MYOSITIS AND MYALGIA: DYSPHAGIA AND PHLEGMASIA DOLENS

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In a previous communication on this subject, I showed that a process of inflammation, once set up in any muscle from excessive exertion, might extend to the parts in its immediate vicinity; and I gave one instance in which such extension had taken place during searation of the sterno-mastoid to the pharynx. Some friendly critics have objected to this view of the case, thinking that it is more correct to consider that the muscle was affected from extension from the throat.

The following cases enable me distinctly to prove my view of the question to be correct; and they will serve as an introduction to some others, which seem to show light upon certain cases of phlegmasia dolens.

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**CASE I.** Miss R., aged 35, a delicate, but strong minded woman, complained of the presence of a sore throat, which at times entirely precluded sleep, and this had caused her taking nourishment, aggravated greatly her other symptoms. On making special inquiry into this symptom, I found that it was attended with soreness, pain, and stiffness of every part of the neck. Still further examination showed that she had been driving herself about more frequently than usual in her pony carriage, whenever she had been conversing or laughing much, or after she had been bending her head forwards, as in reading a heavy book resting perpendicularly upon the abdomen, when lying down. The pain in the muscles of the neck invariably came on before the dysphagia, and was attended by hardness of the sterno-mastoid especially. The dysphagia was attended with sore-throat, and in one instance of the latter case was driven to take absolute rest in bed. It then left her, pari passu with the cervical tenderness.

**CASE II.** Mary C., aged 25, suffering from great debility, after being under my care in the Infirmary for some time, considered herself sufficiently well to attend the chapel. This involved a walk down and up two long flights of stairs, and sitting upright for an hour. Next day she had very severe pain in the neck, especially in the left sterno-mastoid, which was exquisitely tender, very painful, and quite hard to the touch. At that time there was no sore-throat or dysphagia. Next day, however, she complained of sore-throat and difficulty of swallowing, and the junior house-surgeon, who examined it, told me that the face and pharynx were very much inflamed, but not ulcerated, by perfect rest and gentle intonation of morphia. The Irish in 145 days; the throat getting well at the same period.

**CASE III.** occurred many years ago, and until lately was quite inexplicable to me. Miss J., aged 28, very stromous and delicate, was affected by a very peculiar cough, during the part oxyrous of which all the anterior cervical muscles were seen to be quite rigid. After this had lasted some days, the whole of the neck swelled greatly, and was acutely tender and painful; and the cough was suppressed as far as possible, from the suffering it produced. The real cause of the cough was never ascertained. After the neck had been in this condition for a day or two, sore-throat and dysphagia came on, with a copious secretion of a dense rong mass. From a deformity of the jaw, however, no examination could be made of the fauces. In a week the difficulty of swallowing was so extreme that the patient refused all food. A second physician was now called in, and, under his influence, milk was swallowed in as small quantity to sustain life. Change of air was recommended; and by very slow degrees the patient got well. She has, however, been subject to frequent return of the same class of symptoms; and, on recent occasions, I have been able to trace the following sequence:—Irritative cough, long practice at the harp or piano, with singing, coupled with excessive catamenial flow or other cause of debility, produces an inflammatory condition of the sternomastoids to the extent of weighing about half an ounce, and ultimately to the muscles of the pharynx and mucous membrane of the fauces. On hearing this explanation, my patient at once endorsed my views.

