

the same disorder. Its first appearance was about the age of twenty-one, since which time, although a person of regular and methodic habits, as to diet and regimen, he has each year a more or less severe fit; some summers as many as two or three, at successive intervals of one, two, or three months. Watning of the visitation is invariably given by the following symptoms:—"First, increased irritability; second, functional derangement of the abdominal viscera, accompanied with disordered bowels, high-coloured urine, slight feverishness towards evening, dryness of skin, and some acceleration of the pulse, followed by, third, "flying pains," referrible to various parts, principally joints previously attacked, and at (as nearly as may be) two, three, or four A. M., the seizure takes place (without previous rigor) in one foot. The pain is agonizing and incessant, until swelling appears, when the suffering undergoes a slight mitigation. The inflammation passing through the several stages (before described) and leaving the sufferer, excepting the consequent lameness, in a state of convalescence, which rapidly terminates in (for the time) complete restoration of health. When a longer interval than usual elapses between the fits, or should it assume an erratic character; several joints will be attacked in succession. The speedy (almost instantaneous) departure of the affection from the toe to reappear in the knee, elbow, or shoulder, as the case may be, I have frequently witnessed, and it is a phenomenon remarkably interesting and curious, involving, as it does, several unexplained and mysterious points connected with that extraordinary vital process, metastasis. On one occasion, towards the decline; when recovery was thought to be close at hand, he incautiously walked, with the affected foot unprotected by covering, along a damp, flagged; passage. Before the lapse of half an hour, erratic pains were felt "flying" about different parts of the trunk and head, accompanied with alarming depression, relieved by at once administering a strong dose of brandy, and immersing both feet in a mustard-bath, by which means the disorder was speedily repelled to its former seat.

In the case of this gentleman I have also observed that very slight causes will bring about the development of the elements of gouty inflammation, with which the system appears in a manner to be charged. I have known so trivial an accident as striking the great toe against a stone in walking, produce a paroxysm. This peculiarity is often witnessed in those who are of confirmed gouty diathesis. Indeed, a man constitutionally subject to the disorder, appears to "wear his heart upon his sleeve," slight accidents, otherwise of no moment, being sufficient to induce an attack of this extraordinary disease.

Is it to be considered a modification of rheumatism? Is it a branch, of which the latter may be the root?—a species, of which rheumatism is the genus? Most certainly they are nearly allied, and assumed affinity of origin is borne out by their being commutable with each other in a remarkable manner, the extremes of both presenting dissimilarities the most striking; yet passing or merging, by imperceptible shades, one into the other, rheumatism in different cases presenting more or less of the characteristics of the correlative disease until we have a sort of compound or "hybrid," popularly termed rheumatic gout.

Again, the power of translation, or metastasis, so much

more obvious than in other disorders, and which gout and rheumatism both possess in common. the former, however, in a more marked degree, must suppose that connective relation of origin which leads to similarity of phenomena.—The study of what is pompously styled pathological anatomy has shed no ray of light on this intricate subject. The inspection of the traces which disease leaves after death gives but feeble hints with regard to vital morbid action, being nothing more than a careful examination of the battered and worthless casket from which the contained jewel is left.

What, then, are the channels by means of which gout changes its seat? Is it carried by the arteries? No; for it is frequently transmitted from the extremities towards the trunk, in direct opposition to the blood current. Is it by the veins? For a similar reason we must presume the negative. Is it by the lymphatics? The lymphatics permeate, we have every reason to believe, all the living tissues. How, then, could the morbid element, whatever it be, be circumscribed in its action if transmitted by a continuous channel? Is it by the nerves? Is it an instance of reflex action? This is the more probable, or rather plausible, way of accounting for it. That the sentient extremities of the nerves are not mediately, but directly, implicated in gouty inflammation, is certainly less than doubtful, for the following reason—the pain is altogether referred to the part affected.

Let us compare this with other known facts, by which we shall obtain, at least, indirect corroborative evidence of local neuritis. In most forms of hip-joint disease, pain is felt at the inner part of the knee, which is often somewhat puffy and tender. The nerves of the articulation, actually the seat of disease, are not affected, as is well known, until we produce a shock, either by striking the sole of the foot or the trochanter. The sentient extremities of the nerves are thus, though probably in a state approaching to hyperæmia, still not actually inflamed. In synovitis, pain is felt at the inner and posterior aspect of the thigh, at a point corresponding, as nearly as may be, to the insertion of the short adductor. Here, again, we have negative evidence to the same purpose. In some varieties of hepatitis, pain is referred to the point of the corresponding shoulder. In calculus vesicæ, whatever be the uneasiness felt in the viscus, (which is more or less in a state of sub-acute inflammation,) the torture, the characteristic "stabbing," is at the extremity of the penis: the sole of the foot in calculus is sometimes even the seat of pain. Again, pain, as a symptom of inflammation, may be altogether absent, as in that obscure class called "latent" diseases; for instance, pneumonia, pericarditis, &c., may be so masked and insidious in their progress as to proceed to an alarming height before detection, or even to terminate in the death of the patient; and the nature of the morbid lesion is only found on a post-mortem examination. In the foregoing short list, (which space compels me to abbreviate,) we cannot, without striking at one of the fundamental axioms of physiology—viz., that sensation has no existence independent of innervation, —assume that the terminal nervous fibrillæ can be the seat of phlogosis, without coetaneous derangement of their peculiar function—causing pain.

Now, in all the known examples of neuritis, the derangement of sensation is referred to the seat of inflammation—sciatica, for instance, occurs to me,—in which the sensation of pain commences at the point where the inflammatory process begins—viz., where the nerve makes its "détouchée" from the pelvis, passing along its own course, and, if intense, that of its branches. Here the seat of phlogosis is the seat of pain. From these and other known data I infer, that as inflammation in each of the larger organs (taken en masse) assumes diversity of appearance and diversity of symptom, so may the same process in the ultimate molecules

* An observation here occurs to me which may not be altogether unworthy to record—viz., that as the different organs, or systems of organs, allotted to innervation, circulation, digestion, excretion, are not stricken by disease together, but successively, (or singly,) so the same subdivisional systems of organs (during convalescence) recover their healthy function, or tone, not at the same time, or in the same rhythm, but successively. The first function which regains its normal healthy state of action is that performed by the excretory organs; next, probably, the balance of the circulation is restored, and so on of the rest.