

Gouty Melancholia. Report of a Consultation on a Case.
By ANDREW CLARK, M.D., F.R.C.P.

“ Well, doctor, what do you think is the matter with my patient ? ”

“ I think it is a case of gouty melancholia.”

“ Gouty melancholia! Ah!

“ You seem surprised and incredulous.”

“ No, doctor, I was just thinking that the last two or three cases which I brought to you turned out to be gouty, and I was wondering what ‘gouty’ really meant.”

“ What it exactly means to other people I do not pretend to know; what it means to me I can tell you very shortly. Your patient is in what I call the gouty state, and by the gouty state I mean the state brought about in certain constitutions by the retention in the blood and tissues of the body of certain acid and other waste stuffs, and their effects thereon.”

“ But what do you mean by certain constitutions ? ”

“ I cannot now explain that to you in full. I must content myself with saying that they are constitutions characterised by a certain type of nervous impressibility, but a feeble capillary circulation, by tendencies to venous congestions, and by deficient excretory powers.”

“ But, doctor, I have often seen cases of gout in which the patients had large, strongly acting hearts, and full arteries.”

“ Very true, but you will often see in such cases a very languid capillary circulation. There is no necessary relation between the two. Other forces besides the heart determine the vigour of the capillary circulation, and these other forces are sometimes directly antagonistic to the force of the heart.”

“ Well, doctor, you have told me what you mean by the gouty state, but how is it to be recognised ? ”

“ The gouty state is manifested by various widespread symptoms, which, though viewed singly are not characteristic, when looked at collectively are conclusive as to its presence. There is almost no tissue, and no organ, which does not at one time or another become the seat of these symptoms. In the digestive system, for example, you have the glazed, dusky, congested throat, catarrhal, acid, and painful indiges-

tion, localised persisting abdominal pains, recurring diarrhoeas, portal congestions with diminished bile excretion, and neuralgias, and the like. In the renal system you have fleeting albuminurias; in the respiratory system attacks of asthma, bronchitis, lobular pneumonias, and otherwise unaccountable dyspnoeas; in the vascular system, bouts of irregular action of the heart, with transitory murmurs, venous congestions and thromboses, capillary stagnations and blockings. In the nervous system you have curious headaches, vertiginous attacks, numbness, tinglings, formications, sensations of loss of power, and of sudden heat and cold. Furthermore, you have sudden elations and depressions of spirits, and frequently recurring fits of morning misery.* In the special senses there are conjunctivitis, some forms of cataract and other ocular degenerations, chronic inflammation of the nasal passages, and deposits in the middle and internal ears. In the locomotive system you have cramps and quiverings of muscles, odd pains in the heel, the instep, and the arm, swellings, stiffnesses, and pains in the joints, swellings of the fingers and their distal articulations. In the cutaneous system you have erythemas, eczemas, and boils."

"A terrible array of symptoms that, doctor, but I do not suppose you mean to say that any one of them is necessarily indicative of the gouty state, and what I want to know is, how you prove the causal connection of any set or combination of them with that state."

"I prove it, or think I do, in this way. First, it is certain that people with some one or more of the symptoms which I have mentioned, are peculiarly liable to gout; and, secondly, when gout arises, these manifestations of the gouty state subside or wholly disappear. And I will refer, by way of illustration, to the last three cases of this kind which have happened in my practice. The first was a case of severe temporal headache, which lasted for two years, which was seen on several occasions by Dr. Russell Reynolds, and which suddenly and completely disappeared after an attack of gout in the foot. The second was a case of severe pain in the epigastrium, persisting for many months. This also disappeared after an attack of regular gout in the toe. The third case was one of bronchitic asthma, which regularly alternated with gout in the hand."

* Some of these manifestations of the gouty state have been admirably worked out by Sir James Paget, Mr. Prescott Hewitt, Dr. Russell Reynolds, and more recently by Dr. Dyce Duckworth.

