Correspondence

Lateral subluxation of atlanto-axial joint

Sir,

In their useful article on lateral subluxation of the atlanto-axial joint in rheumatoid arthritis Burry et al. (1978) note that it is difficult to explain, in simple neuroanatomical terms, the occurrence of orbital pain in patients with rheumatoid arthritis of the upper cervical spine (as well as in persons with degenerative joint disease of the same area).

I wish to suggest that not only the orbital pain, but also the pain felt in the occiput and behind the ear, can be explained by mechanisms other than direct irritation of nerve roots. Disease of joints is almost invariably accompanied by pain syndromes of associated muscles, with trigger points and referred pain. Muscles in the vicinity of the upper cervical spine, which refer pain to the orbit, include the occipitalis, splenius capitis and cervicis, and sternocleidomastoid. The semispinalis cervicis and splenius capitis refer pain to the occiput, and the sternocleidomastoid to the postauricular area. (Cyriax, 1938; Kelly, 1942; Travell, 1967; also Simons and Travell, unpublished observations).

Many who have studied pain referred from muscle believe that it is a reflex phenomenon in which the central and possibly the autonomic nervous systems are involved (Kelly, 1945; Travell, 1949).

Treatment of this pain by injection of trigger points with local anaesthetic (as was done in case 1 of Burry et al.) often is helpful. I have observed it to relieve 'intractable' nuchal and head pain when a full array of measures directed at the spine itself had failed. Such an approach merits consideration in all patients with this problem.

MICHAEL D. REYNOLDS
Department of Medicine,
College of Medicine, Howard University,
Washington, DC 20001, USA

References


Change in style of references

In accordance with the Vancouver agreement many medical journals are to standardise the instructions they issue to authors on the preparation of references. References will be cited by the numerical system already familiar in many journals, including the British Medical Journal. A paper (or book) cited in the text is referred to there by a superscript number. In the list of references the papers (or books) appear in the numerical order in which they are first cited in the text, not in alphabetical order by authors’ names. For convenience in preparing the typescript the reference number may be typed between parentheses on the line, not superscript. The titles of journals will be abbreviated in accordance with the style of Index Medicus. In the typescript they should either be abbreviated in that style or given in full. This journal will change to the numerical system from the first issue of 1980. Authors submitting papers are asked to adopt it now in order to facilitate editing. Three examples follow:


Copies of the Vancouver agreement (50p, post free) are obtainable from the Publishing Manager, British Medical Journal, BMA House, Tavistock Square, London WC1H 9JR.