POLITICAL GOUT: DISSOLUTE PATIENTS, DECEITFUL PHYSICIANS, AND OTHER BLUE DEVILS

by

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This essay seeks to assess the renegade Thomas Beddoes through the filter of the gout diagnosis in his time. It stretches out to cover his whole life and emphasizes the need for a broad comparative historical and biographical approach. Gout is shown to have functioned then as more than a malady; it was also part of a social code embedding class, rank, affiliation, standing and political position.

Keywords: history of medicine; politics in medicine; gout diagnosis; Georgian social history

‘Those seduced by la dolce vita end up visited by the GOUT, the DROPSY, the PALSY—by the BLUE DEVILS, and other COLOURED DEVILS [figure 1] lodged in the system.’1

DISSENTIENT DOCTOR IN CONTEXT

Thomas Beddoes the renegade needs to be viewed in a broader historical context—social, political, cultural—than he has hitherto, and over the longue durée from the Renaissance forward. When this is accomplished, the interface of some of his medical and political views appears more dissentient than it has been. This article isolates his views on just one medical condition, gout, to demonstrate that Beddoes was acutely aware of gout’s socio-political implications and cross-cultural resonances in his era.

Two centuries on, no longer forgotten, Thomas Beddoes appears to possess a deep theoretical edge, yet he was concurrently practical in ways still unappreciated.2 He belongs not merely to a Bristolian Enlightenment, long acknowledged, but also to a utilitarian Enlightenment whose history remains unwritten; one confronting the era’s creeping luxury head on while recognizing the moral problems it raised and mandating swift changes to its daily life.3 Yet materialist, if perhaps atheist, Beddoes was also a proto psychologist and early sociologist in the way he understood the public role of health, and especially the populace’s well-being in relation to class and work at a time when these now established relationships did not formally exist.4 In realms more narrowly

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medical, his practical approach can seem uncannily modern, as, for example, in his derision of what we would now call the ‘anorexic look’. He chastised those, especially the young, who thought the consumptive pose a guarantor of refined sensibility and high imagination—in this case in both women and men. And by so doing he anticipated the Théophile Gautiers a century later, who would persuade themselves that no poet could weigh more than 6 stone (about 36 kg). He himself weighed several times that figure, but his own weight did not restrain him from such trenchant criticism. Brilliantly he augurs the swooning traviatas who were to appear on the European operatic stage four decades after his death in 1808. Yet his criticism of this consumptive pose more than anticipates a faddish cult—it cuts to the root of what personhood entails in his Romantic Epoch.

Of course, Beddoes also needs to be grounded biographically: the short, fat, squat and very shy little Shropshire man adjudged by Humphry Davy to have no ‘elegance of manners’ and to be forgotten by the time of his premature death, in 1808, probably from cardiac arrest at the age of 48 years. He had spent his early and late life in wartime: he was born during the Seven Years’ War, which was followed for two relatively peaceful decades (1764–84) by the rumblings from revolutionary France, and then, after 1803, by the new Napoleonic wars that were raging when he died. This was the creature who struck so many of his contemporaries as an oddity they could not explain; the imaginative physician whose visionary enthusiasm and radical politics combined to cast severe doubt on his science—so stringent that national power brokers such as Joseph Banks continued to oppose him in every way they could.

It also helps to situate Beddoes philosophically as a materialist and to locate him—even his alleged lack of manners—within the context of social class; that essential British category so often omitted in medical biography, or, when included, rarely embedded in thick description and cautious analysis. It helps to pinpoint Beddoes in the chronological sense, too; to remember that his whole development took place in the space of just a few years, and that his last few years were forlorn indeed, broken by one disappointment after another. If the early, middle and late John Keats, the contemporary Romantic poet, stretched over a mere decade, Beddoes’s development was not appreciably longer.
It is not the social class from which he himself emerged that most captivates the modern imagination—that is plain enough—but the anti-dogma view he developed of an upper-crust society in dire need of reform. As he wrote in a rant about ‘modern’ medical practice to Joseph Banks at the end of his life, it is permeated with ‘discontents, imperfections, and abuses’.8

Beddoes was a type of totalizing epidemiological critic of ‘high society’, in tune not just with its actions but also with its gestures and symbols. If this quasi-anthropological component enhances his profile, so much the better. Biographically he was in his twenties when English society during the 1780s was becoming more polarized than it had previously been. And you could purport with justification that the type of science he followed and developed did not exist apart from these class ties;9 that just because he was Oxford educated and taught chemistry there, this amounted to little for his sense of rank and file in a fast-changing world that was almost daily hearing rumblings of revolution on the other side of the Channel. Because his gaseous experiments have captured the attention of historians of science, his other activity as a fierce social critic has been minimized, as have the ways in which social conditions coloured his medical views. In all these endeavours it is Beddoes’s dissentient voice that intrigues me: the renegade’s teeth, as it were, in the ferocity of his critiques.10

Yet it was not biographically or politically, but intellectually and cross-intellectually, that Beddoes soared like a swan from the earthly second-rate. Even two centuries later his liberally individualist ideas lift him—ruggedly and tenaciously—when they pull against the grain of consensus. And unlike other contemporaries of the second rank, of which there were dozens in the late eighteenth century in the burgeoning fields of botany and chemistry, natural history and geology, and especially medicine, once Beddoes set out to publish his ideas he continued to do so prolifically.

