PSYCHOGENIC ARTHRALGIA*

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Today the term "psychosomatic syndrome" needs no introduction or explanation to the average intelligent physician. It is generally accepted that disease symptoms may be aggravated by emotional disturbance producing pathological changes through the sympathetic or endocrine system, as, for example, in coronary sclerosis. Also, most experienced rheumatologists emphasize the important contributing effect of emotional disturbance in rheumatoid arthritis. This paper, however, is confined to cases in which no organic disease of the joints has been detected. Therefore the term psychogenic arthralgia is suggested, rather than the older one of psychogenic rheumatism.

Psychosomatically speaking, such conditions as headache, laughter, tears, flushing, vomiting, heartache (or, if you like, coronary spasm) are frequently manifestations of disturbed psyche—and so it is with changes in the joints. Forty-five years ago my own younger brother avoided church-going on more than one Sunday with a painful knee, which always seemed to clear up while the rest of the family were at church. Early in the world war 1914–18 the classification of the psychoneuroses was confused, and the term "shell shock" was at first generally applied to cover bizarre and unfamiliar clinical entities. But gradually the so-called functional cases were divided into three groups: (1) hysteria; (2) neurasthenia; (3) malingerers. In the interval between the two world wars, psychiatry became a respectable medical speciality, perhaps partly due to the increasing number of cases in this group and the decreasing number of the more serious epidemiological diseases such as smallpox, typhoid fever, etc. Add to this, in our civilization, the transition from the horse-and-buggy stage to the era of large cities, telephones, automobiles, aeroplanes, and preventive medicine, and the above idea becomes at least suggestive.

The power of emotion in the direction of human thought, the impotence of logic to affect the conclusions dictated by passion, prejudice, and fear, and the extent to which man's mind is controlled by psychological processes of which he is himself entirely unconscious, have been so abundantly demonstrated as to become obvious to the most superficial observer. Rationalization allows the mind to regard incompatible facts in such a light that their incompatibility is more or less efficiently cloaked. The man whose commercial morality differs fundamentally from the code which he practises in his private life persuades himself that the latter code is not properly applicable to business relations—that a man must live and the apparent immorality involved disappears when it is necessary

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for the support of one's wife and family. The extension of this principle in time of war when conflict continuously exists between the self-preservation instinct and the herd or moral one, often called discipline, esprit de corps or "morale", make an understanding of the subject under discussion at least comprehensible to the most pathologically-conditioned physician. To the young physician of today, psychology is as familiar as the Bible was to his Victorian confrère.

Hench and Boland (1946) have stated that in war time over 16 per cent. of cases in the Army Rheumatism Centres were primarily psychogenic. Halliday (1937), Boland and Corr (1943), and Edmonds (1947) have also made important contributions to this subject. No figures are yet available for civilian life, but it is my belief that when the medical profession is alert and on the look-out for this sort of case, the diagnosis will be made with considerable frequency and yield more surprising results than those obtained by physicians who are familiar with and on the alert to diagnose that frequently missed arthritide, which has been known for so many years under the name of *gout*.

Case Reports

The following cases will illustrate the two fundamental types most commonly encountered in practice. Both patients were civilians, with whom, presumably, most physicians will be primarily concerned.

CASE 1

A young woman, 34 years of age, had lived at home in Montreal and worked in a well-known industrial concern for many years, with satisfaction to her employers and herself. About one year previous to consulting me, she married and moved to Halifax. She was referred by a dentist, to whom she had gone to have her teeth extracted because of pain across the shoulders and in both hips, both legs, and both hands. She stated that she thought the dampness in Halifax was the cause of her trouble, which had been present for the last seven months. There was no history of trauma, fever, or chills. The initial joint involved was the right arm, and from there the pain had spread to her back, shoulders, and legs. The pain was severe, but there was no swelling, redness, or heat. She did not know what time of day the pain was most acute, and it did not keep her awake at night. The present function of the joints was unimpaired, and since she had returned to Montreal she was slightly improved. She thought she had lost 3 lb. in weight.

