A 59 year-old British physician, in 1683, describes an attack of articular pain in his patient: “The victim goes to bed and sleeps in good health. About two o’clock in the morning he is awakened by a severe pain in the great toe, more rarely in the heel, ankle or instep. The pain is like that of a dislocation and yet the parts feel as though cold water were poured over them. Then follows chills and shiver and a little fever. The pain, at first moderate, becomes more intense. After a time this comes to full height accommodating itself to the bones and ligaments of the tarsus and metatarsus. Now it is a violent stretching and tearing of the ligaments – now it is a gnawing pain and now a pressure and tightening. So exquisite and lively meanwhile is the feeling of the part affected, that it cannot bear the weight of the bedclothes nor the jar of a person walking in the room.”

Truly an authentic description of an age-old disorder called gout. The physician was Thomas Sydenham (1624 – 1689) and the patient was himself. When physicians describe diseases in their patients, the descriptions tend to be starkly objective and coldly impersonal with little of the patient’s inner reactions to the ailment. But when the physician is both victim and portrayer of the disease, the narration inevitably takes on dimension, greater accuracy and more benevolence.

Gout was well known to the ancient Egyptians; and despite the passage of millennia, some of their mummiﬁed remains still contain toes with the characteristic anatomic changes of gout. The Classical-era Greeks were also familiar with this unique form of arthritis, calling the disorder podagra.

This much was known about the predilection, pathology and prognosis of gout by the late 17th Century, the dawn of scientiﬁc inquiry: It was a disease selectively but not exclusively of afﬂuent society with a typical onset in late adult life. Men, to the exclusion of eunuchs, were its prime victims. Women became vulnerable to gout, but only beyond the menopause. Gout seemed to choose its victims from amongst those who ate in-temperately, especially a diet rich in dark meats; those who drank much, especially red wines such as port; and those who were obese and exercised little beyond their eccentricities. The British widely believed that gout was an inevitable retribution for the excesses of food, wine and debauchery.

There is nothing timid or subtle about gout. It announces itself stridently; and if the walls are thin enough, even the neighbors will know when an attack of gout resumes. A powdery substance inﬁltrates the tissues near and within the affected joints. Occasionally this inﬁltrate accumulates to form a painful nodule, a calcareous concretion called a tophus. The Dutch scientist, Anton Leeuwenhoek (1632 - 1723) used his newly devised microscope to examine the gouty tophi and observed its white sediment to be composed of microscopic crystals. About two centuries latter the British physician, Archibald Garrod (1857 – 1936) demonstrated that gout represented a disorder of purine metabolism, sometimes hereditary, and was characterized by an excessive concentration of monosodium urates in the bloodstream (hyperuricemia) associated with an increased acidity of the circulating blood. Victims of gout often developed uric acid kidney stones, yet another source of exquisite pain.

Many victims of gout in the wine-consuming population of the 18th Century concurrently suffered from lead poisoning (saturnine gout) since many wines, then, were intentionally adulterated with sweetening agents such as lead acetate. The incidence of gout, as an inheritable disorder, is quite high in the indigenous populations of the Paciﬁc region, particularly the Maori of New Zealand.

Gout can be reproduced in experimental animals; but it is also encountered as a hereditary trait in some species of birds and reptiles. And paleontologists are quick to point out that some fossil remains of Tyrannosaurus rex, the great lizard of the age of dinosaurs, contained the bony changes seen in gout.

Gout does not hide. Patients with gout tell the world of their afﬂiction in their correspondence, diaries, autobiographies and even complaints to strangers on the streets. Amongst the founding fathers of this nation, the following had declared themselves to be the targets of gout: Benjamin Franklin, Thomas Jefferson, Alexander Hamilton, John Hancock, George Mason and John Jay. Historians have speculated that it may have required the anguish of gout to stir their strivings for independence. But when the biographies of the English leadership, on the other side of the Atlantic, are then examined, it appears that gout showed no political favoritism. Gout surfaced in William Pitt, Benjamin Disraeli, King George IV and Queen Anne. Other historic sufferers included John Calvin, John Milton, Isaac Newton, Samuel Johnson and even that champion of the proletariat, Karl Marx.

Sydenham concluded: “Gout, unlike any other disease, kills more rich men than poor, more wise men than simple. Great kings, emperors, generals, admirals have all died of gout.” He might have added: “And countless commoners.”

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