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On Rheumatism, and Gout; a Letter addressed to Sir George Baker, Bart. M. D. &c. By John Latham, M. D. &c. 8vo. 2s. Longman.

IF an opinion were merely speculative, or if it were offered by a person whose rank and character would not contribute to disseminate error, we might analyse it with less care, or oppose it more shortly and with less anxiety. In this case, we are perhaps more particularly required to decide with attention: Dr. Latham's letter has produced an answer more than double its bulk; and other opponents will probably appear.

After a mature consideration, we think our author's opinion untenable; and, if we understand it, the explanation which he gives will at once contribute to its destruction: we say, 'if we understand it;' for the difficulty lies so near the surface, that we are surpris'd it did not occur in the enunciation. He describes, in the usual manner, the gradually descending series of arteries, and the gradually ascending series of lymphatics: 'in the exquisitely fine and slender radicles of the lymphatic vessels,' he places 'the seat of rheumatism.'

'I think we may be allowed to assume it as an incontrovertible fact, that any obstacle to the free passage of a fluid through a canal, must of necessity occasion an accumulation in the several streams from which the canal is supplied; and that these also, having their current interrupted, must thereby as necessarily impede the course of the numberless rivulets which should otherwise ordinarily flow into them. And this we find universally to be the case with respect to the lymphatic system: for whatever may be the obstructing cause, every vessel immediately leading to the part obstructed must be filled, and consequently the vessels forming the next series must be also distended; a swelling and turgescence must therefore always arise in extent proportionate to the size and number of collateral and anastomosing branches which may for a certain space divert the fluid, and then circuitously convey it into the regular trunk again.'

'Every body knows what usually happens when a gland in the axilla has been so greatly enlarged (no matter from what cause) as to prevent the fluid not only from passing through it, but also by pressing upon the neighbouring lymphatics, from passing through them also; that the arm swells, and for a time remains in almost intolerable pain until the swollen gland subsides, or until the fluid finds a passage by other more indirect courses. If it be objected that the sanguiferous system is here also obstructed from the same cause, and that thence alone may arise the painful distension of the limb, I would answer, that where lymphatic glands have been cut

out by the knife, as must be the case when in the removal of a cancerous breast they have been found to be diseased from the absorbed sanies, that then where there is no tumor, but a considerable vacuity from an actual loss of substance, an interruption takes place from the destruction of the usual passages, tumefaction is produced, and pain equally excruciating follows. When a diseased gland is extirpated from the groin, as now and then has been practised in some syphilitic cases, the leg and thigh will long afterwards continue in a painfully tumefied state, until the collateral canals shall be capable of conveying forwards the accumulated fluid. We have all of us seen, after some difficult cases of parturition, that one or both of the lower extremities have become œdematous and excessively painful during a very considerable length of time, until the lymphatic vessels of the pelvis, which have suffered by the difficulty of the labour, shall have recovered from the injury then sustained, or until others in their vicinity shall, by gradual enlargement, be fully competent to discharge their office for them. I know however that there are instances where the pain is not so great as I have generally stated it to be in the examples which I have here adduced of obstructed lymphatics; but I believe those will only be found to happen in very debilitated systems, where there must consequently also be a very diminished energy in the action of the absorbents.' P. 10.

It is obvious, that an obstruction in the small arteries would produce the effect here described; for the current of the blood would impact fluids, in vessels already obstructed, and extend the obstruction. The course of the lymph, however, is opposite. If an 'exquisitely fine and slender radicle' be obstructed, the active power of its immediately succeeding trunk remains, and the circulation goes on, till all the fluids, in the ascending series, are carried to the heart. If the exhalants continue to pour out more lymph, this will no more increase the obstruction, than any hydropic swelling; for, confessedly the minutest branch being obstructed, there is no *vis à tergo* to impact or increase the obstruction. This difficulty is doubly felt in the instances adduced of diseased glands; for, in these, the obstruction is felt below, from the interruption of the ascending branches; and, in these also, the *vis à tergo* operates. It is scarcely necessary to mention, on this occasion, that the obstruction of the sanguiferous system always accompanies, and increases the tumour arising from swollen glands; that, in these cases, there is no fever, or only a secondary one; and that the pain is tentative only, not the acute rack of rheumatism.

According to this system, tumour and redness must always be concomitants of the rheumatism; for the obstruction will

soon be communicated to the sanguiferous system. But, so far as our observation has extended, they are very far from being constant attendants; and swelling, in particular, is a salutary symptom, usually accompanied with an alleviation of pain, and often the fore-runner of a cure. In Dr. Latham's system, and his illustrations, the cold, the most usual cause of rheumatism, constricts the minute lymphatics, particularly round the joints, where they are more superficial; yet, in the history, and the treatment, it is expressly pointed out, that fever precedes, and that the pain often shifts from one limb to another. It is evident therefore, that, independently of the local affection from cold, a general disease of the system exists, and is the primary disorder; and, according to our author's statement, we cannot say why pain is removed, or what occasions the sudden dissolution of the impacted fluid. At least the explanation given of the metastasis is insufficient, and not entirely consonant with the system propounded.

