



Case histories

Gout

As he tried to evoke the agonies of his gout-stricken patients in the first century CE, the Greek physician Aretaeus of Cappadocia did not mince his words: “No other pain is more severe than this, not iron screws, nor cords, nor the wound of a dagger, nor burning fire.” Like osteoarthritis, like dental caries, gout is one of many chronic diseases that, in the words of the historians Roy Porter and George Rousseau, “are not in themselves fatal, but incurable, typically debilitating, sometimes crippling and inordinately painful”. Aretaeus and his contemporaries worked in a classical tradition that understood gout as an essentially protean condition. In the familiar acute form, podagra (from the Greek for “foot-trap”), the excess humours generated by a sedentary lifestyle and a rich diet accumulated in the joints of the thumb or big toe. In this sense gout, like diarrhoea or vomiting, might be merely an occasional crisis, the sign of a healthy constitution adjusting its inner balance. But more serious symptoms—debilitating headaches or heart palpitations—could arise if these humours moved to the major organs.

Latinised as *gutta* (“dropping”, a reference to the heavy humours held responsible) and Anglicised as gout, the disease became a diagnostic staple for Renaissance physicians and their wealthy clientele. In 1531, the radical Swiss physician-chemist Paracelsus (Theophrastus von Hohenheim) argued that the Hippocratics had got it wrong: gout was not a humoral imbalance but a chemical “disease of incrustation”, in which products of digestion turned into calculi or gouty tophi. Most practitioners, though, retained a traditional view, articulated in the English physician Thomas Sydenham’s *Treatise on the Gout* (1683): “The gout generally attacks those aged persons, who have spent most part of their lives in ease, voluptuousness, high living, and too free an use of wine.”

Many scholars have noted the way in which gout became, in Georgian Britain, a fashionable disease, even—in Porter and Rousseau’s words—a “patrician malady”. As the historian Corinna Wagner has observed, gout carried sexual, political, and even imperial overtones for Enlightenment Britons. Wealthy men could accept and perhaps celebrate the disease as one of the burdens of a sedentary life of power: sitting in Parliament, in salons, on the throne. Fashionable spas and the waiting rooms of expensive physicians became part of the social season, while caricaturists created an enduring image of the gouty Georgian as a jowly gentleman in a dressing gown, his poulticed foot up on a stool, wincing as tiny demons poke at his tender joints with their forks.

This nexus of consumption and sensibility, underpinned by a classical view of the body, did not endure. Victorian physicians and patients tended to see gout not as an agonising achievement but a mark of moral laxity. The

anatomy-localism that came to dominate 19th-century European medicine had little time for diseases that seemed to move between organs at will, and biochemical models of disease offered a new way of relating the symptoms to underlying pathology. In an 1848 paper, the English physician Alfred Baring Garrod noted high levels of uric acid in the blood of gout sufferers, and suggested that this chemical might be crystallising in the joints and urinary tract.

Biochemistry also brought new life to old remedies. Classical treatments for gout often included extracts of the autumn crocus, *Colchicum autumnale*, and this ingredient lay behind various patent medicines. The active component was isolated in 1820 by the French chemists Pierre-Joseph Pelletier and Joseph Bienaimé Caventou, and named colchicine by the German chemist Philipp Lorenz Geiger in 1833.

Physicians in the 18th and 19th centuries knew that gout could run in families, and now genetic research suggests that heredity makes the largest single contribution to aetiology, particularly in those with Australasian or Pacific heritage. Since the 1970s urate-lowering therapy combined with non-steroidal anti-inflammatory drugs has provided an effective first line of treatment, but the incidence of gout is increasing and lifestyle remains an important factor. Historical studies have suggested that gout was not widely known in Africa, South America, and Asia until the spread of western lifestyles and diets in the second half of the 20th century.

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For more on **Case histories** see **Comment Lancet** 2016; **387**: 211 and **Perspectives Lancet** 2018; **391**: 1985

For more on **gout** see <https://www.thelancet.com/clinical/diseases/gout>

Further reading

Kennaway J, Andrews J. “The grand organ of sympathy”: “fashionable” stomach complaints and the mind in Britain, 1700–1850. *Soc Hist Med* 2017, published online Aug 27. <https://doi.org/10.1093/shm/hxx055>

Porter R, Rousseau GS. *Gout: the patrician malady*. New Haven, CT: Yale University Press, 1998

Wagner C. *Pathological bodies: medicine and political culture*. Oakland, CA: University of California Press, 2013