He may not have been an ‘intellectual’ in the way that this stereotype has been configured in the post Raymond Williams British mindset, but Beddoes held views on most subjects: from stylish fashion to sexual onanism and universal liberty. If he railed against much that passed for late-eighteenth-century ‘fashion’—its inanities and pretences—he viewed onanism, to take an example from the medical realm with patent social overtones, as yet another fashion: the inexorable condition of the dapper young man whose upbringing had amounted to a sham patched together by pretension, politeness and feigned prudery.11

The view further situated Beddoes within the history of education, where he is rarely located. But his cultural pronouncements do not stop there: he can appear a fully formed Romantic thinker before there were Shelleys and Keatses and even when he himself interacted with the young Coleridge and Southey; denouncing the overthrow, for example, of the Johnsonian view that sage-age and wise-wisdom count for something, in preference for the new infatuation with youth: thin, consumptive, innocent and unspoilt.12 Similarly he could tease out medical fads in his millennial treatise on consumption (1799), anticipating the wasting disease’s symbolic trajectory in the new century. Keats’s hauntingly simple question in La belle dame sans merci—“Oh what can ail thee, knight-at-arms, / Alone and palely loitering?”—could not have been framed so poignantly or poetically by Beddoes, but his long exposition supplied the answers more than anyone else in his epoch.13

Contrast Beddoes with other medical doctors of the eighteenth century and he looks different again. In comparison with those of George Cheyne, who operated in a very different socio-political milieu a generation earlier, Beddoes’s radical politics and research profile look different, even if the two men might have agreed about the corrosive chichi fads and lifestyles of the gullible rich. But compared with David Hartley, the imaginative
physician whose medical views in *Observations on Man* (1749) Beddoes endorsed, Beddoes looks politically sympathetic but religiously distant, even if the contrast appears as a half-baked oxymoron. It is hard to imagine Beddoes on his way to being ordained as an Anglican clergyman, as was Hartley, but exiting from the carriage just because he could not submit to the doctrine of the eternity of hellfire torments.14

In comparison with Tobias Smollett, the London-based Scottish physician-author who died when Beddoes was 11 years old and who was also a member of the as yet unwritten utilitarian Enlightenment for the way in which he viewed the practical arrangements within the dispensation of health care in a developing society, Beddoes appears a kindred spirit. If they met in Heaven, in some paradisiacal pub, I think they would denounce the excesses of the *bons viveurs*. But in comparison with the politics of Erasmus Darwin, one of the few British doctors whom Beddoes unconditionally celebrated and then the most famous physician in the nation, the curve of Beddoes’s politics, however similar, appears as another hue and Beddoes’s fierce polemical rhetoric seems of another realm. Darwin wrote lovely letters and was practically incapable of making enemies except when describing the sex life of flowers and plants, but he could never have taken on Pitt (figure 2) and the politicians as fiercely as Beddoes did.15

Figure 2. Portrait of gout sufferer: William Pitt, 1st Earl of Chatham (1708–78). After a painting by Brompton. (Copyright © The Wellcome Library, London (reference L0000044); reproduced with permission.)
However, when compared with the very ‘fashionable’ Edinburgh Establishment doctor James Makittrick Adair, who was exactly contemporaneous with Beddoes, the two existed in Blakean ‘contrary states’ and could have come to blows in the pub, Adair promoting everything Beddoes despised: cultivation of the rich, protection of the trade and policing of therapeutic tricks and pharmacological secrets as if in the KGB. Adair was greedy, merciless, a wrecker of ethical medical practice, Beddoes an evangelist and transformer; and Adair would have been shocked at Beddoes’s indictment of ‘mere fashionable physicians’ on the grounds that ministering to the rich was a corrupt pursuit.16 A ‘mere fashionable physician’ is precisely what Adair was proud to be, and there were more like him. If you want a crash course in Beddoes’s theory and practice, steep yourself in Adair.17 In these comparisons I avoid Brown, the Brunonians and the birth of pneumatic medicine as well as the factions clustered around the various camps—Cullen,18 Trotter and the Brunonians—because others have written so eloquently about them in this issue of Notes and Records. But the point of the contrasts stands: for Beddoes, much of what passed for modern medicine was marooned in quackery, ignorance, and the petty party line. Beddoes stood for more than that and was willing to immerse himself in feud.

In an influential article now more than two decades old, Trevor Levere wrote: ‘Beddoes saw his responsibility as a physician as primarily one of preventing disease, which meant understanding and tackling its social, material, and physiological causes.’19 It was just that, and ‘Prevention Beddoes’ was also a medical optimist, believing that the revolution in chemistry was predictive of the cures to come. In this dream of scientific progress in the enhancement of human well-being he was both aspiring Enlightenment man and Romantic prophet.

Beddoes was not merely intuitive and anticipatory; he also harboured a sense, as Levere has claimed, of preventative responsibility. We glimpse its contours in just one disease cluster where Beddoes both pronounced and practised: gout. Gout was certainly not his main focus within the kingdom of disease; consumption was, and he also pronounced abundantly on scurvy; but consumption, with which Beddoes claimed ‘opulent families are infested’ (his verb is revealing; figure 3), preoccupied him. His huge treatise on it seeks to address the ailments of the respiratory system threatening Britain, as well as permitting the budding doctor in the 1790s to launch his practical system from it.20 The elucidation of gout, in contrast, sheds light on his preoccupation with the patient–doctor relation and brings into sharp relief the defects of medicine in his time precisely because gout was so very much the Georgian disease par excellence. It rarely killed anyone, let alone the thousands who died annually from consumption. This paradox and the contradictions that Beddoes saw in its configuration and cure are precisely what makes it a stunning disease cluster in understanding his radical approach to the reformation of medicine.

