

THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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Business Management, - - J. E. BRYANT & Co., 64 Bay Street.

TORONTO, JANUARY 1ST, 1889.

Original Communications.

TREATMENT IN CASES OF THE BRICK-DUST DEPOSIT.*

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GENTLEMEN,

In selecting this as the subject on which to read you a paper, I have not done so because I think that any of my hearers are unfamiliar with it in general, but rather, because from its mere familiarity, its value as an indication of approaching disease may be overlooked, at a time when by a little care and attention, a serious condition may be avoided.

An error in diet, too much beer, a glass or two too much of port or champagne, may be the cause of a pinkish deposit occurring in the urine. This deposit is composed of uric acid in some form, generally as urate of soda, potash or lime. It can be dissolved by heat, and may appear in the urine of any one, without their having any hereditary tendency. It is not, however, of these cases that I intend to speak, but of those in which this deposit is persistent, where, without any error in diet—and I speak now not only of such error as consists in the too free use of stimulants—but without any error whatever, a patient habitually passes this kind of urine, and who after a time notices that this deposit is augmented by crystals of uric acid. When this occurs

early in life, say before forty, we may be pretty certain that there is here a strong tendency to the production of uric acid, either inherited or acquired, and that sooner or later it will accumulate, and we will have to treat one of two things, viz., gout or calculus. For these two diseases are intimately connected. They may, and in fact frequently do, exist in the same person. As the symptoms of gout become less prominent, those of what is commonly called gravel make themselves apparent. Both diseases are very generally hereditary, and seem to be interchangeable. A patient with gravel will frequently be found to give a history of gout in one parent, and his children again may have gout, though he never had. The chalk stones so commonly seen in the knuckles of old people, the presence of which so distorts their fingers, are composed of the same material as the brick dust deposit, that is, uric acid, now in the form of urate of soda. Whether, then, a chalk stone forms in the knuckle, or a uric acid calculus forms in the bladder, we must look upon them as an exhibition of the same primary condition, and the source of both is to be sought for in the same process. But first let me say a few words with regard to stone in the bladder.

It has been found convenient to describe all forms of stone occurring in the bladder, as of either local or constitutional origin. By local is meant, stone which occurs from disease of the bladder itself, and in which constitutional conditions do not affect its for-

* Read at a meeting of the Toronto Medical Society.