PERSONAL EXPERIENCES OF GOUT TERMINATING IN ACUTE MYOSITIS OF ENTIRE LEFT LOWER EXTREMITY.*

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MEDICAL men seldom record their own experience of any ailment they may have suffered from. This is a matter for regret, as they might throw some new light on the symptoms and results of treatment of their own cases. It is with this impression I now offer the following remarks.

Many years ago a heavy hunter fell with me whilst crossing a pavement. My left knee was severely crushed between his body and the flags; since then the knee has frequently caused trouble in the way of constant aching, with effusion into the joint, and during the last four years has shown marked gouty symptoms.

In 1894 I had irritability of the bladder followed by prostatic mischief, leading speedily to the regular use of the catheter. In 1895 I suffered from ptomaine poisoning from eating a portion of partridge. For eighteen months after this I had persistent gouty dyspeptic trouble, acidity, flatulence, constipation, anorexia, and mental as well as physical depression. In October, 1896, I was seized with sudden pain in the neck of the bladder, micturition became frequent and painful, and only a few drops were passed at a time. My son pronounced it gout, a distinguished surgeon stone. He introduced a sound, but on very careful examination could find nothing. The pain caused by this was most severe, but in a very short time it left me and was followed by great relief, and I could pass water more easily and retain it for longer periods than I had been able to do for many months.

A few days after the introduction of the sound, cystitis set in. For three weeks I passed large quantities of mucous pus and occasionally blood. Injections of boric acid and the internal use of salol cured me of this, but from the time when my prostate began to trouble me I had not only to resort to the catheterism constantly, but in order to enable me to go on with my work and to relieve me of the intolerable nuisance of frequent micturition, I had recourse to hypodermic injections of morphine. After over a year's injections thrice in the twenty-four hours, they produced hard white nodes, very painful and persistent, so that my arms presented a conglomeration of hills and valleys making the use of the syringe impossible. I then took the morphine by the mouth, and have continued its daily use; I now consume 5 grs. in the 24 hours, not only without the slightest inconvenience, but the greatest comfort.

On November 7th, 1899, I went to bed in my usual health; at 4 A.M. on November 8th I awoke with a sharp pain in the left adductor longus; on rising to see what was wrong, the pain was so severe I had to resume the reclining posture at once. At 9 my son saw me; he found the entire left extremity from the hip to the ankle swollen, hard, and painful; there was no redness, no pitting on pressure, the swelling was tense, the skin on the stretch; there was nothing amiss with veins, lymphatics, or glands. I bore deep pressure over the course of all vessels, but the slightest on the muscles caused me to wince. He said he had seen nothing like it, nor had I. It was clearly an attack of gouty myositis. I was put on colchicum, lysidine, and potassium citrate; I took these regularly every 4 hours for three days, when the acute pain left me.

On the morning of November 12th I found great fulness of the left hip, from cedema. This extended from the crest of the ilium round to the spine, sacrum, and buttock, with deep pitting on pressure. The effusion could be traced down outside the thigh to the foot, but there was none on the inside of the limb. The muscles continued hard, painful on pressure or slightest movement. The whole extremity was found 3 inches larger in circumference than its fellow. There was no constitutional disturbance, and as long as I lay on my back I was tolerably easy.

I now had recourse to the Greville electric hot-air baths. I took three thigh and leg baths at 260° F. for thirty-five

minutes, and then three full-length baths at 360° F. for the same time. The tension was then relieved, the hardness softened, and the cedema removed, thereby enabling me to move a little without pain. Eczema now appeared, with intense itching. Knowing something of hay-flower baths I took six in my own room (98° F.), as I could not go to our sulphur water baths, and remained in for thirty minutes. These caused profuse perspiration and completely cured the eczema; they also had a very marked influence in softening the muscular hardness of the hip and thigh, but below the knee matters remained the same as they had done for six weeks. I was now able to walk for a few minutes, but then all the muscles of my back and legs began to ache, ending in lumbago, threatening of sciatica on both sides, and acute pleurodynia on the right side. Various applications were used, and alkalies with potassium iodide and colchicum taken without much benefit. I then took anti-arthritis, 16 grs., thrice a day; on the second day I found my face flushed, I had frontal headache, my heart intermitted, and I had a sense of sinking at the epigastrium, symptoms which I had observed on all occasions when any of the coal-tar preparations were taken. I reduced the dose by one-half. This dose was not followed by any unpleasantness, and relieved me very quickly of all pain. The thing that struck me most was its powerful action on the kidneys, and with this increase I noticed that my bladder was much less troublesome, and could retain a much larger amount and for a much longer period than it had done for years. I did not require the catheter at all during the day, and only twice during the night. Before taking this remedy I had to use the catheter at least thrice during the day and three or four times during the night, and now, after four months, I find, although I require the catheter during the night, I seldom need it during the day.