THE ‘BLUE DEVILS’ OF GEORGIAN GOUT

Gout in its Georgian heyday was not the comic pseudo-malady we think it now, nor was it some minor condition afflicting few.21 It may have afflicted primarily the privileged classes, but it was far from restricted to them. Precisely because its victims were often well-heeled and able to reward those who pretended to cure them, its medical theory was far more advanced, if also more controversial, than many crueller conditions. We gain insight into
Beddoes’s high optimism about a cure for gout at the time he was fundraising for his yet-to-be Pneumatic Institute: when he approached the Duchess of Devonshire, he offered her a wager that he could ‘cure Gout for 500 Guineas with a new specific’ and would ‘forfeit 5,000 Guineas’ if he failed.22 The ‘new specific’ was his much-touted gas; it turned out not to relieve gout, but the Duchess never called in the wager.

The juxtaposition of two seemingly disparate realms in my title—‘political gout’—can seem a half-baked tautology or even oxymoron to the degree that illnesses are not construed as ‘political’. But Beddoes believed they were, despite not having much support for the view among his medical brethren. Indeed, his view of medicine was ‘public’, to the degree that he imagined much illness in those pre-genetics days as having arisen from causes that were at root social: they were generated from appalling living conditions or could not be put right because political leaders had other priorities.23

Malady itself was essentially the product of two—again public—factors: lifestyle and mindset.24 In Beddoes’s view of the genesis of malady, mind and body rarely acted apart,
and to the degree that he leaned to a philosophical predilection he was a monist.25 In this sense his medicine was moored to his politics, and his politics—reciprocally—teemed with medical ramifications, not merely for citizens but also for nations. The gout diagnosis was an exemplary case: a broad disease cluster centred on a specific social class ruining itself by corrupt lifestyles and defective mindsets, especially among those already exposed as corrupt politicians.26

To tease out gout’s ‘politics’ was the sort of polemical endeavour that Beddoes excelled in; a pursuit he relished because gout was less fatal than—for example—scurvy at sea or consumption on land. But it was more than a rhetorical exercise, no matter how much he excelled in that realm. It is little surprise that he predicted in Hygēia that those seduced by la dolce vita would end up visited by ‘the GOUT’ and other ‘BLUE DEVILS’.27 These devilish conditions extended beyond gout’s classification in 1800, but the gout diagnosis lies in their vanguard nevertheless.

Gout was an old illness with a millennial heritage by 1800, thought to have been born when primitives abandoned their Edenic lives in the forest and capable of finding relief, but not cure, by the early physicians. This is what the poet Lord Byron thought, too, contrasting it with fevers that lay beyond the physicians’ hands.28 The implication had been that doctors could relieve hereditary conditions without curing them and ameliorate symptoms for a fee, just as moralists could tame the lusty appetites of gouty old men without obliterating their desires.

But gout’s profile before about 1750 is not what we typically imagine; its framing as a disease was more modulated, anachronistic, politicized, and prone to the compilation of phylogenies than many other medical conditions.29 This last propensity—its susceptibility to attract layers of hierarchical classification by those configuring it—is usually overlooked. In one treatise published in the 1730s the late Roy Porter and I counted up to 61 different types of gout: galloping gouts, flying gouts, complicated gouts, regular gouts, irregular gouts, atomic gouts, and so on, each with its own sets of pain symptoms and underpinned by clusters of sub-gouts.30 By the mid eighteenth century, ‘irregular gout’, for example, itself appeared in half a dozen varieties, its chief sign in each case being the adventitiousness of its attacks: allegedly it was incidental, indiscriminate, and nothing the patient could predict. Doctors considered these bouts random strikes out of the blue—hence one element of Beddoes’s ‘blue devils of gout’ in my epigraph.31 You need not be a deconstructionist critic to revel in gout’s metaphoricity, or a Susan Sontag to decode the layers beneath the surface of its literal meanings.32

Contrarily, all gouts were thought to be chronic but rarely lethal, unlike scrophula, nervous maladies, fevers and hypochondriacal disorders. Hence ‘irregular gout’ flaunted the pattern of chronicity despite commonly presenting in this way to doctors, causing some of Beddoes’s contemporaries, for example William Cadogan, to doubt the received wisdom about gout.33 Others defended gout’s reliable pedigree on grounds that it was necessarily recent—its recent rise because it had appeared only since the ascent of affluent civilizations. Competing positions about gout’s aetiology were contested and compounded by the hereditary factor. Precisely how the transfer occurred within gout’s hereditary diagnosis no doctor stipulated, but Beddoes came to believe the theory flawed.34

Gout was not merely the remuneration for high living—late nights, rich foods (figure 4), wine, women and song—but also the reward for pedigree; recompense, because it insulated
you from almost all other fatal illness. It was transmitted from one gentleman to another, so its theory went, almost as if it had been inherently contagious or infectious. Even if you were unaware of its protective armour, or unconscious of your natural wish to be insulated, it strapped you in and secured you from more calamitous ailment, an invisible Achilles’ shield. Small wonder that gout—the bulwark lent itself to rhetorics of insulation.35

William Stukeley, the eighteenth-century antiquary who discovered Stonehenge and wrote an early life of Isaac Newton, had died when Beddoes was just five years old and left the most detailed gout diary of anyone writing in English in the eighteenth century.36 Gout’s insulation is one of his chief points. But Stukeley’s political content also begs to be teased out, as when he repeats that gout is the most class-specific and gender-specific of maladies.

