BOOK REVIEW

Annual Report, 1948, of the Department of Rheumatic Diseases, West London Hospital. Illustrated. Pp. 40. No price given.

The Department of Rheumatic Diseases of the West London Hospital has celebrated the completion of ten years of important and valuable work by publishing its annual report for the first time in printed form for general circulation. It differs from the usual form of a hospital report in that it limits the usual statistical details but gives an account of the work of the department since its foundation by Dr. W. S. C. Copeman, with the collaboration of the Empire Rheumatism Council and the financial support of enlightened municipalities, first Kensington, and later Hammersmith and Fulham.

The scope and usefulness of the department has grown greatly, especially since the end of the war, and an interesting account of the development and the methods is

given. It is hoped that this will act as a guide and stimulus to similar departments which should rapidly increase in numbers and spread all over the country. Many similar schemes are being planned, but especially in the provinces they have not yet got beyond the "blue print" stage; those in the spas, with a long history, may learn from this comparative newcomer in the campaign against the national scourge of rheumatism.

The report gives an account of the work done and the methods employed; there are interesting reports by members of the staff. An article by Dr. Copeman on the medical history of rheumatism is followed by others of technical character by Dr. Philip Hench of the Mayo Clinic (U.S.A.), and Drs. Wrigley, Highton, and Mason, which give the Report a scientific value in marked contrast to the usual kind, and make it a valuable addition to a doctor's bookshelf.

C. W. BUCKLEY.

CORRESPONDENCE

Pain in the Arm : a Review

SIR,—In his review of the syndrome of pain in the arm (*Annals of the Rheumatic Diseases*, 1948, 7, 15), H. L. Hoffman seems to attach the greatest importance to those diseases responsible for this syndrome arising in the spinal cord, intervertebral foramen, and thoracic outlet. The author has, I believe, under-estimated the peripheral causes, especially those of muscular origin.

In 1938 I defined "myalgia" (myopathy) as a muscular disease localized in anatomical parts of a muscle and/or its appendages, viz. tendon ligaments, etc. In contradistinction to "tender spots"—a purely subjective sign—supposed to be characteristic of fibrositis, the diagnosis of myalgia was based on objective criteria, viz. "myalgic spots", which are responsible for referred pain. These are localized muscular areas, harder to the touch than the surrounding parts (that is, they are in a spastic condition), which on pressure produce agonizing pain accompanied by involuntary, reflex-like jerking, an objective and pathognomonic sign.

Under the term "idiopathic myalgia" (Good, 1940) two cases of pain in the arm were described which, by reason of the symptoms present (paraesthesia, numbness, pins and needles), mimicked neuralgia or "brachial neuritis". The diagnosis could be proved by injection of procaine, which cured the disease. Independently in 1938 Sir Thomas Lewis and Kellgren proved that injection of a hypertonic saline into a muscle may cause referred pain.

According to Hoffman the neurological symptoms in spondylitis and osteo-arthritis are caused by root involvement. In the former the symptoms occur in the early stages of the disease, by reason of epidural and periradicular exudate. They are not due to bony narrowing of the intervertebral foramina and are much less common when the spine has become fixed. In osteo-arthritis of the spine root symptoms and signs are more common. These signs arise before demonstrable osteophytes are present, or they may occur only after osteo-arthritis has been present for years. The signs and symptoms present (pain, paraesthesia, muscle weakness, increase of pain on movement) have been described as characteristic of myalgia (Good, 1938), and it was stated that rheumatoid and osteo-arthritis are often associated with myalgic conditions. The question whether the complaints

mentioned are caused by a root lesion or myalgia is important from a scientific point of view, but even more so for practical therapeutics. If a mono- or polymyalgia is responsible, the complaints can be fully relieved by objective location of the myalgic spots and accurate and thorough injection of a few c.cm. of procaine into each spot. Hence the injection serves as a diagnostic test in addition to the curative effect.

Walshe has recently drawn attention to the frequency of the common syndrome of acroparaesthesia in the arms and fingers of middle-aged and elderly women. He came to the conclusion that the complaints are caused not by neuritis—with which I agree—but by a sagging of the shoulder girdle. However, in my experience the syndrome is due to myalgia of the elbow and can rapidly be cured by an appropriate procaine injection.

When Hoffman states that root symptoms in osteo-arthritis may cause headache (1-3 cervical root), that tender nodules may be associated with nerve root irritation, and that such cases are wrongly diagnosed as of primary "fibrositis" he, in my opinion, puts the cart before the horse. As stated above, the diagnosis of myalgia (not fibrositis) has to be made objectively; and procaine injection will prove conclusively whether or not the diagnosis is correct. But there is not such a test for root lesions at present.

I should like to plead that the term "fibrositis", which is a misnomer, should be dropped, and that the term "myalgia", as defined in 1938 and based on scientifically satisfactory criteria, should be used. The great frequency of myalgia will not appear surprising if we consider that the skeletal muscles represent the largest organ of the body—the active locomotor apparatus—that they amount to 40 or 45 per cent. of the organism in weight, contain up to a third of the total blood, and are subject to wear and tear during working hours.

I am, etc.,

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