

## Clinical Notes on Some Common Ailments.

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### GOUT.

I had intended to describe in this paper some of the conditions associated with chronic pain and swelling in the joints, but it has now appeared to me that it would be better first to say a few words about a disease which gives rise sometimes to acute and sometimes to chronic changes in certain joints—namely, the complaint which we call gout.

We can best understand the symptoms of gout by describing, firstly, an acute attack, then the more chronic forms, and lastly touching briefly on certain symptoms which are grouped together as "goutiness," inasmuch as they occur in people who are really the subjects of gout, but who do not necessarily complain of pain in the joints. All these forms of the malady are due to the same cause, or causes.

Let us take the acute attack first. The patient is a middle-aged man, who, though possibly athletic in his youth, has attained to a position of affluence, and consequently eats and drinks too much, and takes but little exercise. When he attempts to do so his muscles are so stiff that he feels tired after the one round of golf, which has replaced the afternoon's football or tennis of his younger days. On the rare occasions when he even plays golf he eats about twice as much for dinner to make up for it. When he has finished the round he has two whisky and sodas instead of afternoon tea. He is stout, irritable, and full-blooded, and thinks himself a benefactor to the human race because he has made plenty of money and does most of his work by deputy. On the other hand he may be a tramp, out of work and always hungry, but who spends the few coppers he can beg not in food but in beer.

For a few days before the attack comes on he has suffered from vague feelings of uneasiness and irritability, and has been dyspeptic and constipated. One morning, about two or three o'clock, he wakes up with an agonising pain in one of his smaller joints, generally the big toe, which is red, swollen, and shiny. His temper is fearful; he screams and curses at everyone who goes near him, and feels every noise and shutting of a door as if it were situated in his painful joint. He is slightly feverish and very thirsty. As day breaks he feels a little easier, but the swelling increases and the pain and irritability recur at the same time the next day and for the subsequent four or five days. The symptoms then gradually

subside, and after the attack has passed off the patient feels better than he has done for some days, and may even apologise to his frightened daughters, or reinstate the cook whom he has previously discharged because his dyspepsia would not allow him to appreciate her culinary efforts. Recurrences of the attack are very common, so that a patient may have gout three or four times in a year. As the disease progresses deposits of a substance resembling chalk (but which is really urate of soda) form in and around all the smaller joints, and the patient passes into the second stage, or chronic gout; the feet are usually first affected, then the hands. The skin may give way over the chalky deposits.

Sooner or later the kidneys become affected in the manner described in a previous paper, and the patient ultimately dies from chronic nephritis and uræmia, or from a cerebral hæmorrhage due to the rupture of a brittle artery.

Sometimes, however, the joints are not affected at all, but the patient suffers from goutiness, or lithæmia, as it is sometimes called, the chief symptom of which is high arterial tension (as previously described) which is often associated with biliousness, eruptions on the skin, which usually take the form of a particularly intractable variety of eczema, or may show itself in recurrent attacks of megrim or sick headache. Inflammation of the inside of the eye, neuralgia, sciatica, and attacks of intense depression are other signs of the lithæmic state.

What are all these things due to? Well, the answer, or rather a complete answer, is not easy to give, for we do not know the exact pathology of gout and the gouty high arterial tension. What we do know, however, is that a substance known as uric acid is produced in the body and but imperfectly eliminated from the system. So long as this is retained various parts of the body are affected by it, and are irritated into a kind of chronic inflammation. When the attack of acute gout occurs this uric acid is deposited (in the form of an urate of soda) round the affected joint, and the subsequent improvement in the patient's feelings is due to the removal of so much uric acid from the circulation to the joint. In the states of goutiness this deposition does not take place, and uric acid or its allies remain in circulation, or at least are imperfectly eliminated.

What we do not know exactly is why the uric acid is formed. Two factors, however, are essential. There must be an intake of too much nitrogenous food, and also deficient elimination of nitrogenous waste by the kidneys. An example of this is seen in the hard-

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