Stukeley’s entries were made during the 1720s and 1730s, at the approximate time when celebrated physicians such as George Cheyne also plugged gout’s high-life genesis and explained its bulwark-like magic. But by mid century, la dolce vita for Britain’s upper
classes had augmented, especially as the result of the urban ease in chasing it. As the nation consolidated into a global power on the eve of Beddoes’s birth and grew richer during the decades of his formative life in the 1770s, and as decadence and debauchery à la Hogarth increased, so too did the number of causes leading to gout. As Beddoes eloquently vivified the matter in Hygèia: those who had been seduced by la dolce vita would end up ‘visited by the gout...and other coloured devils lodged in the system’.37

Beddoes extemporized well beyond Cheyne on the meat-eating hedonists, excoriating them in public and in print trouncing ‘the conspicuous opulence which enables [our nation]...and enfeebles it...in which we live’ (figure 5).38 He refined the culprit: not merely Cheyne’s accepted gluttony and greed that proved villainous, but the snobbery of the rich who kept craving innovative ways to demonstrate themselves superior to the have-nots; to tap into novel indices of refinement, usually demonstrable through the five senses separating them from the hoi polloi. This sensory inheritance, another form of insulation, was configured as part of their rightful pedigree, proof of an upper-crust niche: what may be termed a ‘finer living sensibility’ (the phrase is the leftist social critic Raymond Williams’s, adapted, according to Stefan Collini, from F. R. Leavis)39 decreeing superiority to, and removal from, the have-nots. It is fanciful to imagine Beddoes proleptically amid Leavis and Raymond Williams, especially as Beddoes did not issue from the same working-class background as Williams. But Beddoes’s ethical compass, especially his staunch critique of illness, reminds one of the havoc that ‘fine livers’, to echo Williams, wreak on their bodies.

Figure 5. Dialogue between Franklin and the Gout, 1819. (Copyright © The Wellcome Library, London (reference L0000080); reproduced with permission.)
In the stretch from Cheyne to Beddoes (1730–80), gout’s pedigree was configured as broadly based; a rock on which the medical theorists of the eighteenth century could build. Underneath it lay a vast quarry of equally politicized, unarticulated assumptions:

(i) that certain lifestyles predisposed gentlemen (the women were routinely omitted, naturally) to gout’s vicissitudes despite this misfortune’s blessed insulations;
(ii) that gouty gentlemen perceived reality in similar ways, including political reality;
(iii) that lusty old men, incapable of amorous lifestyles (figure 6), nevertheless found the energy to mount the erotic challenge;
(iv) that the swollen tribe constituted a type of club of bonded souls.

The paradoxes and ambivalences of these unstated codes (and it is important that they were rarely explicitly iterated) were extensive. Yet in all the propositions and counter-propositions, in the welter of classifications from ‘atonic gouts’ to ‘consumptive gouts’ and ‘galloping gouts’, it was never clear whether gout was curse or blessing. Admittedly it insulated, but at what cost? If you were willing to surrender everything to high living then the ‘blue devil’s’ bites were token punishment, but if you recoiled from his sharp teeth, then no insulation—or inherited pedigree—could protect you. 

*Au fond* the logic was shabby—no reason at all; you could have both concurrently. My summary is crude but reflects the conflicting state of affairs during Beddoes’s youth.
And the patients? They suffered in pain, oblivious to pedigree and other rationales; they sought for diagnoses and cures in good faith. But viewed from a distance of several centuries, the system—patients, doctors, cures, fees, rhetorics, consolations—resembles a type of collusion: doctors conspiring with patients by telling them what they wanted to hear and then prescribing cures that perfectly suited their lifestyle; patients duped by the advice that they were a special breed and that a few aches and pains were small punishment for membership in the select fraternity. As Beddoes epitomized the process, ‘all [between doctor and patient] has been...to much mere dumb shew’.40

He seems to have wanted to strip them of their right as patients. Their crime? Minds cluttered with mythologies. Yet seen from our perspective this collusion, even when medically based, lies proximate to other forms of social treachery, if not outright sedition. The political gesture is less sotto voce than may seem, but checks and balances, in our sense, did not exist. Transparency, as in medical transparency, was still a word in the physics of light, and unrelated to professional practices. And malpractice in our sense was unknown, let alone an enforced professional ethics (the ink of John Gregory’s 1770 medical ethics had barely dried on the page).41 Beddoes’s quondam remarks about gout’s failures are scattered among prolific publications, but a sentence in his late Manual of Health (1806) rings out: ‘One failing seems nearly universal: we are far too little capable of divesting ourselves of technical or professional views.’42 The indictment applied to all medical practice but stemmed from the chicanery of the gout diagnosis.43

Worse yet—so gout’s logic continued—were its internal contradictions through which Beddoes also pierced. The gist was this: no such creature as the ‘gouty individualist’ existed; this was a fiction; gouty types were just types and they could be best identified in groups; this was the reason that illustrators so often visualized them in clusters seated around tables in their gout chairs with swollen legs held up on a stool or amorously fondling some wench while their swollen leg, the non-priapic leg, dangled.44 The logic was derisory: sight of the type enabled generalization to the social class and was further predictive to its politics—this with the flick of an eye.

POLITICAL GOUT AND FRACAS

The factious ‘gout doctors’ of the late eighteenth century also quarrelled. The public already construed them as medical specialists in our modern sense, as their subclass suggests (‘gout doctors’),45 but they were also experts in dissent and gout was a sufficiently broad malady to drive their thriving businesses and keep them rich, as Dr Robert Kinglake discovered.46 Dissent could have been their insignia, as intensely as collusion with their patients. They dissented from their colleagues; not openly of party politics or Pitt or, for example, whatever political crisis was at hand in the 1790s, but from allegedly subversive therapies. And they gravitated to fracas as fish to water; feud—‘gout wars’—was their natural habitat in part because they themselves were often gouty and they had vested stakes in the outcome.

