

**ON GOUT AS A
PERIPHERAL
NEUROSI**

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On Gout as a Peripheral Neurosis by Willoughby Francis Wade

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CHAPTER I.

IT is desirable to state the scope and object of this essay. To do this clearly and briefly it is necessary to glance at the theories which have been or are current in regard to gout, of these there are broadly three. Firstly that which refers it to impurity of the blood, or, to maintain an old word which corresponds so little to modern conceptions as to have become almost obsolete, the humoral theory. Secondly the neural or nerve theory, which views gout as depending upon a disordered condition of the nervous system. Thirdly the neuro-humeral theory, which combines the two first and regards gout as being due partly to disorder of the blood and partly to disorder of the nervous system.

Much as we know about gout, it would be idle to deny that there are still wide gaps or

lacuna in our knowledge, many questions which we cannot at present answer. It is impossible to foresee what answer science will give, when she is able to give any, to these questions. It is therefore impossible to foresee in what way or to what extent these answers, when they come, will necessitate a new theory, or a modification of any one that we at present form.

From the standpoint of our present knowledge it seems to me impossible to be satisfied with any theory less comprehensive than the neuro-humeral one.

It may here be justly remarked that "the nervous system" is too vague a term, for this system consists of collections of grey matter in the brain, in the medulla, in the cord and in numerous ganglia; of white matter which is in immediate apposition with the various grey foci, and of white matter which extends to the more distant parts of the body as nerve trunks, and of the minute endings of these in the tissues. "Surely," an objector may say "you ought if you ask me to accept your nerve-theory to tell

me in which one of these various parts you locate the disease and for what reasons you fix on that particular part." The nearest approach to an answer which has been given to this fair objection is that it is "some nerve centre." Now I am not prepared to deny that this may be so. On the contrary, it would seem to me to be flying in the face of some of the most certainly ascertained clinical facts to deny that the highest centres may be concerned in the production of gout in particular instances. Because few facts in connection with gout are more certain than that excessive brain work, and care and anxiety are in some instances the apparent producers of the gouty attack, though whether by augmenting the gouty poison in the blood or by some direct action on the part which is attacked is by no means so certain. There are truly no lower centre or centres of which, with certainty, as much can be said. But it would be fatuous to contend that evidence exists to show that the higher centres are in all cases the seat of origin of gout whether directly or indirectly.

At all events I certainly do not do so. So that we are confronted with two facts. One that there are a multiplicity of phenomena which indicate that the nervous system is implicated in gout. The other, that we seek in vain for any precise indication that any one portion of the central nervous system can be identified as being, whether directly or indirectly, that which is so implicated, except in an occasional way. It was the pressure of this dilemma that caused me to turn my attention in another direction.

A frequently occurring, and a most obvious feature of gout is its invasion of the joints, and the great numerical preponderance of instances in which the great toe is attacked as compared with any other joint. Any theory of gout which does not explain this superior frequency must be stamped with inadequacy. On the other hand any one which does, at once establishes a claim to attentive consideration.

An investigation of the anatomy of the joint only served to corroborate Ebstein's *dictum*,

that there is no difference between it and any other joint in the body. That is to say no minute nor any coarse structural difference which throws light upon its pathological reaction to the poison of gout. But on the other hand I was struck by certain features of its environment, which we have all known since we were students, but to which we have never given heed. Looked at from the point of view in which I then stood they assumed a possible importance. They recalled to my mind an isolated clinical observation of previous years and they determined me to institute a more searching and minute examination of living cases of the disease. It is the result of such investigations and the inferences to be drawn from them that are related in subsequent pages.