

the elbow-joint, which was not preceded by a local injury, as a first attack of gout, and his opinion was corroborated by subsequent events. This case, I need hardly say, occurring on one of the larger joints as a primary attack, would probably suggest the conviction to many minds of so-called rheumatic origin. And Garrod says, "It is not uncommon to hear a patient call the disease gout as long as it is confined to the feet, but rheumatism or rheumatic gout when the upper extremities become attacked, although the same condition of the system which causes the one gives rise to the other." One naturally infers that the patient referred to above calls his disease what his physician does, and that a certain amount of doubt is in many cases manifest in regard to its etiology, particularly if the disease be of a chronic character or situated in the muscles; many aches and pains and neuralgias, which were formerly designated rheumatic, are now held to be lithæmic, and give way under an eliminative mode of treatment. It is, I say, in the chronic forms of rheumatism and gout that one notices the resemblance is the most marked. I think that lumbago, which is considered a form of muscular rheumatism, is always lithæmic in origin, and certainly purgation and diaphoresis have, in my hands, given more satisfactory results than the accepted mode of treatment by acupuncture. Osler says, "Persons of a rheumatic or gouty habit are certainly more prone to this affection." Here, again, we have an uncertainty expressed.

Dr. Beverley Robinson, of New York, has stated that in his hay-fever patients he has frequently noticed a rheumatic habit, while Dr. Bishop, of Chicago, and I have independently proved, at least to our own satisfaction, that the affection is lithæmic in origin. There is, no doubt, in that pronounced form of gout occasioned by an excess of alcohol, some characteristic appearances which frequently stamp it as a distinct affection from acute rheumatism, caused, I will state, by a loaded condition of the system, due to inactive organs, plus some exciting cause; but in many cases the physician is severely taxed before he arrives at any definite conclusions, possibly because there has been noticed not only an alcoholic habit, but also defective elimination with exposure. In the one case the attack has been occasioned solely by the

effects of an excess of alcohol or its products circulating through the blood. In the other case the supply of alcohol or food may not have been in excess, but due to faulty elimination—the effete products circulate through the blood and give rise to the inflammatory condition known as rheumatism. The hypothesis which I rely upon is, that both gout and rheumatism are due to inefficient elimination; if in the one case the kidneys, bowels and skin could be made to do excessive duty, we would have no gout, and if this same activity could be constantly kept up we would have no rheumatism. If this be tenable, I think we are approaching the cause of rheumatism, and may possibly class it with gout under the term "Lithæmia." Now, in regard to the results of these affections, Garrod says that in all cases of gout you have a diseased condition of the kidneys, and it is well known that one finds a small amount of uric acid and urates in the urine in cases of gout due to this diseased condition, and consequently one naturally expects that this uric acid and urates will make their appearance somewhere, which always occurs frequently, but not always in the joints; but in the case of rheumatism the kidneys are not diseased, and hence you do not have a deficiency of uric acid and urates in the urine, but an excess, and consequently you would not look for uric acid in the blood, or deposits of urates or biurates in the joints or elsewhere, because the kidneys being active and healthy are able in time to carry them off, so that this distinction between gout and rheumatism, in regard to uric acid in the blood, and biurates of soda in the joints, is explained by the condition of the kidneys. I have had many cases of so-called rheumatism, which have in after years developed the usual symptoms of gout, and I explain the fact in this way, that at first the kidneys were active and healthy and afterward became diseased.

Again, youth is the special time for rheumatism, when the kidneys are liable to be healthy. Middle age is the choice time for gout, when these organs are more prone to disease. And in this connection I may say that experience has taught me that there is a transitional stage between healthy and diseased kidneys when chemical and microscopical examinations of the urine is of small practical value.