For the most part they strove to alleviate their patients’ pain. Yet excavate the fracases, one by one, as in the Kinglake controversy during Beddoes’s last years; exhume the political overtones, and you discover the implicit deceit, not to mention the internal disarray of their theory in forever making ‘the honour of the gout’ a special case.47
Repeatedly their logic is that nothing in medicine can be generalized to the gout because it is a ‘special case’. Special to what? Allegedly special for supporting the status quo, the ancient constitution of the country, all things British. But ‘constitutions’ also formed the essence of physical bodies: this was the bone of contention in the hereditary debate, as Sir James Jay noted: ‘in a genuine Gout, it is evident, there is a disposition in the constitution.’48 This inexplicable disposition protected the ‘constitution’ from being tampered with, especially by quacks who might try to perform radical cure, just as politicians who manipulated national constitutions attempted to restore the ‘body politic’. They ought to have been the impeccable ‘physicians of state’, Beddoes thought, but instead showed themselves to be consumed with self-interest. The specific entitlement of gouty persons was that their bodily constitutions naturally produced this ‘gouty matter’, and, according to James Jay and his medical fraternity within the hereditary school, it was a genuine patrimony.49

The site of gout’s hereditary nature was grounded in this ‘bodily constitution’; this is why it was par excellence the king of hereditary diseases. The medical and the political spheres were interchanged through identical vocabularies invoking ‘bodies’, ‘constitutions’, ‘cures’—even ‘radical cures’, as promoted by Wilkite radicalism, the American Revolution, and during the threats to the British constitution during the shockwaves following the French Revolution. Therefore when some ‘gout doctors’ called for an end to high living and a grand purge of luxurious lifestyles, they appeared to conservatives such as Edmund Burke and his kind to assault everything English, including the old order itself.50

Take, for example, Doctor William Cadogan, a name that the young Beddoes knew because he had become notorious by the 1780s. Cadogan followed Cheyne’s simple country ‘lettuce and seed’ regimens but staunchly denied gout’s hereditary status.51 He explained gout’s shocking increase at mid-century by the rise of affluent patients whose physicians were as deceitful as their patients, ripping them off and telling them dribble. Even before the brouhaha over the hereditary entitlement to gout got off the ground, Sir John Hill accused Cadogan of plagiarizing his treatise from Hill’s antecedent one52—further factiousness over plagiarism. Hill was as politically invested in gout as the rest: a lifelong sufferer who, like Cheyne before him and later Cadogan, wrote his own treatise about it, and then, when Tory Prime Minister Lord Bute patronized him, persuaded himself that quacks who meddled with the gouty body’s constitution were no less reprehensible than those sabotaging the state’s constitution.53

Cadogan’s denial (figure 7) struck two blows simultaneously: the first at high living—down with bons vivants; the second at rank and superiority—farewell to breeding and civilization, especially its corruptions and inequities.54 No wonder the rebuttals came fast and thick against Cadogan’s impugning of ‘gout’s honour’. The quicker they flew, the more dogma accumulated, particularly against his politically charged view that gout had no pedigree; that the exclusive sociobiological club should never have existed. During the 1760s, when Beddoes was a boy growing up in Bristol, Cadogan was written out of the gout canon, only to linger for three decades before his death in 1797 in obscurity, a politically reactionary monster.

Conspiring with these ‘deceitful doctors’ were the patients, some of whom began to wonder whether gout meant anything at all, but nevertheless sucking up to the cant and obfuscation, reckless themselves in diet, sleep, exercise and lifestyle—violating the non-naturals. If you enlist deep-layer biography in the service of the deceitful doctors, as Roy Porter and I attempted in Gout: the patrician malady, you begin to grasp the hypocrisy
that had accumulated—like algae and moss—around both the biographical doctors and their gouty patients. But here enter the sober and daring Beddoes: all malady, he charged, allows moss to gather around its rock base, but some illnesses, such as gout, are more vulnerable than others. Patients had encouraged self-serving ideas about gout to develop: for example, the notion (told to their doctors) that they were pleased to have contracted gout because it protected them from more serious ailments. Beddoes viewed this old saw as absurd; mental garbage, a sign of their ignorance in pretending to be privileged.

Back in the 1720s Cheyne, refining Sydenham, established the medico-cultural model for this dissolution but Beddoes advanced towards reform. Cheyne had preached in the wilderness about simplicity while advocating his ‘lettuce and seed’ diet as a visionary
eccentric. Two generations later, in the 1790s, civilization and sensibility combined to render urbane people—metropolitan savvies—more conscious of illness than they had been. Now they courted knowledge about particular maladies with the curiosity that we do the Internet, and, inversely, according to their ability to bear the pains and stings it brought. Beddoes hammered away at the absurd view that gout, whose victims increased every year, was veritably a constitutional indisposition—that is, whole classes of persons are gouty.

