

other febrile disease, and more especially since the evidence of the most experienced practitioners in this disease, confirms the advantage derived from gentle emetics and diaphoretics, and some even recommend the external use of cold water in its primary stage. If the active febrile actions be moderated in the commencement by these means, the subsequent prostration of strength is greatly lessened, and the necessity of recurring to bark and cordials greatly diminished. The tendency of the disease to debility in many constitutions, and especially in some seasons of its epidemic prevalence, will of course be kept in view by the discriminating practitioner, and will regulate the early or later exhibition of these stimulating remedies. Blisters, even in the cynanche maligna, are by many practitioners considered as of doubtful utility; but in scarlatina, unless there be also an affection of the throat, we know not to what good purpose they can contribute. Dr. Heberden here makes one important observation.

“Gravis imprimis quæstio est, quam cito

ART. VIII. *A Dissertation on Gout; exhibiting a new View of the Origin, Nature, Cause, Cure, and Prevention of that afflicting Disease; illustrated and confirmed by a Variety of original and communicated Cases.* By ROBERT KINGLAKE, M. D. Member of the Royal Medical Society of Edinburgh, of the Physical Society of Göttingen, &c. &c. and Physician at Taunton. 8vo. pp. 348.

THE existence of gouty affections we find recognised in the most ancient records of medical science. It appears that an idea was early formed that the attacks of this complaint are the operation of a salutary effort of the constitution to throw off some greater impending evil, and that consequently, though it might be necessary in some instances to moderate its severity, it was seldom, if ever, safe to attempt to remove it altogether from the system. This opinion has been transmitted, almost without interruption, to the present age, when Dr. Darwin and Dr. Heberden ventured to call in question the stability of the principles on which it was founded. The author of the treatise before us adopts this idea in its fullest extent; and in the following work undertakes to prove

“That gout differs in no essential circumstance from common inflammation; that it is not a constitutional, but merely a local affection; that its genuine seat is exclusively in the ligamentous and tendinous structure; that its attack is never salutary; that it should neither be encouraged nor protracted; and

liceat hos ægros familiæ suæ reddere sine contagii metu. Equidem die quinto a finito rubore quosdam in societatem fratrum, cute prius eluta, rediisse cognovi, qui nihil mali secum attulerunt.”

This question has been little considered till lately; and a series of observations will be necessary to decide it. It must be remembered that the disease has appeared to be communicated in several instances even later than the tenth day. (See Dr. Blackburn's Treatise.)

In several of the chapters, as in the 30th, *de morbis oculorum*, and the 41st, *de morbillis*, &c. we find a perspicuous compendium of what is most commonly known in regard to those diseases. But on the whole, whatever addition this little treatise may afford to the well-merited reputation of the author will be on the score of his knowledge and taste in classical literature, rather than on account of any improvement which he may have attempted to introduce into the practice of medicine in the diseases of children.

that, if seasonably and appropriately treated, it is as easily remediable as inflammatory excitement on the muscular, articular, or any other description of organic texture.”

The body of the work is divided into six sections; the first, which is styled “origin of gout,” is especially occupied with declamations against the force of prejudice, and the tardiness with which mankind are disposed to adopt improvements in medicine. We do not meet with any thing in this section which accords with its title, and we are quite at a loss to discover its application to the matter contained in it.

In the second section, on the “nature and constitution of gout,” the author enters fairly into the subject, and begins to develop more fully his peculiar notions.

“Gout,” he informs us, “is a greater or less degree of inflammatory affection of the ligaments and tendons, induced by distempered excitability of those parts from various causes.”

He adds,

“It is an erroneous notion that it may be

constituted by transient excitement, without the more stationed features of inflammation. This is transient irritation only, and wants the essential and more durable circumstances of definite gout."

It would appear from these remarks that the Doctor confines his ideas of gout to the local affection of the limb, a surmise which we find confirmed as we advance in the work. It is, indeed, expressly stated that true gout "has its station exclusively in the ligamentous and tendinous structure." If, however, the author unusually restricts the meaning of the word, by confining it to the local disease of the extremities alone, we find that he deviates as widely from popular custom in the opposite direction, in conceiving that all inflammatory action of these parts is essentially the same, and that of course gout and rheumatism differ only in degree; he even goes so far as to consider the inflammation produced by external violence, as constituting the same kind of affection.