During my long illness the urine never showed any uratic deposit or crystals, and only on two occasions was it a little thick and cloudy. At first I was kept on low diet—slops, in fact. This did not suit me; it brought on acidity, with great flatulence. I therefore changed to animal diet, with dry toast, and had my usual allowance of whisky (three glasses a day). The dyspepsia now left me, and I began to pick up. One remarkable feature was that throughout I never showed any constitutional disturbance; my pulse never varied, my temperature was never taken. Early in February I found I had lost flesh; the arms, chest, and right leg were greatly wasted, but I was much astonished to find that I weighed 4 lbs. heavier than I had ever done; this was evidently from the condition of the left leg. Towards the end of February my thigh had diminished to such an extent as to permit of examination of veins and lymphatics, but all were perfectly normal; below the knee the muscles remained hard and swollen as ever. On getting up in the morning the leg was the same size as when I lay down at night. On attempting to walk all my muscles failed me. Not only was there loss of power, but they were very sore. I now went in for a course of electric baths (constant current), and these were followed by the interrupted current passed from spine to all affected muscles. It was interesting to note the behaviour of the muscles under the treatment; those of the left thigh and leg withstood a current that made me shout when applied to healthy muscle. Gradually the deadened fibres began to twitch, then contract and show signs of life. After ten baths I had lost most of the cedema, had gained power, could walk a mile, and considered myself well.

Dr. Eddison and Mr. Mayo Robson, of Leeds, Dr. Neville Williams, my son, and self agreed that we never had seen a similar case. Thrombosis, superficial and deep, and obstruction of lymphatics were discussed, but from the first no vein showed any sign of inflammation or obstruction, and there was no knotting of lymphatics or glandular complication. If the condition is to be attributed to obstruction of the vascular system, how is the position of the cedema to be explained, beginning as it did above the hip, passing round to the spine and down the outside of the whole of the thigh and leg to the foot, but not showing at all on the inner surface? For months before November 7th I felt uncomfortably hot, broke into sudden perspirations without cause, and could not get enough fresh air. My idea is that gout had been silently at work for four months, then it broke out with violence, invading the

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cellular and muscular structures of the entire left lower limb, but avoiding joints, tendons, and vessels. Had such a burst taken possession of any internal organ I have little doubt it must have proved speedily fatal.

A NOTE ON GOUT.

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For some years I have discarded sodium salicylate for the potassium salicylate. In doses of 10 grs. the potassium salicylate gives great relief in the acuter cases, and I never see any of the "cardiac depression" which is talked about in connection with the exhibition of potassium salts. The potassium salicylate must be of reliable quality. I always order potassium salicylate (puriss. Hopkin and Williams). If this preparation be used in reasonable frequency of repetition in doses of 10 gr., no unfavourable results ensue, the objections to the sodium salt are obviated, and much better results are obtained. It is most conveniently taken in wafer paper cachets containing 10 grs. each.

In chronic gout and rheumatism, so long as the urine becomes turbid by the deposition of urates on cooling, I use the old remedy potassium bitartrate. As a febrile drink there is nothing to match it, in barley water nicely made from Robinson's barley flour, and sweetened to taste with loaf sugar if the patient be of spare habit; perhaps, also, flavoured with a rub of lemon peel. But the cooking in, or infusion with, lumps of lemon peel spoils the preparation as a pleasant beverage. For the non-febrile chronic cases with turbid or scanty urine I give 20 grs. of the potassium bitartrate as a beverage at lunch or dinner, and sometimes also at bedtime. Twenty grains is a small saltspoonful. It should be put into a dry tumbler and the tumbler then filled up with Salutaris or other pure aerated distilled water. If palatable distilled water be not available the tumbler should be filled up with hot water that has been boiled for a few minutes, so as to make the water safe and throw out chalk. With persons of spare habit the bit of sugar may be added and, if longed for, the flavour of the lemon peel. The bitartrate beverage should be drunk as hot tea is drunk. Its use rapidly clears the system of urates. With these two salts I find that I accomplish better than with any other substances all that can be done for the elimination of uric acid. And I find them extremely valuable. Ferric chloride dropped into the urine first throws down all the phosphoric acid as the white ferric phosphate and gives its measure; it then gives the brilliant violet tint which shows how far the system is still charged with salicylic acid, and serves as an end-point for the phosphoric acid.