We agree with Dr. Latham, that increased pain, in bed, is not an absolute criterion of the acute rheumatism; but his distinction between the acute and chronic state does not appear to us exact. He considers one as arising from an evident cause; the other as brought back in consequence of increased irritability by slighter and sometimes unperceived causes. In reality, the acute rheumatism sometimes degenerates into chronic, without any intermediate state; and the chronic species, far from being an inflammatory disease, is closely allied to paralysis, and seems to consist in spasm from a weakened state of the extreme arteries. The doctor indeed contends that rheumatic pains do not proceed from inflammation, because they never terminate either in suppuration or gangrene; but he might, with equal reason, contend that glands are never inflamed, because the disease terminates in scirrhus. We can only admit the argument, when he shall inform us, what renders suppuration and gangrene the necessary and only terminations of inflammation. We daily see inflammations terminate in resolution, in consequence of effusion; and the rheumatism does the same.

On the subject of the cure of the rheumatism, we have some remarks to make, though no very particular objection to offer. We are surprised that the author should consider it as indifferent to what part the pain is confined, when the remedies are to be selected. He would surely choose to increase the secretion from the neighbouring glands; at least he would find it difficult to show, that turpentine is as useful in rheumatic affections of the extremities, as in sciatica or lumbago. In consequence of his system, he is obliged to urge the relaxant method, in opposition to the stimulant; and

his attempt to evade the objection derived from the use of volatile alkali is untenable, both in a physiological and a chemical view. What would he say if he should find a sturdy robust countryman cure acute rheumatism, at its first attack, by volatile tincture of guaiacum or turpentine? He must consider it as fatal to his system; and this we have often seen. He does not approve bark in the early stage; nor can we conceive on what principle this remedy, so fashionable at present in the metropolis, can be employed. That this and other remedies act by being really present in the blood-vessels, is a position which he will not easily establish.

The gout and the rheumatism, in his opinion, are nearly related. We used to consider them as diseases essentially different. Reflection and experience, however, will often teach, if the practitioner is not wilfully blind; and we are ready to acknowledge, that we have met with cases, where each was mingled, or of that anomalous nature, in which both were distinguishable, and yet one could not be accurately separated from the other. But, in general, they are separate diseases; and the diagnosis, though sometimes not easy, is frequently to be ascertained. In Dr. Latham's view, they are related, because the same parts are chiefly affected — the vessels of the joints. We think the same, though we regard these vessels as the extreme arteries, and are of opinion that, in acute rheumatism, the affection is not so exclusively confined to the joints, as in regular gout.

Dr. Latham thinks the gout not hereditary, as the son often follows the habits of the father; but this opinion seems to arise from a little affectation of paradox. We have often seen the regular gout from the age of fourteen to twenty; we have seen it in boys, whose only drink has been water; and in men who have been the most sober and active from apprehension of it. Another singularity is, that a fit of the gout is not salutary. To this we would oppose, without farther argument, the general feelings of gouty men, and (may we be allowed to add?) the axiom of married authorities, that 'the gout repays the nurse.' That a man by abstinence and resolution may prevent the recurrence of gout, we think a position equally unfounded. Among the doubtful points of practice, we reckon the use of sedatives in the gout, when it attacks the stomach, and the external application of emollients. The former, however, must be left to the judgment of the physician: there are some cases in which they are certainly proper.

An Essay on the Gout, in which is introduced a candid Examination, and a Refutation attempted, of Dr. Latham's Principles, lately published, on this Subject; and others advanced, deduced from Facts occurring in the Author's own Case, and from his practical Experience of many Years. By George Wallis, M. D. 8vo. 4s. Sewed. Robinsons. 1798.

AS the author of this essay is himself a sufferer from the gout, it has attracted much of his attention. His chief argument against Dr. Latham's system resembles one which, we have said, lies very near the surface—that an obstruction in an incipient lymphatic cannot occasion any farther or additional obstruction, as no force in the rear can impact the fluids. He notices, with some indignation, the unguarded assertion of Dr. Latham, that to sir George Baker's judgment *alone* he will submit. We thought it rash; but reflected, that 'the children of this world are wiser than the children of light;' and we had little doubt, that the opinion of sir George upon the subject would correspond with that which we entertained.

Dr. Wallis, having adduced the opinions of the principal authors on this subject, concludes that a *fit* of the gout is occasioned by the *stimulus* of morbid matter, which, when floating in the general system, produces *sedative* power on the nervous system; that the gout, when misplaced, depends on this acrimony carried to other parts; and, when retrocedent, on debility which renders the constitution unable to fix it in the extremities. This theory so nearly approaches the common opinion (for it is the usual doctrine of systematics, joined with the sedative impressions of Dr. Cullen), that we need not offer any remarks on it. The whole has been repeatedly examined, and every step combated and defended with equal anxiety.

The second part contains directions for the management of patients in the gout, both during the fit, and in various anomalies. To our author's plans we have no material objection, if we except the application of poultices, which we have found injurious. Indeed we are not perfectly convinced, that leeches and blistering are wholly safe. The gout seems to consist in a peculiar inflammation, which must have its course; and every mode of lessening it, lessens its effects as a remedy. We do not, however, depend on reasoning alone: some disagreeable circumstances have sometimes followed these practices, which, though they may have been merely accidental, contribute to excite suspicion. The gout, Dr. Wallis thinks, is hereditary; and he combats Dr. Latham's opinion on this subject, though he agrees with that physician in