PRACTICE OF PHYSIC AND PATHOLOGY.

ON THE ACUTE FORM OF GOUT, WITH REMARKS ON ITS SIMILARITY TO ACUTE RHEUMATISM.

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Of a malady so distressing in its effects, so frequent in occurrence, as gout is known to be, it is much to be regretted that our knowledge regarding either its pathology or treatment is, as yet, involved in uncertainty and doubtful hypothesis. This disease presents to the observer so many shades of resemblance, throughout its different phases, to rheumatism, as well during the period of incubation as after its fullest development in the form of local inflammation, that we should, at a superficial glance, be almost induced, without farther inquiry, to acquiesce in the opinion, that the difference between rheumatism and the affection which forms the subject of this article, is merely a degree of intensity; that the morbid action, more diffused and divided amongst the larger joints in the acute form of auricular rheumatism, was, by some as yet unaccountable peculiarity, either in the constitution or hereditary tendencies of the patient, as it were, concentrated to a more limited sphere on which to exert its influence, thereby giving rise to the discrepancy and disproportion between the two diseases with regard to—1st, The number of articulations simultaneously affected; 2nd, Pain, accompanying fever, and general symptoms concurrent with the usual distinct local inflammation. In a well-defined attack of gout, the pre-existent and gradually progressive derangement of all the organs which subserve the purposes of digestion and nutrition, coupled with the very remarkable increase of nervous irritability observable (as far as my experience goes) invariably antecedent to a paroxysm, are sufficient, in a great measure, to warrant the conclusion that it is one of the most prominent examples of a local disease, depending solely for its origin on constitutional disturbance.

On an accurate analysis and comparison of the phenomena of rheumatism brought in juxtaposition with those of gout, we shall find sundry material differences, and a numerous train of minor points of distinction, interesting both to the pathologist and the practitioner. The following table will serve, in a general manner, to illustrate this assumption:—

GOUT	RHEUMATISM.
1. Is rare in females, if indeed, they are ever attacked by it, as a strictly defined and uncomplicated affection.	1. Is frequent amongst females, especially that class who are necessarily exposed to the action of those causes to which it is attributable.
2. Is scarcely ever seen prior to the age of manhood.	2. Is common, or at least may present itself, in all stages of life, except, perhaps, infancy, &c.
3. Is generally (though not always) superinduced by high living, free indulgence in the pleasures of the table, &c. &c.	3. Is more frequent among the lower orders, and those to whom poverty and privation are familiar visitors.
4. Is hereditary, descending, as is well known, from father to son, sometimes missing one generation to reappear in the succeeding. Query—Is the gouty diathesis transmissible in families, or does community or similarity of habits induce similarity of disease?	4. Is not hereditary—certainly not obviously so.
5. Affects the smaller joints, although the larger are often attacked; such is generally consecutive. The parts abounding in fibrous tissue, as, for instance, the sole of the foot, are not often the seat of true gout.	5. Affects the larger joints and the fibrous tissues.
6. Less frequently becomes chronic.	6. Chronic rheumatism one of the most frequent maladies of old age.
7. Subsequent to the paroxysm, the patient is improved in general health, that is, in comparison with the state of system previously.	7. Subsequent amelioration not so evident.
8. Metastasis, to other joints, (common;) to the stomach, (frequent;) to the membranes of the brain, (rare;) to the pericardium, (scarce ever.)	8. Metastasis, to other joints, (always;) to the stomach, (rare;) to membranes of brain, (frequent;) to pericardium, (very common;) to intercostal muscles, (pleurodynia.)
9. Cornea most frequently the seat of gouty inflammation of the eye.	9. Rheumatism attacks the sclerotic (sclerotitis atmospherica of Mackenzie) when it presents itself in that organ.
10. Localization of gout not generally preceded by rigor.	10. Rheumatic arthritis always? ushered in by rigor.
11. The copious perspirations characteristic of rheumatic fever are not present in any stage of gout.	11. Muscles in neighbourhood of joints affected, the seat of frequent and distressing involuntary spasms.

Such, then, are the distinctions.

A watchful attention to the growth and progress of this afflicting malady has, I must say, left no very satisfactory impression on my mind, either of the pathology or treatment of this, as well as its co-relative disease, rheumatism. It is, in the established rules of modern practice, to be taken by storm, to be driven from the system *vi et armis*, and all the means which an already overgrown materia medica places within our reach have been, and are, brought to bear against it.*

* The following short sketch of a case, illustrative of the power of medicine, which occurred to me whilst writing this article, may be not inapplicable, as elucidating the text:—

—— Turner, a strong and healthy child, nine years of age, was attacked by phlegmonous erysipelas of the left foot on the 30th of December. Apply fomentations, afterwards poultice, cathartics, calomel, and the usual diaphoretic plan of treatment internally.

January 1st.—Worse; inflammation extending up leg. Continue treatment.

2nd.—Worse; erysipelas at mid-calf. Apply nitrate of silver freely beyond the line of demarcation; continue medicine, &c. Eight P. M.—Worse; inflammation two inches beyond the cordon sanitaire. Re-apply nitrate of silver, &c.

3rd.—Worse; inflammation extending over knee. Make free incisions round the limb, from knee to toes; encourage bleeding by usual means. Continue medicine.

4th—Worse; inflammation beyond knee; other symptoms aggravated. Envelop the limb, as directed by Dr. M'Dowel, in lint smeared with mercurial ointment.

5th.—Worse. Re-apply the mercurial ointment, as before.

6th.—Inflammation up three-fourths of thigh. Apply compound iodine ointment (Reeves's practice) freely, as recommended in *The Lancet* of October, 1842.

7th.—Much worse in every respect; erysipelas extending to haunch. Discontinue and envelop in lint wet with cold lead