A CASE OF MORTON'S METATARSALGIA.

Neuritis; Exsection of Joint; Cure.

BY

O. T. OSBORNE, M. D.,

Professor of Therapeutics at Yale, New Haven, Conn.

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PROFESSOR OF THERAPEUTICS AT YALE, NEW HAVEN, CONN.

In November, 1893, a young woman, about twenty-five years of age, came under my care, complaining of pain in the right foot, with a feeling of numbness in, and often a cramping of, the fourth toe. The pain was increased by walking and going down stairs, and, when sitting still, often the shoe must be removed to relieve it. The pain was of a sickening, boring character, often shooting around the ankle and up the leg.

The history of the patient was as follows: In December, 1892, she had slipped on a piece of coal, turned her ankle, and fallen on her right hip with the foot twisted under her. For a week she walked with difficulty, due to the strain and soreness of the whole leg. About one month afterward—viz., in January, 1893—she had a cerebro-spinal meningitis, during which both ankles became stiff and the leg muscles contracted, so that the feet were turned in and down, greatly out of shape. On recovery, after remaining in bed nearly two months, she was hardly able to walk, owing to the stiffened ankle joints, and to the contractures of the muscles of the legs.

In June, 1893, she was first able to walk well, but typhoid fever again put her to bed in the latter part of July, and kept

her there until she first went out in October. At this time the right foot began to pain her badly, was numb, and caused her trouble in walking.

In November, when she first came to me, as above stated, I found almost total anæsthesia of the fourth and fifth toes of the right foot, and slight anæsthesia of the skin along the course of the external plantar nerve. There were also tender points along the course of the sciatic nerve and in the popliteal space.

The diagnosis of neuritis in a subacute stage was made. Electrical treatment was started, and quickly, by the constant current, the anæsthesia disappeared; as for the pain, the interrupted current always caused a diminution of it, but the periods of absence of pain were always irregular and evanescent.

The pain was always increased by walking or going up and down stairs. All medicinal treatment utterly failed, and at times there was a great deal of sciatic pain, even to the hip, and often in the knee.

Every resource was tried to cure the patient, but the only relief, or rather the only treatment that seemed to prevent the pain from being unbearable, was the constant current, to reddening of the skin, over the painful points of the sciatic nerve, and the interrupted current to the foot and toes. This treatment was continued at short intervals until October, 1894, during all of which period walking was always more or less painful and the shoe *must* be loosened or actually removed, at almost any place, be it church or theatre, if she had sat quietly for a time. Morton maintains that this compelled removal of the shoe is a diagnostic sign of this metatarsalgia.

In October, 1894, after some unusual amount of going up and down stairs, and after several previous aborted attacks, a violent ascending neuritis of the sciatic nerve started up. This was the most violent and intensely painful sciatic neuritis that I have ever seen.

The fixation splint from the heel to the axilla was constantly kept in place, with occasional removals for the relief of

pressure points and for the reapplication of cotton and flannel for dry warmth. Hot sand bags were constantly used about the leg, as dry heat diminished the amount of the pain.

During the paroxysms of pain always, and constantly for four weeks, hypodermics of morphine in enormous dosage were given. Nothing else was of any avail.

For five weeks these paroxysms occurred almost daily, and at these times individual muscles or groups of muscles of this (right) leg would be thrown into contractions, both clonic and even tonic in character. Often these contractions would affect the back and abdominal muscles on the right side, and even opisthotonus often occurred. These convulsions of the leg and hip muscles caused excruciating pain, as every twist or pull would injure the inflamed sciatic nerve, so that the patient begged for the attendants to hold the leg still, as even in the splint the joints were slightly moved by the muscular spasm.

At any time if the splint was momentarily removed the toes and foot flexed spasmodically toward the plantar surface, always causing agonizing pain.

Nothing stopped these spasmodic, convulsive paroxysms but inhalations of chloroform to partial anæsthesia and kept up for half an hour at least. Then relaxation enough would occur for the powerful hypodermics of morphine to take hold. Enough morphine, without endangering the life of the patient, could not be given to prevent these paroxysms, although three grains were often given in a night, and frequently one grain and three fourths at one dose, and that to a patient who had never taken morphine up to the time of this acute neuritis. All of the surface of the foot and leg receiving nervous filaments from the external plantar and posterior tibial nerves was anæsthetic, but any movement or any pressure that would affect any part of the sciatic nerve would cause intense pain and perhaps precipitate a paroxysm.

During this attack of neuritis the most painful region, and the point that could not bear even the touch of a finger, was on the sole of the foot at the joint of the metatarsal bone and proximal phalanx of the fourth toe.

As here was the point of most intense pain, and as injury to this part by walking and going down stairs could be the cause of the traumatic ascending neuritis which I decided that she had, I concluded that there was either a neuroma at this point or that she had Morton's metatarsalgia as the cause of the whole trouble, and that only surgical interference could ultimately cure the patient. I at this time stated my opinion to the family, and the subsequent operation proved the condition to be that described by Morton.

In seven weeks the acute stage had passed and the patient was about on crutches, as the muscles supplied by the posterior tibial nerve were paralyzed as well as the fourth and fifth toes. The skin supplied by the posterior tibial and the external plantar nerves was anæsthetic, while movement of the ankle joint was very painful.

With massage and electricity the sensation became normal, and the paralyzed muscles of the leg returned to normal action by about January 15, 1895.

But now again we had the same old plantar neuralgia, and the same aching toes and leg, and the same inability to walk.

As, soon, a threatening sciatic pain after a little extra use of the foot compelled me to send her to bed for three or four days, I called in Dr. William H. Carmalt as consultant, as I desired surgical interference. Dr. Carmalt agreed with me as to the trouble being Morton's neuralgia, and exsection of the joint was decided upon.

The operation was performed by Dr. Carmalt in March, 1895, and was perfectly successful.

From that date up to the present time there has been entire and complete absence of pain from the toes, foot, leg, and thigh.

There has been no pain on walking or going down stairs, and no cause to remove the shoe.

The atrophy of the leg, which had in considerable measure persisted since the attack of neuritis, has entirely disappeared.

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