

promptly deposits uric acid and mixed urates and oxalates. This is a clear and distinct definition, and it would be well if, in all discussions on this vexed question, the ground were as thoroughly cleared at the start.

Six divisions of the diathesis follow, in each of which some one or other of its numerous manifestations are made the characteristic feature. In the first group Dr. Tyson places the tendency to uric acid, gravel and calculus. This is a division which all will admit, but when the author proceeds to describe interstitial nephritis as due to the irritative action of the same urine on the kidney structures, he would seem to be passing from plain statements of fact into those of theory. It is impossible to prove, that interstitial nephritis has any such origin, though as a theory it is plausible. In his next division Dr. Tyson includes gout. Here also all will agree with him. But here, again, we are invited to regard the not infrequent presence of interstitial nephritis in gouty subjects as due to the uric acid irritating the kidney, which is surely an unwarranted assumption. In his third group the author places a manifestation of the uric acid diathesis which used to be described as lithæmia. This term was, we believe, first used by the late Dr. Murchison in connection with what he described as functional derangements of the liver. The author attributes "bilious attacks," bad temper and irritability to this lithæmia. He also considers that this condition explains certain psychical peculiarities, such as 'extreme modesty, a want of self-reliance, and a disposition to avoid society.' This seems to us to place such a strain on the uric acid diathesis theory as it is unable to bear. In view of the extraordinary tendency of some observers to attribute all the ills that flesh is heir to to this uric acid diathesis, we think it a pity to discredit what is really, in proper limits, sound enough pathology, by the attempt to make it of universal application. Dr. Tyson in his fourth class places certain cases of migraine, and brings forward a case which admirably illustrates his argument. We are pleased to see, however, that he does not believe that all cases of migraine are due to uric acid in the blood, and for this we are thankful. In the fifth class we find that high tension in arteries and a tendency to arterial degeneration are included as the result of the uric acid diathesis. This may or may not be the case, but it is equally probable that both high tension and arterial degeneration may be due to some altered condition of blood due to renal disease, and totally unconnected with uric acid in any form. In his sixth and last class stands vertigo.

In the whole of these six classes the author attributes the phenomena to the action of uric acid and allied substances acting through the blood, in which they are in solution. We have already dwelt upon the danger of stretching this theory too far, and with one or two exceptions we think that this has not been done by Dr. Tyson, whose claims for the evil effects of uric acid are quite modest in comparison with those of some uric acid enthusiasts.

In the latter part of his paper the author discusses the relationship, if any, between the uric acid diathesis and rheumatism, rheumatoid arthritis, sore throat, bronchitis and asthma and diabetes.