

A Rheumatic Syndrome in Elderly Patients

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The following notes on three patients are published with the intention of drawing practitioners attention to a syndrome occurring in later life. Similar cases have been reported by Bagratuni (1953) but I know of no other records in the literature.

Case 1. A female aged 60, housewife, married, complained, in May and June, 1952, of "rheumatism in hips and shoulders" which was not severe enough to cause her to consult her doctor. I first saw her in July, 1952. At this time she was a pale ill-looking woman who had lost some weight. Physical examination was negative except for some limitation of all movement of her hip and shoulder joints. X-ray of hips and pelvis revealed no abnormality. Blood count Hb. 75% (11.1 gm.) W.C.B. 7,600 per cm. Film normal. E.S.R. 100mms. in 1 hr. (Westergren). Blood serum proteins, total 6.7gm./100ml., albumin 3.4gm./100ml., globulin 3.3gm./100ml. The patient ran an irregular low fever—never higher than 99.4°F.—without alteration in her general condition until October, 1952, after which time there was a slow steady improvement in her health. In January, 1953, the E.S.R. was 45 (Westergren) and Hb. 80%. By April, 1953, the patient was well and has remained in excellent health since with no complaints.

Case 2. A female aged 62, school-teacher, single, complained, in August, 1952, of having been tired for the previous three months. She was obviously pale and had spoon-shaped nails. There were no other physical signs. Her blood count was not done as the patient was going on her holiday the following day. I prescribed tabs. ferri. sulph. and saw her four weeks later. She was no better and she was now complaining of stiffness in her neck, back and arms. By October her general condition was worse. Pain and stiffness had spread to her hips. She was mildly febrile (99°F. to 99.6°F.), E.S.R. 104mms. in 1 hr. (Westergren) Hb. 76% (11.2gm.). W.B.C. 12,300 per cm. During the past year there had been loss of weight of 1 stone. Physical examination was negative except for stiffness of shoulder and hip joints. For the next 6 months she showed a steady improvement until, in June, 1953, she appeared to be well and free from any disability.

Case 3. A female aged 80, widow, complained of painful and stiff shoulders and hips for several months with marked pallor of the mucous membrane, anorexia and loss of weight. Physical examination was negative and although carcinoma was suspected further investigations were not encouraged owing to the age of the patient. Blood counts and E.S.R.s were not done because at that time their significance was not appreciated. Spontaneous recovery took place within a year and the old lady is now very well and active.

Discussion

Bagratuni (1953) described six cases occurring in the Radcliffe Infirmary over several years with similar clinical characteristics and with similar blood pictures to cases 1 and 2 mentioned above. They were all elderly patients over 60; had marked stiffness and pain around the hips and shoulders; mild pyrexia during some stage of the illness; their cachectic appearance suggested carcinoma and hypochromic anaemia. The E.S.R. was high in all cases (in the region of 100mms. in 1 hr. (Westergren)); the serum albumen/globulin ratio was altered towards equality. Spontaneous recovery occurred in 1 or 2 years.

Treatment in every case was symptomatic; aspirin was given to relieve pain, and iron was prescribed for the anaemia. Physiotherapy apparently helped recovery in cases 1 and 2 but case 3 recovered her full movements without any such help.

Bagraturi believed that this syndrome might be allied to rheumatoid arthritis but, for the following reasons, I think this unlikely:—

1. The small joints are not affected.
2. The E.S.R. is abnormally high for rheumatoid arthritis,
3. Recovery of joint function is complete; the stiffness appears to be mucular rather than articular.

While the cause of this syndrome is at present obscure it is important to confirm the diagnosis by blood tests, so that a favourable prognosis can be given in this apparently serious illness of elderly people.

REFERENCE

Bagraturi, L., 1952. *Ann. Rheum. Dis.*, 12, 98.

Intermittent Abdominal Pain in Children

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I have, for a long time, been interested in a number of children who presented symptoms and signs strongly suggestive of sub-acute appendicitis. When these were fully investigated this diagnosis could not be upheld, but an alternative presented itself. The possibility that the symptoms were caused by the ingestion of pasteurized milk was suggested to me by Dr. Kelly (1954) whom I would like to thank. The following four cases would appear to support this suggestion.

Case 1. A female aged 12, began 2 years ago to suffer from attacks of lower abdominal pain. Examination at that time revealed a thin, nervous child with pain localised in the right iliac fossa. There was lower abdominal tenderness, more severe in the right lower quadrant, but no rigidity or guarding. She was at that time thought to be suffering from constipation and emuls. liq. paraf. was prescribed.

The attacks gradually increased in frequency and severity until, about a year later, they were occurring at about weekly intervals and the child was admitted to hospital for investigation. Straight x-ray and barium meal with follow-through were negative. The urine was normal and sterile. Mantoux test negative.

At my suggestion her milk intake was cut and her pain diminished. Skin tests for sensitivity to pasteurized milk were negative.

Progress. When her milk intake was discontinued altogether, for a while she had no pain. As it is impossible to obtain pasteurized milk for this child she is now kept on a minimal amount and has experienced little trouble since.