Our readers will be doubtless anxious to learn the reasons which have induced Dr. Kinglake to form opinions so remote from those generally received. As far as we are able to comprehend his argument, it appears to be briefly this, he defines gout to be a simple inflammation of a ligament or tendon; hence it follows, first, that no part can be affected with gout that is not furnished with a ligamentous or tendinous structure; and, secondly, that every inflammation of a ligament or tendon must be gout. He, indeed, remarks, as a confirmation of his opinion, that it is often found extremely difficult to distinguish between gout and rheumatism.

"Experience bears ample testimony to the extreme difficulty of applying the prevailing ground of distinction between gout and rheumatism. Medical practitioners are often inextricably perplexed with the diagnostic phantom of gout and rheumatism. In consultation it becomes a subject of awful discussion. The irascible and bigotted are apt to dissent violently, sometimes indeed opprobriously; the demure, more gravely; whilst the polite conformist compromises the difficulty by denominating it rheumatic gout. Such puerilities surely are unworthy of medical science, and should not be tolerated in a philosophical age."

But ought this to be considered as a proof of the identity of the two diseases, or of the imperfection of science, and the ignorance of physicians? Is this the

only instance in which it has been found difficult to form a diagnostic between two diseases, the phenomena of which are sometimes seen to run into each other by almost imperceptible gradations, though their extreme cases are marked by sufficiently discriminating symptoms? Our present limits will not permit a full discussion of the question, a circumstance which we the less regret, as we feel confident that the majority of our readers will agree with us in thinking that the ordinary cases of gout and rheumatism are easily distinguished from each other, both in their cause, appearance, and consequences.

We think the author more successful in his attempt to controvert the popular idea that a quantity of morbid matter is formed in the constitution, that its deposition upon one of the extremities produces the gouty inflammation, and thus disencumbers the system of the load by which it had previously been oppressed. This hypothesis, which had its origin in the doctrines of the humoral pathology, seems indeed to have derived little support from fact, and like the other parts of that once celebrated system, must now give place to the more correct deductions of modern science. We cannot, however, adopt Dr. Kinglake's opinions in their full extent, and consider that the inflammation of gout presents nothing of a specific nature, and that it is connected only accidentally with a general derangement of the system. Without pretending to explain the nature of the connexion, we do not hesitate to assert that this connexion does exist in gout, and that it forms a decided and well marked characteristic of the disease. The fallacy of the argument by which the author attempts to combat this opinion, we conceive our readers will not find it difficult to detect.

"Constitutional gout would pre-suppose constitutional fabric of ligament and tendon, in a state of inflammatory action from excessive excitement. The physical conditions, or requisite structure, therefore, to give effect to what is strictly understood by gouty inflammation, can only be found in the joints. What is erroneously termed gout in the system, is no more than distempered excitability, whether occurring originally or symptomatically, which may be concentrated or determined on the articular fabric, where it may be considered as an aggravation of the disease, by increasing the previous degree of painful irritation, and in no instance to be remedial."

But though he conceives that gout properly so called, is never a constitutional affection, he is obliged to acknowledge that a general disease of the system frequently accompanies the inflammation of the limb.

"The general symptoms," says our author, "arising from gouty inflammation are those of systematic commotions from sympathetic influence. Much diversity is liable to occur in these general effects on the economy, according to the prevailing motive and conditions of the system, whether temperamental, habitual, or morbid. When equal energy pervades the frame, with entire freedom from visceral ailment, the diseased agitation will be equally distributed, and not disproportionately arrested on any particular organ, which will afford a general exemption from danger: on the contrary, if stomachic, hepatic, pneumatic, or any other organic affection should exist, the sympathetic effect of the gouty irritation may become preponderant on either of those parts, and induce a higher and more painful degree of visceral disease than would arise from its equal operation."

As far as we can collect the author's meaning, it seems that he considers the constitutional complaints as not essential to the disease, and as only of secondary importance. Indeed, we are afterwards more expressly told that "visceral participation in gouty excitement loses its ideal terror," when we come to consider that

"As the structure necessary to its constitution does not exist in the fabric of parts more immediately invested with the function of life."