“Now, doctor, kindly show me how you apply these views to the case of my patient. How do you make out that his trouble is, as you have called it, a gouty and not an ordinary melancholia?”

“Well, as you admit the existence of the melancholia, we need not dwell longer upon that. Let us go back and examine the history of the patient, and endeavour, by a critical examination of it, to discover whether his present malady is a primitive, or, so to speak, a substitutional one. Four years ago your patient was suffering from indigestion. He was nervous, irritable, depressed, sleepless, full of fears. He had little liver attacks, when his urine became dark, his fæces pale, his conjunctivæ yellow. Then he had eczematous patches on the fore-finger, behind the ear, and in the scrotum. He got sometimes better, sometimes worse, but never well. And suddenly, in the cold spring, you remember, he had a slight attack of gout in the foot. After this he was well for two years, living carefully, as his own fears and your precepts induced him to do. At the end of this period we made out that, his hygienic zeal having abated, he again fell into a state like that from which he had escaped through his attack of gout. Again gout made him well. Again, having fallen into loose ways of eating and drinking, and neglected every form of exercise, he drifted, a few months ago, in the cold spring, into the old state. He became dyspeptic, flatulent, acid, his bowels were irregular, his urine light coloured and low in density, his liver was full, his fæces deficient in bile, his skin yellowish. He has recurring headaches or head feelings, he is irritable, nervous, depressed, sleepless, full of baseless fears, and he suffers on waking from a seemingly causeless agony, which subsides as the day advances. Here, in an aggravated degree, is the assemblage of symptoms which, before, were immediately and completely relieved by an attack of gout. But now there is no gout, and so, as I think, the symptoms remain. So the gouty stuffs retained in the blood and in the tissues strike with a partial severity the nutritive and functional activities of the nervous system, and you have the melancholia as the substitution for the gout. This is your patient’s gouty melancholia.”

“Well, well, doctor, I now see what you mean, and I won’t further contest the question with you, but do you think such cases common?”

“Well, I think them frequent, and especially frequent in

women. The greater impressibility and movability of their nervous systems, their fuller emotional nature, and their larger subjectivism lay them more open than men to the disturbing influences of retained waste, and I am greatly impressed with the belief that many of the anomalous nervous affections with which women are afflicted, at the turning period of life, have a gouty origin."

"Well, after all this pathological talk about the patient, we must come to the practical question of what is to be done with him. What have you to suggest, doctor?"

(To be continued.)

Marriage and Hereditariness of Epileptics. By M. G. ECHVERRIA, M.D., late Physician-in-Chief to the Hospital for Epileptics and Paralytics, and to the City Asylum for the Insane, New York, &c.

Arethæus asserts that several physicians, and among them the famous Asclepiades, observed that venery cures epilepsy developed at the age of puberty. The same opinion was professed by Scribonius Largus, and, with these authors, the corruption of retained semen originated the spasmodic malady in such cases. Alfarius à Cruce, commenting on these primitive ideas, contends that, in similar instances, the change of age effects the cure improperly attributed to venery. His pupil Sinibaldi, declares venery powerless against fits, exploding after the age of fifteen, especially in adults, or individuals of an advanced or old age. But in epilepsy à *putrescente*, upon seminal retention, venery may prove of such great moment as to occasion altogether its cure.*

This belief has prevailed until our days, acrimony of retained semen acting, according to Tissot,† as a powerful irritant of the organism in those instances of venereal epilepsy due to prolonged continence, and these views have been held by several other French writers.

The preceding notion has not prevented the recognition of venereal excesses among the principal causes of epilepsy by Aetius, Galen, Arethæus, and subsequent authors. Moreover, a kindred resemblance was supposed between epilepsy and coitus, the former being not infrequently induced during

* "Geneanthropeia." Romæ, 1643, p. 886, C.

† "Traité de l'Epilepsie." Lausanne, 1785, p. 73, §26.