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## ORIGINAL ARTICLES AND COMMUNICATIONS.

### **METATARSAL NEURALGIA, OR MORTON'S DISEASE.**

This condition is a neuralgia chiefly situated at the anterior part of the foot, especially about the head of the fourth metatarsal bone. In most cases the pain is very acute, but in slighter cases it consists merely in a dull ache.

It was first described in 1876 by Dr. T. G. Morton, under the title of "A Peculiar Painful Affection of the Fourth Metatarso-phalangeal Articulation." Since then it has received notices from many writers, with almost as many titles, one of these being of a more classical origin, "Erythromelalgia," which name, however, is not always wholly correct, as in the majority of cases redness is absent. The neuralgia varies in intensity. The immediate cause is pressure on one or more of the digital nerves at the heads of the metatarsal bones. According to Dr. T. G. Morton, the pain is localized at the interspace between the fourth and fifth metatarsal bones; but in many cases it is present in the second or third interspaces, frequently starting about the head of the third metatarsal bone.

With reference to the causation, there can be no doubt that the rheumatic or gouty diathesis plays an important share in the production of the disease, but its incidence is determined by a blow, strain or fall in which the weight comes mainly on the front part of the foot. In other instances it supervenes after long standing and walking, especially in narrow boots. In many cases some degree of flat-foot is present, but occasionally one finds it associated with the reverse condition, namely, the hollow or claw-foot. Its association with flat-foot is very interesting from an ætiological point of view, since there can be no doubt that with the ordinary condition of flat-foot there is associated a falling of the anterior transverse arch in such a way that pressure is made upon the digital nerves.

**SYMPTOMS.**—Firstly, the attention is called to the patient's foot on account of the pain suffered; frequently it is intense and paroxysmal, and renders movement impossible—such are the severe cases; nor is it confined to the foot, but starting about the head of the third or fourth metatarsal bones it is reflected up the limb. As a rule, no redness is present. In almost all cases the patient will volunteer the statement that there is nothing gives so much relief to the pain as removing the