Our readers will no doubt be able to appreciate the weight of this argument.

Considering the inflammation as possessing nothing specific in its nature, the author proceeds to detail the topical effects produced by it on the affected limb. We shall present our readers with the speculations of Dr. Kinglake on the formation of chalk stones, after reminding them that, most unhappily for his hypothesis, these substances have been found by Dr. Wollaston to consist not of phosphate of lime, but of lithate of soda.

"In this disordered excitability, as well as altered structure, it is not difficult to perceive the cause of the worst effects that characterize prolonged and inveterate gout. If the gouty inflammation be not early subdued, an effusion of coagulable lymph and a generation of new vessels will soon permanently thicken and enlarge the affected ligaments

and tendons. The continued irritation from this structural derangement will vitiate the vascular action of the periosteal covering of the gouty joint, and force its exhalent vessels to bring back from the bony fabric more or less of ossific principles, with its diluent fluid. These principles are phosphoric acid and lime, which are combined with other substances into the form of organic bone, by the nutritive or generative vessels of that structure.

"The osseous but unossified substances exhaled on the gouty joint, aggregate and form in the temperature of the part the calcareous concretions, which, advancing to the cuticular surface by arterial impulse behind, and ulcerative decomposition before, at length appear through the skin in knots, or tophous tumours, and are finally discharged under the name of chalk-stones."

After having taken a more minute view of the phenomenon of the disease, he directly affirms

"That no difference whatever exists between gouty and other forms of inflammation, but in circumstances of degree and situation."

This position he endeavours to strengthen by taking into consideration the nature of inflammatory action.

"Inflammatory excitement is universally similar, whatever be its degree or situation. The variety of remote causes by which it is induced, generates no correspondent difference in its quality. It consists exclusively of active violence. It is a sort of combusive state of vital motion, and may be apply likened to fire, which, with whatever fuel kindled, burns with identical heat."

He concludes the section by a review of the commonly received varieties in which gout makes its appearance. The distinctions usually adopted, tonic, atonic, retrocedent, and misplaced, he conceives to be more fanciful than real.

"They arise from different states of sympathetic energy, and visceral susceptibility for associative or sympathetic impression."

He admits the existence of only two forms of the disease, which he thinks may be "descriptively expressed by the terms acute and chronic." These appear to correspond to the two first species, tonic and atonic; the retrocedent he endeavours to explain agreeable to his peculiar hypothesis, though in a way which we do not perfectly understand. With respect to the last, he does not hesitate to declare that

"Misplaced gout is then a misnomer; when it holds not its natural situation, when it occupies not its indispensable structure, its existence is no where but in branular fiction."

The third section contains an account of the "remote and proximate cause of gout." The author strongly censures those persons who are still so wedded to established prejudice, as to conceive that there must be something different in the inflammation of gout from that produced by external violence.

"Exquisite pain, shining tumefaction, articular immobility, and systematic irritation, correctly exhibit the gouty malady: but the sanctioned doctrines of medical schools, as well as popular prejudice, would consider an attempt to assimilate the effects of a sprained joint with the gout, as but little short of sacrilegious innovation; as trifling with the holy mystery of inscrutable disease, and rendering great things little indeed. Such declamation may be sounding, but it is nonsensical, without either point or authority, without any just regard for true science and its liberal investigation."

Admitting the justness of the views brought forward in the preceding section, we are prepared for the following proposition.

"Rejecting the prevailing opinion of its being a disease of a specific nature, producible only by its peculiar cause, its contemplation is placed on the broad basis of simple inflammatory affection, acknowledging for its cause every stimulant agency capable of inducing that degree of excitement."

External violence must, according to this opinion, be a prime cause of gouty inflammation; but in consequence of the peculiar minuteness and delicacy of the vascular system of the ligaments, whatever produces general indisposition of the body at large, is supposed capable of affecting these parts with inflammation. This general indisposition is, however, not itself any part of the specific disease of gout; on the contrary we are expressly assured that, in this case, the gout "owes its existence to accidental influence."

The author considering gout as a mere topical affection, we were almost surprised to find that he admitted it to be hereditary.