Still more perplexing, as far as Beddoes was concerned, was that gout now was said to attack children too, and not restrict itself to the external body but invade interior tissues as well, especially the digestive tract. Dr Anthony Florian Madinger Willich, a physician based in Charing Cross, London, and an early English popularizer of Immanuel Kant, dramatized the point in 1798, in the same month that Coleridge’s and Wordsworth’s lyrical ballads appeared: ‘[gout] tortures the patient in a thousand different forms, nowhere more so than in the stomach.’ By 1802 gout’s model had been transformed, in part owing to Beddoes’s caveats. Like the empire that Beddoes decried, especially for its violence, it was creeping out everywhere and taking over. No other disease was theoretically or therapeutically so privileged, or so exclusive in those it admitted to patientdom. Its mythologies were increasing, more so among patients than doctors.

**THE GOUT DIAGNOSIS**

Before Beddoes, the stereotypical late eighteenth-century patient presenting with gout was preoccupied with his condition: a martyr to the cause of self-observation, aware that self-indulged chronic illness was itself a form of superiority, forever ‘hypish’ (that is, hypochondriacal), fluttering over crises in his constitution, taking the spa waters, flocking to seaside resorts where the tribe of ‘gout doctors’ waited to treat these armies of privileged valetudinarians, dunking with other swollen joints and puffed limbs in pump rooms in the manner of the sulphurous world ‘smelfungus’ Smollett held up in *Humphry Clinker* and as Jane Austen would later in *Sanditon*. Smollett extracted comic grotesquery from these stinks and smells. But this gouty profile was growing passé after 1800, its new fragility lying inward; in the entrails and digestive tract where ‘truly vicious gout’—it was being said—lodges. Beddoes was keen to disembowel this ‘inward turn’ too.

But not entirely, for some gouty doctrines were sacrosanct, even nurtured by Beddoes, whose ambivalences in medicine could parallel his paradoxes in politics. Flashing backward to a generation when both Henry Fielding and John Hill (already mentioned)—those celebrated rivals—both fell victims to the cause, they fled central London for places with more salubrious air: Fielding to the then leafy Ealing village because its ground was higher than at the famed Kensington gravel pits, Hill to equally pastoral Bayswater because it stood on a ridge at the top of the present Kensington Gardens in Hyde Park. Each justified his migration because the official diagnosis was ‘consumptive gout’, a hybrid condition much touted by the gout doctors then as one of its umpteen varieties. Four decades later Beddoes discovered how difficult it was to dislodge these subspecies. He advocated removals, albeit with conditions, while providing chemical rationales for the oxygen of the higher air. For example, he derided Gibbon for quitting Mayfair for Lausanne and for believing that Swiss mountain air would cure him: ‘I still suspect that but for the Madeira improved by age for the safe arrival of which he repeatedly expresses so much anxiety, he might never have had such a cluster of unfortunate reasons for
denouncing his faith in dry air and Dr Tissot. And when, in 1803, Coleridge, his former friend and quondam patient, decided to escape to sunny climes for ‘bilious disorders’, Beddoes dissuaded him, recommending a new gout remedy instead. Coleridge grew exasperated, as he lamented to Southey, and lost confidence in the good doctor. Coleridge had diagnosed himself beyond a shadow of doubt—‘it is a compleat & almost heartless Case of Atonic Gout’—and he was certain that geographical removal would cure him. ‘If you would look into the Article Medicine,’ he wrote to Southey as if his friend were as medically engrossed as he was, ‘in the Ency. Britt. Vol. XI, Part I—No 213,—p. 181,—& the first 5 paragraphs of the second Column / you will read almost the very words, in which, before I had seen the Article, I had described my case to Wordsworth.’ So much for immersion in gout by chapter and verse.

The story of Coleridge’s multiple bouts of gout has often been told but without emphasis on his immersion in the gout diagnosis—especially its phylogeny (to different bouts he attached different subspecies; ‘flying’, ‘irregular’, ‘consumptive’, ‘atonic’, and so on)—and his new antipathy to Beddoes’s views about it. But in 1803 Beddoes could not persuade Coleridge. A tussle ensued (figure 8)—yet another gout controversy—and eventually Coleridge compromised. ‘I will give it one Trial—& should be very greatly obliged to Dr Beddoes if he would desire Mr Wells to send down a sufficient quantity of the Medicine.’ But this was not without Coleridge reciting his symptoms yet again, his prose rippling with political overtones about freedom and necessity. Still persuaded that it was an ‘irregular gout’ implicating the digestive tract, he correlated his brain to his stomach, his sleep to his dreams, his appetite to recurring indigestion, and likened his bodily ‘Constitution’ to the political ‘Habeas Corpus Act’—repeating that all he wanted from Beddoes was temporary relief: ‘I live very temperately—drinking only one tumbler of Brandy & Water in the 24 hours’. If political constitutions could provide relief to imperilled individuals through ‘Habeas Corpus’, why should the new medicine, Welles’s gout remedy, not do so?

**Gout and Corruption**

Beddoes’s ‘political gout’ in my coinage designates an amalgam of concerns: medical, political and social. Indeed, it is difficult to name another medical doctor of the era with this constellation of concerns in such sharp focus. Beddoes is also, as Levere long before noticed, an unsung social commentator well in advance of his time who advocated anatomy to understand medicine’s complexities. And this distinction between deep-layer familiarity with a complex science and the need to grasp human anatomy was not minimal at a time when the anatomical knowledge of qualified doctors was—frankly—appalling. Such emphasis should not detract from Beddoes the polemical rebel, or from the political fomenter who approaches medicine by invoking his social imagination. In practice it means that his gout theory must not be tamed by eviscerating its political contents.

