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**GARROD, Archibald E. - On an
unusual form of nodule upon the
joints of the fingers**

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ON AN
UNUSUAL FORM OF NODULE UPON THE
JOINTS OF THE FINGERS.

BY
ARCHIBALD E. GARROD, M.D.

Nodular excrescences of various kinds are met with in the neighbourhood of the finger-joints. In children and young adults subcutaneous rheumatic nodules not infrequently occur in such situations, and in older patients the finger-joints are common seats of urate of sodium deposits and of the osteophytes of rheumatoid arthritis. Moreover, the hands of those engaged in manual labour may exhibit thickenings of the skin which constitute distinct excrescences.

In the course of the last few years I have met with three cases characterised by the presence upon the finger-joints of nodules or cushions which did not appear to conform to any of the recognised types, and as all the cases seemed to be examples of the same morbid condition, and presented features of some interest, I venture to record them here, although my observations upon them have been purely clinical, and I have no knowledge of their morbid anatomy.

CASE I.—The first case was that of a young man, aged 20, whose occupation involved much writing. Although he was a sufferer from dyspepsia, he enjoyed fairly good health, and exhibited no sign of organic disease of any viscus.

The patient came of a gouty family, his paternal grandfather having been a martyr to that disease, and his father having Dupuytren's contracture of the fingers. His mother was said to be somewhat rheumatic.

On looking at his hands, one was at once struck by their peculiar appearance; nodules of about the size of half a hazel-

nut projecting from the joints of several of his fingers, and becoming still more conspicuous when the fingers were flexed.

The skin over the nodules was natural in appearance, and could be freely moved over them, so that they were obviously unlike the corns sometimes met with in similar situations. When the fingers were extended, they felt like fibrous lumps, yielding somewhat to pressure, and of about the same consistence as subcutaneous rheumatic nodules becoming softened preparatory to their disappearance. When, on the other hand, the joints were flexed, the nodules became very much firmer. They could be shifted to some extent upon the subjacent bony structures, but their mobility was very limited, and when the fingers were flexed they became quite fixed.

The right hand exhibited four nodules, two of which were



situated upon the middle joints of the middle and ring fingers, and the others upon the end joint of the thumb, one upon the dorsal and the other upon its inner aspect.

On the left hand there were two nodules upon the middle joints of the second and ring fingers, and there was a lump, apparently of a similar nature, upon the ball of the left great toe.

The patient complained that the lumps were painful, and that writing increased the pain; and added that they were apt to enlarge when he was out of health. He complained of no pain in any joint, except those over which the nodules were situated.

The lumps were first noticed when he was a boy of thirteen, and they have steadily increased in size of late. Those upon the right thumb were the most recent.

The most remarkable point about this case was the fact that an elder and a younger brother of the patient were said to have precisely similar nodules upon the hands. He had no first cousin on the father's side, but believed that some of his second cousins were similarly affected. The elder brother was stated to have recently developed a fresh nodule after an injury to one of his fingers.

CASE II.—A woman, aged 59, came as an out-patient to the West London Hospital in November 1889, complaining of chronic bronchitis. No family or personal history of gout or rheumatism could be obtained, but the patient herself exhibited typical Heberden's nodes upon the terminal joint of her right index finger. There were no signs of rheumatoid arthritis of any other joints.

In this case the nodules, although rather smaller than those of the previous patient, resembled them closely in character, were subcutaneous and elastic, and became much firmer when the fingers were flexed. They were slightly movable when the fingers were extended, and some were of much firmer consistence than others.

They were situated upon the first interphalangeal joints, not centrally upon the dorsal aspect, but rather to one side. Their situations were upon the middle and little fingers of the right hand, and upon the ring and little fingers of the left hand.

No complaint whatever was made regarding the nodules, which were neither painful nor tender at any time.

Some at least of them had existed for nearly thirty years, for she stated that she first noticed them when she was seventeen years of age, and ascribed their appearance to resting upon the affected joints whilst scrubbing floors.

CASE III. was that of a man, aged 43, who gave no personal nor family history of gout or rheumatism, and whose health was good. No other member of his family was similarly affected.

The first nodule appeared at the age of thirteen, and he attributed its development to scraping his hand against a wall when playing games at school.

Here again the nodules were smaller than those of the first patient, were obviously subcutaneous, and were for the most part situated over the middle joints of the fingers. They were situated upon these joints of the index and little fingers of the right, and middle finger of the left hand, and upon the end

joint of the left little finger. There was also a smaller one, very much like a rheumatic nodule, over the extensor tendon of the right ring finger, as it passed over the metacarpophalangeal joint. The nodule upon the right little finger was stated to have recently developed after a slight injury, and the others had somewhat increased in size of late.

The nodules were usually quite painless, but some pain was felt when the fingers were fully flexed.

It is interesting to note that upon the palm of the left hand, beneath the ring and little fingers, there was an induration and some puckering of the skin, indicating the commencement of Dupuytren's contraction. As in the first case, the occupation of the patient involved much writing.

In the collection of drawings in the Hospital Museum is one by Mr. Mark (reproduced on p. 158) of the hand of a woman, who was a patient under the care of Mr. Langton some years ago. This picture affords a most admirable illustration of nodules such as have been described, and I am indebted to Mr. Langton for his kind permission to refer to it. The patient was of intemperate habits, and Mr. Langton was inclined to regard the nodules as of gouty origin, although probably related also to her occupation of sewing canvas.

The remarkable family history of my first patient, and the occurrence of the nodules in several members of his family, suggests a constitutional origin for them, and lends some colour to the idea that they may be connected with a gouty tendency; but, on the other hand, no one of the patients had actually suffered from articular gout.

It is further interesting to note the coincidence in one case of an early stage of Dupuytren's contraction of the fingers, and the history of the same affection in the father of the first patient.

My cases agree in this, that in all of them the nodules appeared in early life, in two instances at 13, and in one at 17 years of age. In all they had persisted when once developed, and showed a tendency to gradually increase in size.

The influence of injury in determining their formation was, in some instances, well marked, and it does not seem improbable that the occupations of the female patients had some share in their causation.

One very conspicuous point is that the seat of election of these lumps is undoubtedly the first interphalangeal joints of the fingers. In my cases twelve nodules were so situated, as against five in other situations; and in Mr. Langton's case they were confined to these joints.

Beyond this there was no conspicuous tendency to symmetrical distribution, different fingers of the two hands being usually affected. In the absence of any anatomical data, any view as to the nature of these nodules must necessarily be largely conjectural, but certain kinds of nodules occurring in similar situations can be definitely excluded.

They certainly are not thickenings of the epidermis, and it is equally certain that they are not gouty tophi, exostoses, or osteophytes. Their clinical features strongly suggest that they are fibrous in structure, and they most nearly resemble the subcutaneous nodules of rheumatic children, or those sometimes met with in cases of rheumatoid arthritis, but from these they are distinguished by several important characters.

In the first place, they are permanent, and no history of the disappearance of a nodule once formed was, in any instance, forthcoming. Again, they are, for the most part, larger than any rheumatic nodules that I have seen upon the fingers, and are almost confined to the fingers, whereas rheumatic nodules may form upon any joint or bony prominence; and lastly, in no case could any association with articular rheumatism or cardiac lesions be made out.

On the whole, I am inclined to the belief that these nodules originate in bursæ, and that the affected bursæ have become the seats of fibrous tissue growth.