"However gouty inflammation may have been repeatedly produced, whether by external violence, the gradual formation of altered structure, or local excess of distempered excitability on the ligamentous, tendinous, and fascial parts, the morbid

changes induced will at length become so radically influential in the motive powers of the system, as to generate a transmittable state of temperamental susceptibility for morbid affection."

Dr. Kinglake, however, takes care to inform us that in these cases it is the "gouty excitability" only which can be said to be hereditary.

We have before noticed that our author adopts the idea that gout and rheumatism are identical; we have, accordingly, variation of temperature enumerated as one of the most frequent causes of gout. The fifth cause of gout is "plenitude arising from dietetic excess and deficient exercise." It does not, however, appear that he conceives there is any specific connection between a disordered state of the stomach, and the gouty inflammation of the limbs. A general-distention of the vessels is produced, the effect of which is experienced in different parts of the system; the frequency of the gouty affection only marks the peculiar liability of the ligaments to participate "in the diseased irritation, induced either by undue distention or sympathetic influence." It is also admitted that the stomach may sympathize with an inflamed limb, but still the stomach, in this case, has not the gout. For why? because, reader, there are no ligaments or tendons in the stomach, which, as you have already been informed, are the only seat of gout. Other remote causes successively fall under our review: excess in drinking, diminished secretions, indigestion, occasional derangement of health; and the circumstance of the gout having previously existed, renders its return more to be apprehended. The author continues to adhere steadily to his opinion, that the gout can subsist only in a ligament or tendon, and that any connection which it may appear to have with the stomach, or constitution at large, is merely accidental.

We now proceed to the proximate cause of gout, a subject which has afforded scope for much medical acuteness, and on which the present writer seems to have expended all the force of his genius.

"The proximate cause of all gout results from the aggregate efficiency of the remote causes, and is truly the disease itself. This efficiency, or proximate cause, by which the disease is constituted, consists in an agitated and an increased degree of vital or repulsive motion in the affected parts."

Dr. Kinglake, probably aware that the term vital motion might not be fully comprehended by some of his readers, proceeds to explain it in the following luminous paragraph.

"By vital motion is meant a repellency, subsisting between the constituent particles of all matter. This innate power or property is, by a law of nature, spontaneously evolved from atomical surfaces, and assumes character and determinate force, when issuing from the congeries, or combination of material substances, which forms specific or particular structure."

As the idea appears to us to be perfectly novel, we shall indulge the reader with the following quotation, in which the hypothesis is still farther developed.

"The exertion of this universally repellent power, in the organic fabric of the animal economy, is life, or vital motion. The action of this power denotes itself in animal feeling as heat; an undistinguishable identity, therefore, with respect to the object, subsists between what has been variously denominated repulsive motion, vital action, and heat. These several modes of the same thing arise from the different circumstances in which it is operative. Repulsive motion is the natural efficiency of matter, and universally pervades every conceivable atom; vital motion is the organic efficiency of matter, and heat is the impression only, which that power makes on animal sensation."

Laying aside the author's peculiar notions respecting the nature of heat, it appears that he conceives gout to consist merely in the excessive accumulation of it in the diseased part. Dr. Kinglake congratulates himself on the happy manner in which this hypothesis, respecting the proximate cause of the disease, applies to the method of cure, which he remarks is "unique in the catalogue of diseases."

In the following sentence we meet with the hypothesis of Dr. Kinglake, respecting the manner in which caloric is generated in the human body.

"As vital motion, in healthy as well as morbid states, is generated by the atomical and compound efficiency of organic matter, its excess, defect, and diseased agitation, must depend on the existing motive conditions of the animal fabric."

We do not perceive that the author adduces a single argument in favour of his hypothesis, or attempts to repel any

objections that might be urged against it. He is indeed so fully persuaded of its truth, that he boldly asserts, that "though excessive heat should not be thermometrically discoverable at the surface, yet it actually prevails as the necessary effect of commotion."

