The story of the gouty heart

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Many distinguished fellows of the College of Physicians including Harvey suffered from gout in the past, as recorded in Munk's *Roll* (1878-1968). As an example may be cited Dr. William Stukeley (1687-1765) who started practice in Boston, my native town. He had long been a sufferer from gout and overpowered by repeated attacks he turned his thoughts to the Church, was ordained in 1729, and became rector of All-Saints Stamford (Doomsday spelling of Stamford). Here Dr. Rogers, himself a sufferer from gout, had invented an *oleum arthriticum* which Dr. Stukeley was induced to try with great success, so that in 1733 he published a letter to Sir Hans Sloan on 'the cure of gout by oils apply'd externally' (Fig. 1); the oil was heated in a spoon and rubbed in while hot. This letter passed through several editions and the third of 1740 is in the library of the Royal College of Physicians.

In 1747 Stukeley moved to London where he died of a palsy in an apoplectic attack, aged 78. He was evidently highly regarded in Lincolnshire not only as a physician but also as an authority on Druidical history. Ten pages are devoted to him in Pishey Thompson's history of Boston (1856) which he described as a town lying in a region of dirty roads and dull company. Though heart disease could not be recognized clinically in Stukeley's time, cerebral vascular episodes were not uncommon and some were probably associated with hypertension.

James Wardrop, surgeon to King George IV, who wrote a treatise on heart disease (1851), believed that gout was translated to the heart when the arthritic inflammation subsided. Called to the king during his last illness when he was being treated by Sir Henry Hallford for inflammation of the lungs, Wardrop diagnosed gouty heart disease. Necropsy disclosed aortic stenosis and atheroma, a large heart, and bilateral hydrothorax. A full account of the king's illness is given by Pettigrew (1838). Sir Henry Hallford had been much criticized in the press for his misleading bulletins and it was not until two days after Wardrop's visit that he first informed the government of the king's heart disease.

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J. M. Fothergill described combined heart and kidney disease in which elderly patients pestered with gout were ultimately slain by heart disease and in the second edition of his book (1879) he inserted the term gouty heart on the title page (Fig. 2). Balfour in *The Senile Heart* (1894) dealt at length with the gouty heart and the gouty diathesis which he defined as a comprehensive term for all those changes in the character and composition of the blood induced by the evils of civilization; he regarded the senile heart as a synonym for the gouty heart.

There was much mention of gout in connexion with angina pectoris. William Butter in his treatise on angina pectoris (1791) attributed it to 'diaphragmatick gout' though he produced no pathological evidence to support his theory. Nevertheless, the gouty hypothesis became popular for a time and Joseph Ridge, in his account of John Hunter's illness (1855), attributed his arterial disease to gout (Fig. 3). As late as 1935, Emmanuel Libman discussed anginal attacks alternating with gout for which he coined the term 'goutiness'. He advocated calomel, alkalis by mouth and rectum, and rectal implantation of *B. coli* which he had employed with success in the treatment of angina pectoris! Today gout seems relatively uncommon and is defined as the articular manifestation of hyperuricaemia, but the diagnosis is initially clinical. In modern textbooks on heart disease gout is mentioned mainly as occurring during diuretic therapy in gouty patients and occasionally in those with no history of previous gout.

Munk's *Roll* mentions gout of the stomach as a cause of death in several cases and Sir William Petty is reported to have died of gangrene of the foot supervening on gout in 1687. Volume 5 does not mention gout as affecting fellows of the College but rheumatoid and osteoarthritis seem to have supplanted it. Once auscultation and percussion came into general use, heart disease could be recognized clinically and is mentioned as affecting particular fellows but it was no longer attributed to gout.

To conclude, the gouty heart, like fatty heart, was essentially a disease of Victorian times and represents an epoch in our changing conceptions of

FIG. 1 Title page of Dr Stukeley's letter to Sir Hans Sloan (1733) from a copy in the library of the Royal College of Physicians.

FIG. 2 Title page of J. M. Fothergill's *Treatise on Heart Disease*, 2nd ed. (1879) from a copy in the Bedford library, Royal College of Physicians.

FIG. 3 *Title page of Joseph Ridge's Observations on the Life, Disease, and Death of John Hunter (1855) from a copy in the Bedford library, Royal College of Physicians.*

myocardial disease before the clinical recognition of coronary heart disease during the present century.

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