For Beddoes did not merely take *on* the gout doctors, he sharpened his rhetorical teeth *against* them, especially north of the Scottish border; and not merely luxury-seeking doctors but the rich and powerful non-medical, too, as in his anti-Pitt Alternatives, which bristles with rhetorical edge. He stands for linguistic fluency (grammar, syntax, diction, the possession of languages) and wide reading at a time when both declined in medical education. His recommendation in the *Letter . . . to Joseph Banks* advocating that medical
students should be required to read between ‘five and eight hundred’ medical texts would hurl him into the satanic camp today.\textsuperscript{72}

Beddoes’s mindset begs for an approach that yokes tradition, privilege and simplicity; not our postmodern version of simplicity but of the eighteenth century variety as typified in the anonymous and obscure novel \textit{The Idiot}.\textsuperscript{73} Beddoes was far from simple in any sense, let alone an ‘idiot’, but he shared in this essentially English characteristic when viewed in comparison with others in his milieu. Like the artist-poet William Blake, who was born only three years earlier than Beddoes and who was then also politically absorbed at the level of the imagination, he was a dreamer, imagining a world better than it was at the moment of his demise in 1808 and sorely resenting its tradition and elitism in medicine.

Porter and Rousseau closed their chapter ‘Cadogan and controversy’ thus:

In the last decades of the eighteenth century, debate flared over the meaning of gout; the polarization of positions mirrored the political polarization of the times, Old Corruption
assailed by reformers, aristocracy threatened by liberalism; indeed, the gout debate is unintelligible unless its politics are foregrounded.74

This was politics broadly conceived: not merely lodged in doctor–patient transactions but also in the symbolic regions of perceived malady. It is legitimate to ask to what degree Beddoes put these ideas into practice—a matter that must be left to his future biographers.75 But this should not be done without also observing how securely Beddoes embedded political concerns into his medical thought. They are rarely appended or enlisted analogously but figure pre-eminently as integral to the theory. It is small wonder that he crafted a vivid style, often bombastic and charged, to vivify such gouty evils as ‘the BLUE DEVILS, and other COLOURED DEVILS lodged in the system’.76

NOTES

1 Thomas Beddoes, Hygéeia: or, Essays Moral and Medical on the causes affecting the personal state of our middling and affluent classes (Bristol, Phillips, pre-eminently 1802), vol. 1, essay 2, p. 57. (Hereafter the format I, ii, 57 will be used.)


3 The coinage is mine and aims to describe Enlightenment concern for ordinary objects and their interactions—materials, practices, codes, rituals, human arrangements—by imaginative thinkers and artists rather than systematic philosophical thinkers—hence a ‘utilitarian Enlightenment’ that requires full flushing out. A single example may illustrate its drift: in Tobias Smollett’s third novel, The Adventures of Ferdinand Count Fathom (1753), ch. iiii, the narrator stops the plot and meticulously describes contemporary medical practice as ‘a medical knot’ in which all the different groups, including patients and doctors, conspire with each other.

4 Why cast him as a believer if no evidence exists that he was?


6 Banks opposed Beddoes’s applications for funding to the Royal Society. Stansfield’s biography minimizes the psychological toll of Banks’s opposition, while recognizing how disappointed Beddoes was when Davy departed the Pneumatic Institution in 1801; see D. A. Stansfield, Thomas Beddoes M.D., 1760–1808: chemist, physician, democrat (D. Reidel, Dordrecht, 1984). After Davy’s departure, Beddoes abandoned scientific researches and turned to collecting his essays in the volumes he called Hygéeia (op. cit. (note 1)), the main repository of his medical opinions.

7 If the facts of Beddoes’s life are mostly known, the meaning of those facts has not yet produced a biographically coherent figure. Stansfield’s approach was neat at the peripheries but less credible in teasing out Beddoes’s ambivalences.

8 This phrase appears in the subtitle of Beddoes’s letter to Banks: A letter to . . . sir Joseph Banks . . . on the causes and removal of the prevailing discontents, imperfections, and abuses, in medicine (London, 1808).

American poet Allen Tate captured a similar moral ferocity in the imagination of the Enlightenment poet Alexander Pope; see Allen Tate, *Mr Pope and other poems* (Minton, Balch, New York, 1950).

The observation was made by R. Porter, *op. cit.* (note 2), p. 217.


The comparison should not indicate that Beddoes was religious, merely that he needs to be contrasted with such devotionally ambiguous figures as Hartley; by 1792 Beddoes was aware of their contents through the editions that fellow-radical Joseph Priestley had published.


See also Beddoes, *Consumption, op. cit.* (note 13), p. 218, where Darwin’s opinions are confirmed, and pp. 160–161 for Beddoes’s endorsement of *The Botanic Garden*. Darwin returned the complement a few years later in a rhyming panegyric entitled *The golden age, a poetical epistle from Erasmus D—n [*sic*], M.D. to Thomas Beddoes, M.D.* (Rivington, London, 1794).


Comparisons with Thomas Trotter, another humanitarian doctor, and the influential William Cullen in Edinburgh, are also instructive; see Beddoes’s comments on Trotter in *Consumption, op. cit.* (note 13), pp. 46–47, especially with regard to naval medicine and scurvy, and, for Cullen, Beddoes, *Consumption, op. cit.* (note 13), pp. 159–160.

Cullen was important to Beddoes’s development, but others have treated it already; see Porter, *Doctor of Society, op. cit.* (note 2), pp. 25–28.


See Porter and Rousseau, *op. cit.* (note 2), chs 8 and 9.

Humphry Davy MSS Truro, Cornwall; Davies Giddy MSS DG 42/8.

Consumption was a main target here: in Beddoes’s view it could not be put right because the wealthy would not alter their lifestyles.