The 4th section contains an account of the "cure of gout." The originality which our author has displayed in his ideas respecting the nature and cause of this disease, prepared us for some new opinions respecting the method of cure; and we have found his opinion no less sagacious on this point, than on the other parts of his subject. The gout consisting solely of a morbid accumulation of heat in the affected part, the only thing necessary for its cure is, he conceives, the removal of that heat by external cold. The application of cold water is the most commodious method of producing this effect, and this indeed is very nearly the whole of Dr. Kinglake's practice. This simple plan of treatment is unfolded in the following eloquent paragraph.

"Cold water is the universal boon of nature, is the vehicle of atmospheric temperature, in which the functions of health are carried on, and to the refrigerant offices of which, intemperate heat yields its hurtful influence. The fluid then which bears this salutary temperature, is the simple and efficacious remedy here proposed, for the immediate relief and speedy cure of gouty in common with every description of inflammation. It should be applied topically to the affected parts, either by means of wetted cloths, by gentle showering, or actual immersion. A durable degree of cold must be supported; the refrigerant force, therefore, of its first application must be uniformly continued, by frequently renewing the cold water, which soon becomes heated by the inflammatory temperature of the affected parts. This course should be pursued until the painful sensation of burning heat shall subside, and with it the concomitant efflorescence and tumefaction."

In conformity with the leading idea of the identity of all inflammatory affections of the joints, the author conceives that they must be combated by the same remedy, and to this alone he seems to trust the removal of every kind and degree of gouty affection, with scarcely any limitation or exception.

As far as we are able to comprehend the author's more recondite speculations, we conceive him to be a zealous disciple

of the Brunonian doctrine; this idea affords us the only clue to the explanation of the following remarks.

"There are indeed two modes of reducing inflammatory heat: the one is by diffusion, or transference through substances at a lower temperature; the other is by exhausting the fuel, or the pabulum which evolves it: thus, combusive force will diminish, as the final destruction of the burning body approaches; but it must be remembered also, that it will cease altogether, when the body is wholly burnt: in like manner organic structure may be so stimulated, as at length to be nearly exhausted of vital power, and consequently be reduced to languid motion; but here too, its total exhaustion is hazarded, which would be tantamount to death itself."

From the opinions displayed in the 2d section, we were quite prepared to find this practice extended to other topical inflammations.

"It is on this crooked principle, that scalds and burns are attempted to be remedied by exposure to fire, and the application of spirit of turpentine; that sprains are treated with stimulant applications; that recent incisions, and contusions, are washed with spirituous embrocations; and that gangrenous inflammation is subjected to the excitant impression of effervescing and fermentative poultices."

We shall pass over the pages in which the author feelingly laments over the prejudice which still prevails in favour of increased temperature in these complaints. We do not perceive that any additional arguments are brought forwards in support of his opinion, or that his remarks contain any thing new, except the language in which they are conveyed.

The section concludes with some general observations upon the method of removing the stomach affections, which, though not any essential part of the disease, sometimes accidentally accompany the gouty inflammation. He seems indeed, as might be expected, to attach but little importance to their operation.

The subject of the 5th section, the "prevention of gout," is obviously of peculiar importance. For though, according to the statement of the author, this disease may be so easily cured, still it is more adviseable altogether to prevent its attacks. Food being one of the principal stimuli which produce the ex-

citement of the system, and predispose to this disease, a proper attention to the quantity and quality of the diet, or to use the more elegant expression of Dr. Kinglake, "dietetic regulation," must afford an important means of preserving the state of the health. We are accordingly informed, that "the errors of both excess and defect are correspondently manifested in vital action, which will be shaped and characterized by temperamental susceptibility for morbid impression." It is stated that when the system is weakened by "dietetic excess," we learn from experience that the ligamentous and tendinous structure is peculiarly liable to become the seat of inflammatory action. Restriction in diet becomes therefore the necessary method of preventing gout, a conclusion to which we most fully assent, but which we do not find receives any additional confirmation from the speculations of Dr. Kinglake.

As co-operating with the effects of abstemiousness, exercise, moderate temperature, the prevention of indigestion, and washing the hands and feet in cold water, are recommended. But we have dwelt so long upon the former part of the work, that we feel it incumbent upon us to hasten to the conclusion of this article.

The 6th section, entitled "recapitulation," consists of the matter of the former sections, drawn up in the form of a series of propositions. The 5th, 6th, and 7th propositions contain a summary of the leading doctrines respecting the nature of gout.

