

**A MODERN PATHOLOGICAL AND
THERAPEUTICAL STUDY OF
RHEUMATISM, GOUT,
RHEUMATOID ARTHRITIS, AND
ALLIED AFFECTIONS**

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(Translated from the French.)

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BY
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GOUT, RHEUMATISM,
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Are acute articular rheumatism, the various chronic rheumatisms (including rheumatoid arthritis), and gout, allied affections originating in a same morbid cause, differing only in their external manifestations and aspects, or are they widely different diseases possessing but an apparent consanguinity and a misleading clinical similitude?

In truth we experience as much difficulty in answering this question to-day as would our forefathers years ago, and strange as it may seem, in this era of marvellous discoveries and undreamed-of wealth of knowledge, this very subject is not much more advanced than in the days of Hippocrates.

The very obscurity which environs this chapter becomes an excuse for the study we propose to make. We shall draw a short historical sketch of the evolution of ideas and theories in connection with these affections, dwelling more fully on the modern appreciation of the subject, the results of recent researches and investigations and the conclusions to be drawn therefrom.

History of Rheumatism and Gout When we study the ancient authors, we find that the word rheumatism is a very old one indeed, and that in remote times it had even a wider application than it has to-day (which is saying a great deal). It was used in connection with all pains: articular, muscular, nervous, as well as various congestions, diarrhoeas, colics etc.

All these morbid conditions were classified under the general head of *arthritis*, which really does not differ much from our modern conception of that term.

As to the distinction between gout and rheumatism, it is very probable that Hippocrates, Galien, and Paul of Aegina had not learned to differentiate these two affections, we may even doubt if the author of the term *podagra*, supposed to be Capadocia (138?), had really a distinct idea of the existence of gout, or only applied this term in connection with all articular affections of the foot.

The first precise description of gout is attributed to Coelus Aurelianus (who lived, according to the German historian, Vossius, in the second century).

The word gout (from *gutta*, a drop), comes from Radulfe (13th century), and the pathogenesis implied in that expression, a morbid matter oozing out drop by drop from the blood and clogging up the articulations, singularly approaches to the modern theories, which look for

the cause of gout in the precipitation of urates in the joints. We shall see further on, that this explanation, simple as it seems and widely accepted as it is, constitutes perhaps, a myopic view of the subject, which by no means satisfactorily explains all the phenomena attending gouty manifestations.

Separation of Gout from Acute Articular Rheumatism. To Baillou (1560) reverts the honour of having clearly separated gout from acute articular rheumatism, and, something over a century after, the famous Sydenham wrote his memorable work, which has since remained classical, but which cost him the severest attack of the disease. In fact, the English Hippocrates, studied the disease so carefully upon himself, that very little has been left to his successors, as far as the description of the regular normal gout is concerned. He touched but lightly on acute articular rheumatism and lumbago.

Since the time of Baillou then, and especially under the genius of Sydenham, gout became a clearly defined disease, possessing a distinct clinical autonomy. Not so with rheumatic fever, however; the authors of the 18th century indulge in the strangest flights of classification. For instance, Musgrave, in 1702, speaks of rheumatism as being consecutive to chlorosis, dropsy, melancholia, asthma, fevers, colic, skin diseases. etc.

During all the 18th century the subject becomes more and more complicated. Stoll, in 1780, divides all inflammations into *rheumatic, bilious* and *septic*.

The question was badly muddled at the beginning of the present century, and it was not until 1840-1848 that Bouillaud in France, and Garrod in England, both possessed of wonderful clinical perspicuity, to some extent dispelled the ever thickening darkness which enveloped the subject.

Tennant and Pearson had already, in 1795, found that the gouty concretions were formed of urates, but Garrod was the first to call attention to the fact that the blood of gouty patients contains an excess of uric acid. His method of determination with the thread still renders signal services.

This uricaemia, then, according to him, is the cause of all gouty manifestations.

The pathogenesis of gout, we see, becomes clearer as we progress, but rheumatism is far from enjoying the same good fortune.

In 1853, Charcot wrote an inaugural thesis, entitled "*Chronic progressive articular rheumatism.*" **Opinion of older authors on Rheumatoid Arthritis.** (our rheumatoid arthritis), and we can ask for no better criterion concerning the state of knowledge at that time than the fact that Charcot himself proclaimed the absolute identity of acute, sub-acute and chronic rheumatism.

To explain the articular deformities in rheumatoid arthritis, *rhumatisme noueux* "knotted rheumatism," as the French call it, Charcot advanced the hypothesis of a reflex action, but he considered that the origin of the nervous irritation resided in the diseased joint.

Even at the time of the great Trousseau, this confusion still persisted, and he confesses to his pupils, at the Hotel Dieu, that his opinions are possessed of no little instability. For instance, he insists at one time on the absolute autonomy of "knotted rheumatism," or rheumatoid arthritis, and in his more recent teachings he completely modifies his first opinion and admits that this affection is also of a rheumatic nature.

We can all appreciate his embarrassment, for even to-day the relationship of rheumatoid arthritis with gout and rheumatism cannot be satisfactorily explained. In fact, the following words might have been spoken yesterday instead of thirty years ago:—

"I do not think," says the illustrious Trousseau, "that we can feel ourselves justified to-day in emitting precise and exact conclusions."

In 1875, Senator divides this subject in two chapters; in one he places acute and chronic articular rheumatism, and in the other arthritis deformans or rheumatoid arthritis and gout.

Such was the state of our knowledge a few years ago, and this rapid historical *exposé* has