgeon in London to take abundance of exercise, and to go to a hydrotherapy establishment to get cured of his rheumatism. The case has now very shortly to be plainly one of real hip disease from which the son ultimately died.

Rheumatic symptoms may be simulated not only by spinal disease (as in the case of Mr. J.S. Lane)
already quoted) but also by shot in the kidney or pelvic urethral stones. The following is a case in point:

A volunteer aged 36, then in camp at the Western manoeuvres, lay one night on damp straw. Next morning he complained of stiffness and pain in the back and presented all the symptoms of kidney stones. He was in consequence obliged to return home. He kept his bed for two or three days and had the usual local and internal remedies for kidney stones. His urine was perfectly normal to the chemical and microscopic examination. His pain increased, remaining confined to the muscles in the lumbar region, where it was quite at rest it was always easier. Firm pressure did not aggravate it. About a week after he was entirely well. He was seized with a rigor, halitosis, followed, with shooting pains from the bladder. Further hours afterwards a calculus was voided.
In this brief essay, it has been
my endeavor, so far as possible to
state of cases falling under my personal
observation, referring to the publications
of others only where it seemed necessary
to render them complete. My propos-
ces that in the discussion of cases
of chronic rheumatism, the
cause and significance of the medical
treatment are frequently called to the
attent.# chronic rheumatism is a complaint
which one is tempted to treat with
scant attention, owing to its con-
venient occurrence and to the fact
that its course is for the most part
abnormal and exciting incident—but
in the cases I have quoted will
show—the medical man who
allows his interest to flag and
requires
neglect to avoid himself of every
terrible clue to the nature of each
individual case, is almost sure
to fall into one of the many errors
of diagnosis which surround the
subject on every side.

Dwight L. Moody