These cases, when coupled with the fact of myositis of the solei, gastrocnemii, etc., in patients with sea-scurvy, is always

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**Royal College of Surgeons. The Collegiate Prize subject for 1801 is, "The Anatomy and Physiology of the Supraorbital Bodies." There are two Jacksonian Prize subjects for the present year, viz.:— "The Healthy and Morbid Anatomy of the Treach", and "A Description of the Diseased Conditions of the Knee-Joint which require Amputation of the Limb, and of those Conditions which are favourable for Excision of the Joint; with an Explanation of the Relative Advantages of Both Operations, as far as can be ascertained by Cases properly authenticated."
We propose (a) that swollen leg is due to "obstruction" of certain pelvic veins; (b) that that obstruction commonly arises from extension of some inflammatory process from the uterus, ovaries, bladder, bowels, vagina, or rectum; (c) that it occurs, not unusually, in individuals who have been affected with inflammation of these organs; (d) that it is right to assume that the pelvic veins per se have no greater tendency to obstruction (from inflammation or other cause) than any other veins; (e) that when there are signs of obstruction of the veins and no signs of inflammation of any of the organs before alluded to, it is philosophical to assume that they have been implicated by inflammation of some other organ already described (such organ, we may presume, is the illices); (f) that it is quite as rational to assume that the obstruction of the veins may have originated from a voluntary muscle (the illices) as from an involuntary muscle (the uterus).

These premises being granted, we say—if it can be shown that swollen leg comes on after (proportionally to the strength) excessive use of the illices, etc., and without any signs of inflammation of other intrapelvic organs, we may fairly attribute it to muscular inflammation extending to the veins.

Before going into our own cases, we turn to authorities, and we find that when phlegmasia dolens occurs with no signs of inflammation, etc., of the uterus, bladder, etc., it follows after walking or other exercise has been taken—e.g., washing, dressing, scouring, etc. So far, there is prima facie ground for us to rely on. The next two cases, both of recent date, confirm this.

The Rev. Mr. C., aged 45, had an attack of low fever, from which he was fairly well recovered. When conveyed from this place and after a long period passed in the house, though still languid, he was strongly recommended to take exercise in the open air. As long as he rode out, he had nothing to complain of; but the first time that he took a comparatively long walk, he was attacked with pain in the right calf, followed by "swollen leg" and pain in the right iliac fossa, with inability to keep the limb extended. The skin was brownish red, instead of the ordinary white, waxy colour. There was tenderness over the groin, increased by deep pressure, and the thigh was kept flexed on the abdomen. There was much pain in the lower extremity; but no fever. Rest in bed, for a month, completely removed all the symptoms, without any special treatment. There were no signs throughout of any affection of the kidneys, intestines, or bladder, and the dependence of the complaint upon the walking exercise seemed well marked.

Ann C., 39, unmarried, a very sallow, weak looking woman, came into the Liverpool Royal Infirmary with general weakness, and swelling of the left leg. She was a charwoman, and had recently been occupied for some days in scouring the dressing cases of an old woman. She had been already five days in bed, suffering from a high fever, with intense pain, in the lower part of the abdomen, which prevented her sleeping; and this was followed next day by swollen leg. As this did not at once subsale, she came into hospital. At that time the nature of the swelling had been, and thought the case simply one of myalgia of the leg, etc. A few days after her admission, however, she complained of tenderness in the right calf, and in the right groin, and was unable to straighten the limb, which was kept flexed upon the abdomen, and I ascertained that the right lower extremity was in a state of phlegmasia dolens. She now assured me that the other had been precisely similarly affected. No special treatment was adopted, beyond rest and opiates. The swelling subsided in three weeks, and the patient, who is slowly recovering her strength, will soon be fit to go out.

In this case, there had been no previous uterine, vesical, or rectal disease, and no typhus, nor was there any evidence of such disease during the swelling. The cause seemed unquestionably to be overextension of the illices and psoas in the action of scouring, etc., involving long reaching, and recovery of the body to the old position, moving the knees along the floor, etc. In this, as in the last case, it is rational to suppose that there were—1, myalgia; 2, involuntary muscular process to the veins; 3, resolution of the disease in both parts, and consequent recovery.

If in these cases the obstruction of the veins was idiopathic various inflammation, we can safely suppose that recovery could take place so soon, and we are driven to conclude that the circulation through the veins was impeded by pressure from without, rather than by obliteration of their calibre from internal effusion.