As everyone knows, the potassium bitartrate is the purified argol which is thrown out from grape juice, as the transformation of its sugar into alcohol renders the bitartrate insoluble. It is therefore a pure grape salt, and comes to us with an adequate prestige. But I write purely from the chemical side. The potassium bitartrate gives a pleasant beverage, which is acidulous, and therefore goes well with the gastric juice during digestion. Absorbed as it is directly into the blood by the veins of the stomach, it is carried into the substance of the tissues, and there its tartaric acid is oxydised into CO_2 and H_2O , while nascent potassium bicarbonate is set free in the tissues in a state of perfect diffusion and almost infinitesimal dilution. Its use is therefore quite a different thing to the projection into the stomach of a crude alkali. I find that none of the remedies so impudently advertised for uric acid can compete with these very simple and inexpensive ones; 20 grs. of potassium bitartrate contain 5 gr. of anhydrous potash (K_2O).

As an aperient in such cases I use an old and favourite prescription, which consists of pulv. guaiaci, potass. bitart., sulphur precip. aa 3j , pulv. trag. co. 3ij , m. ft. pulv. A teaspoonful at bedtime in a wineglassful of water or gruel.

LATIN-AMERICAN SCIENTIFIC CONGRESS.—The second meeting of the Latin-American Scientific Congress will be held at Montevideo from March 20th to March 31st, 1901. The work of the Congress will be divided among nine Sections, of which one (the sixth) is assigned to the medical sciences.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

CASE OF PERSISTENT ADENOIDS IN A MIDDLE-AGED WOMAN.

Mrs. R., aged 47, came under my observation a few weeks ago at the London Throat Hospital complaining of impaired hearing and difficulty of breathing through the nose. She stated that she had never been able to breathe properly through the nose and presented the typical facial appearance of a chronic mouth breather. On inflation of the middle ears through the Eustachian catheter, both tubes were found to be freely patent and the hearing was improved thereby. On examination with the post-rhinal mirror the post-nasal space was seen to be occupied by a considerable mass, which obscured the upper half of the septum, and extended across the vault from tube to tube. Considering the history, the facial aspect, and the fact that the patient's sister, three years older than herself, had well-marked remnants of what had been presumably adenoid growths, I formed the opinion that the case was one of adenoid growths which, instead of undergoing the usual process of atrophy, had persisted. I had some hesitation in forming this opinion as one or two cases of post-nasal growth in adults which had lately come under my notice had proved to be malignant. I showed the case at the British Laryngological, Rhinological, and Otolological Association, and was supported in my opinion by the majority of the Fellows. One Fellow, however, said that the "local condition was not like adenoids," that "the age of the patient was against adenoids," and gave his opinion that the mass "looked like sarcoma." I removed the growths with forceps, under an anæsthetic, sections from which were kindly examined under the microscope by Dr. Jobson Horne, and pronounced by him to be "adenoid tissue which had undergone changes (inflammatory) covering some length of time." It is interesting, and I think worthy of record, that the patient's hearing in a week or two after the operation considerably improved, and she appreciates in a marked degree the comfort of being able to breathe freely through the nose. Although the age of 47 is considerably below the maximum at which adenoid growths have been found (on referring to the literature, I find that Luc has reported a case at 54, and Solis Cohen one at 70) still I am of opinion that cases at this age are sufficiently rarely met with to be worthy of notice.

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MAGNESIUM SULPHATE IN DYSENTERY.

NOTING that there has been some correspondence in the BRITISH MEDICAL JOURNAL regarding the use of magnesium sulphate in dysentery, it may interest your readers to know that when I have had an opportunity of giving it a thorough trial in a large number of cases during the last four years, I have found the treatment of the greatest value in cases of acute dysentery, both in natives of India and in Europeans. I kept records of a large number of cases, and would have submitted these herewith, but unfortunately they were destroyed in the earthquake of 1897, in which I lost my house and everything in it. I have found that it is seldom of much value in really chronic cases, although I have tried it repeatedly in many instances. The prescription I am in the habit of giving is: Magnesium sulphate (a saturated solution) 3j , dilute sulphuric acid xx , in water; to be given every two hours until the motions have become copious, fæculent, and free from blood and mucous.

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CERTAIN USES OF COLLODION.

In the BRITISH MEDICAL JOURNAL of November 21st, 1896, I called attention to the value of collodion in the treatment of pruritus ani, in which, I believe, it is always effective, at least temporarily.

In the after-treatment of mosquito bites I have found no application so satisfactory as that of collodion. A dewdrop of contractile collodion is spread on the raised red bite. The itching at once disappears, and with the contraction of the