Perhaps nowhere more clearly was this shown than in his *Contributions to physical and medical knowledge, principally from the West of England* (Biggs & Cottle, Bristol, 1799), written when he was still working with Humphry Davy and his optimistic ideals were high.

His reading in Continental literature, especially German philosophy, espoused much about monism and dualism in this sense, but whether he actively reflected on his medical methodology in this domain remains to be determined. It was widely known that he had one of the best-stocked libraries of Continental books in England.

This was often through drink and the bottle, another of Beddoes’s targets; he often lambasted the institutionalized culture of dependence.
Political gout

27 Hygeia, op. cit. (note 1), I, ii, 57.
29 For the historical contextualizing of illnesses see C. E. Rosenberg et al., Framing disease: studies in cultural history (Rutgers University Press, New Brunswick, NJ, 1992); G. S. Rousseau et al., Framing and imagining disease in cultural history (Palgrave Macmillan, Basingstoke, 2003).
32 Sontag omits gout’s hereditary metaphor in Illness as metaphor (Farrar, Straus & Giroux, New York, 1978).
33 William Cadogan is a stunning example of the physician who challenges gout’s past; see his A Dissertation on the Gout (J. Dodsley, London, 1771).
34 Beddoes derogated doctors who at their ‘learned meetings’ pretended to understand gout’s hereditary basis: ‘In questions of medicine, the most obstinate belief is usually coupled with the most profound ignorance. What we hear uttered with oracular confidence, in sick apartments and at convivial meetings, over wine and round the tea-table...can only provoke a smile’ (Hygeia, op. cit. (note 1), I, i, 45).
35 For these rhetorics see Porter and Rousseau, op. cit. (note 2), pp. 231–235.
36 Bodleian Library MSS Eng. Misc. e. 131, papers of William Stukeley.
37 Hygeia, op. cit. (note 1), I, ii, 57.
42 Beddoes, Manual of health: or, the invalid conducted safely through the seasons (London, 1806), p. 39.
43 As when Dr Falconer charged Cadogan with political, as well as medical, duplicity; see William Falconer, Observations on Dr. Cadogan’s Dissertation on the Gout (F. Newbery, London, 1771).
44 See Porter and Rousseau, op. cit. (note 2), pp. 266ff, for illustrations and analysis.
45 As early as 1772 Dr James Jay, a Harley Street physician, referred to them as such; Sir James Jay, Reflections and Observations on the Gout (G. Kearsly, London, 1772).
46 The gout wars in 1802–06 over Dr Kinglake’s ‘refrigeration cure’ are a good example. He was a West Country dissenting physician who was sympathetic to Beddoes’s radical medicine; they may even have met. When Kinglake published his ‘cooling treatment’ in A Dissertation on Gout (London, 1804), a paper war erupted and he was attacked, in the first instance, by ‘gout specialists’ William Wadd, William Perry, John Hunt, John King, William Heberden (who worked on other illnesses as well) and the already illustrious Dr James Parkinson, author of Observations on the Nature and Cure of Gout (Symonds, London, 1805). Perry grasped the political undertones and mocked them in A Dialogue in the Shades (Uxbridge, 1805). These gout wars raged while Beddoes was editing the two-volume medical collection that became Hygeia (op. cit. (note 1)), his ‘moral medicine’, and his later anthology, Manual of health, op. cit. (note 42).
47 The commonplace phrase found in medical texts and used in social parlance; several treatises were called The Honour of the Gout to stress gout’s privileged pedigree.
48 Jay, op. cit. (note 45), p. 18. Two years later the Methodist minister John Wesley denied Cadogan’s contention that the ‘constitution’ could not pass on chronic conditions; see his Extract from Dr Cadogan’s Dissertation on Gout (London, 1774).
49 For the camps and their affiliations see Porter and Rousseau, op. cit. (note 2), pp. 113–118.
Dr Richard Kentish, writing at the height of the French fears, called a spade a spade, ‘advising’ his patients to ‘cling’ to their ‘rightful tenure’ of the gout because it was a ‘patrimony’ and ‘hereditary right’. See R. Kentish, M.D., Advice to Gouty Persons (J. Murray, London, 1791).


Hill, op. cit. (note 52), pp. 1–5.

Cadogan, op. cit. (note 51), p. 44.

Hygéia, op. cit. (note 1), II, vii, 98.


Beddoes contends that the growth of ‘sensibility’ was partly culpable; see his perceptive digression on ‘sensibility’ in Beddoes, op. cit. (note 42), pp. 38–163 passim.

Hygéia, op. cit. (note 1), II, vii, 98.

A. F. M. Willich, M. D., Elements of the critical philosophy: containing a concise account of its origin and tendency; a view of all the works published by its founder, Professor Immanuel Kant (Longman, London, 1798).

This repulsive imperialism is the subject of Beddoes’s allegory of violence, Alexander’s Expedition down the Hydaspes & the Indus to the Indian Ocean (J. Murray, London, 1792).


See Hygéia, op. cit. (note 1), I, ii, 62. S. A. D. Tissot (1728–97), the Swiss physician and moralist.

The potion was known as ‘Dr Welles’s gout remedy’ and is described in A. Welles, An Account of the Discovery and Operation of a New Medicine for Gout (J. Johnson, London, 1804).


Ibid.

Beddoes, op. cit. (note 8), p. 72.

Anon, The Idiot (London, 1772).


The promised magnum opus by Trevor Levere and Larry Stewart will undoubtedly do so.

Hygéia, op. cit. (note 1), I, ii, 57.