The family history revealed that the mother had arthritis and her only brother was said to suffer from an ulcer of the stomach. Also the mother and brother both had ragweed hay-fever. The patient said that the present complaints began ten days after her marriage, when she was living in Halifax in an apartment, doing her own work and seeing relatively few friends. She thought she was somewhat nervous, but her appetite was good and she ate a well-balanced diet. For recreation she indulged in walking, going to the movies, and playing bridge. She drank four cups of coffee and two cups of tea daily, smoked about twenty cigarettes a day, and had an occasional cocktail. While in Halifax she had consulted a physician for the complaints above-mentioned, and he had given her injections of vitamin B, but without effect. Radiographs had revealed nothing, and the sedimentation rate was normal. Her menstrual history was, as she stated, apparently normal.

Physical examination revealed a normal-appearing young woman, 5 ft. 3½ in. tall, and weighing 133 lb. There was slight nystagmus in the left eye. The pulse rate was 80 and was regular and of good volume with compressible vessel walls. Blood pressure was 140/80 mm. Hg. The heart, lungs, abdomen, and central nervous system were apparently normal. The skin was dry and clear, the muscles well-developed, the hands cold. There was some slight tenderness in the joints in

which she complained of pain, but otherwise, both objectively and functionally, they were normal. Haemoglobin was 85 per cent., red cell count 4,720,000 per c.mm., white cell count 8,800, and sedimentation rate 6 mm. in the first hour. (Radiographs were not made because of the past history of negative findings in Halifax.)

Gynaecological examination revealed an imperforate hymen. She was, therefore, referred to a gynaecologist and his report was: "Patient had had an intact hymen which had been unbroken after six months of marriage. Dilatation of the hymen revealed an unhealthy-appearing polyp hanging from the cervix. The uterus itself was normal in size and the pelvis was good. The adnexa was negative. Under pentothal the hymen was further stretched, and there was a stricture at its base which required plastic treatment to the introitus; in performing this the opening was further enlarged. The cervix was dilated up. The polyp, whose base lay somewhere in the region of the internal os, was removed. Further dilatation of the cervix and curettage of the uterus itself revealed no abnormalities. A sulphathiazole gauze pack was inserted."

She returned home, and some weeks later enthusiastically grateful letters were received both from the patient and her husband.

This case was presumably one of psychogenic arthralgia caused by dyspareunia and failure, through modesty, to consult a gynaecologist because of her difficulties. It emphasizes the necessity for careful routine examination of all systems by the rheumatologist, when the case is not absolutely straightforward. In the old days a consultant was supposed always to look at the eye grounds and make a rectal examination: I would add to that today, in the case of females, vaginal inspection and examination, or examination via the rectum. It is perfectly obvious that in such a case as the above psychiatric advice is not indicated or required.

CASE 2

The second case is that of a patient whom I have not personally seen; but as a result of an article published three years ago on the recognition and treatment of gout the following letter was received:

"In *Modern Medicine* I read a short article by you on 'Recognition and Treatment of Gout', and find that undoubtedly I have something like it—or have gout. For fifteen years I have had wicked headaches and an 'all body aching', that nothing stopped. My husband, an M.D., use to try all the various remedies to help me, and finding nothing that ever stopped them gave me up more or less as a neurotic—although heaven knows anyone could tell by looking at me that I could hardly put on that devastating illness. After twenty-four to thirty-six hours' of misery I'd get well, only to be laid low in a few days with another.

In September last, after an absence from home for some time, my four grown children and I were to be together again. I dashed home, only to find the grass had grown, tried to mow the grass to make the place look better, furiously cleaned house, had a good chicken dinner ready for my family—only to come down so sick with swollen feet and hands and the most awful pains in my feet, pelvis, and head. Oh, I was really ill. My son, a young M.D. in the Army, laughing said 'Mother, dear, you have a mean case of gout'. All thought it was a huge joke and told me to give up my 'likker' (I don't drink), etc. For a week I was too miserable to care, although I was heartbroken on being the cause of such a miserable time for all. However, my son did tell me to leave everything to eat alone except milk and bread until I was better. It took me six weeks to get my shoes on and ever since I have a miserable time if I eat anything except bread and milk!