"5. The nature of gout is purely inflammatory, and possesses no peculiar or specific properties to distinguish it from common inflammation, but what are referable to the structure or organization of the affected parts.

"6. The seat of the gout is exclusively in the ligamentous and tendinous fabric; the texture of which, when inflamed, affords all that is peculiar or characteristic of gout. This fabric therefore is necessary to the constitution of what is called gouty inflammation, which evinces that it cannot occur on any of the visceral or vital organs, as these possess nothing of the ligamentous or tendinous structure.

"The several appellations of gout, rheumatism, and sprain, are only nominally different; they in fact describe identity of affection. Any external variation which may present in the degree and progress of the disorder, does not alter the fundamental same-

ness of the disease, which, consisting in an inflammatory irritation of the ligamentous and tendinous structure, will exclusively remain such, however variously and capriciously denominated."

In the 8th it is expressly stated, that the origin of gout is always local, as it can only arise in the ligaments and tendons; and in the 9th it is maintained, that it must necessarily remain confined to this particular structure, and therefore cannot pass into the brain, stomach, or bowels.

To the body of the work is subjoined an appendix of nearly 200 pages, containing the detached papers, originally published in the Medical and Physical Journal, by Dr. Kinglake and his correspondents. A number of original cases are added, many of them from very respectable practitioners. The body

of evidence in favour of the cautious application of cold in some stages of gouty inflammation, is certainly striking, and, we think, deserving of attention. But we are strongly of opinion, that the unqualified manner in which the new practice is recommended in the present work, would prove in many constitutions highly dangerous.

Our readers must no doubt have been struck with the singularity of Dr. Kinglake's style. It reminds us of some of the attempts, which were formerly made, to burlesque the peculiarities of Dr. Johnson; and were it not for the nature of the subject, and the circumstances attending the publication, we should be almost tempted to regard it as a caricature of some fashionable author. The language is indeed, to the last degree, turgid, verbose, and affected.

ART. IX. *An Account of two Cases of Gout, which terminated in Death, in consequence of the external Use of Ice and Cold Water.* By A. EDLIN. pp. 24.

"THE little experience" which the author has had in the application of cold to gouty inflammation, a practice which has "almost petrified him with horror," he is anxious to relate, in order to guard the unwary against the delusion of Dr. Kinglake's "plausible theory." It consists in fact but of *one* case; for the second is related merely from the recollection of two old ladies, one of whom attended the patient's funeral, upwards of 30 years ago. The case, which the author saw, is that of a respectable surgeon at Uxbridge, who, by means of sponging with cold water, and afterwards by the application of cloths dipped in iced water, immediately relieved, and in less than three hours removed the pain from his inflamed foot, which he considered as affected with the gout. In the course of a few hours he was seized with palpitation, vomiting, and a sensation of great coldness in the stomach, intermitting pulse, and cold extremities. These symptoms were removed by strong antispasmodics internally, and by the external application of bladders of hot water. Three days afterwards the same alarming symptoms returned, and were by the same means alleviated. But after another interval of four days, they recurred a third time, and proved fatal.

We agree with the author, that this was probably a case of what has been called *repelled gout*. But the nosological term

is not associated so strongly in our minds with a certain invariable treatment, as to preclude us from viewing calmly any judicious deviation that may be proposed. And before we conclude that particular treatment is detrimental, we must be satisfied that it was judiciously employed. The author, however, has omitted to state the particular circumstances of the patient, which might determine our conclusions. He has not told us the age, the temperament, the state of constitution of the patient, nor the previous number of attacks, all which, as well as the mere existence of the local inflammation, should be considered in determining the danger of a metastasis to the stomach, in consequence of a removal of the local disease. The authority of Dr. Kinglake is not sufficient, we apprehend, to counterbalance the evidence of the most judicious physicians, by whom an affection of the stomach, or other vital organs, consequent to a suppression of the local inflammation, has been frequently described, and is still frequently observed. But, on the other hand, the deleterious effects of the practice which he recommends, cannot be asserted from a single case, nor from a number of instances, unless it were judiciously employed, with every attention to collateral circumstances.