I have always had a fine appetite and digestion. Have done all my work, raised four children, helped my husband in his medical practice by running errands, etc., taken care of the yard, and been a healthy mortal, and now I'm reduced to bread and milk and aches and pains. Is there any cure? I can't take cinchophen. At least when I have, I have had face and hands swell up very badly and feel horrible. I am just now getting on my feet again after eating about a teaspoonful of chicken salad five days ago. Either I have a vivid imagination or it's fact, but I think nearly everything I eat fills me with misery. Coffee, tea, cocoa, and apricots put me on the sick list for ten days a while ago. My feet

are quite deformed and are losing surface feeling. I suppose I'm a 'gone grey goose'—but I'm writing to see if you have any other suggestions to follow. I noticed that in your acute stage diet you list eggs. I'm going to eat one as soon as I get a little better and see what it does to me.

At present I'm helping to care for an aged mother and two-year-old grandson, whose father was a war casualty, but if you'd like to use me as a guinea-pig, I'll try things out and report to you. This thing is really a horrible thing to have and if anything can be done to help someone else through me it would be worth while. My family is grown up and gone; my husband in love with his secretary, so I am more or less free.

Listed as premonitory signs you have dyspepsia. In my case it is a wild craving for good things to eat, salted nuts, olives, anchovy paste, and fried chicken, snappy cheese, rare beef roast, chops and steaks, of which we don't have so much recently—raisins, etc., and if I don't watch out I'm sick. Under your 'at no time' list of food I have never eaten kidney or brains, but everything else has generally been on our menus. Asparagus and lima beans have made me ache too. My son said he didn't have time from his Army duty to watch my case, but so few women had gout that perhaps I had something else. I can tell when I'm going to be sick, first by remembering the good things I've eaten then by swollen hands and feet and being easily upset by people, and the aching in my hips and twingy pains in my feet. I am getting worse I know, because I can hardly go up two steps at times. In am 53 years old, 5 ft. 8½ in. and weight 149 lb. Three years ago had all of my teeth out to 'cure' the rheumatism in my feet!! Rarely have colds, the last one fifteen months ago. Have never had the children's diseases when a child, or when my children had them. Had malaria in 1910, appendicitis acute in 1912, Todd-Gilliam in 1923 or 4, after I had had several miscarriages due to retroversion. My children are healthy and strong, although I'm afraid one daughter living in California and 23 years old may unfortunately have inherited this thing. Recently she has written me of having the 'same sort of headaches you used to have' and added that she wasn't ever going to eat chocolate again as she was sure that caused it. The two grandchildren, the boy, 2, I'm caring for, has a cow's milk allergy, and the little girl in California, 1 year old, is healthy.

My father, an M.D., died 12 years ago of coronary occlusion. My mother 86 years old is spry, wiry little lady who fractured her back in a fall last May and was walking in August. She is very well and eats everything. Three brothers and one sister are healthy and well too.

Please don't feel that you must answer this letter. I suppose there's no cure, but I felt I'd like to ask you, anyhow. You stress early recognition that in my case was not done, but it would be early recognition for my daughter. Do you think I have gout or is it some form of arthritis?"

In my opinion, this case is obviously one for a psychiatrist, after investigation by an internist or a rheumatologist, and a rheumatologist should always have the point of view of an internist. Medicine seems to be changing its pattern, and during this period co-operation is more than every necessary, because with the enlarging field it is impossible for the general practitioner to survive in the same position as he occupied during the Victorian era. How much co-operation is necessary in this second case would depend on the physical examination and laboratory tests, but it is conceivable that more than one physician would be required to solve the patient's difficulties.

Summary

The importance of psychogenic arthralgia is emphasized and two cases reported of widely different character, obviously requiring different forms of therapy.

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