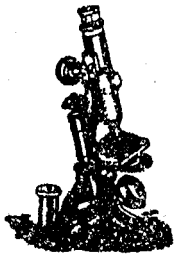
Medical Matters.

REASONS FOR ABANDONING THE URIC ACID THEORY OF GOUT.



Dr. Chalmers Watson emphasises several points in connection with his investigations in this subject. He has proved that uric acid is normally present in the blood of birds. His results negative the view that uric acid is normally formed in the kidney, and they indicate that the theory of the renal origin of gout, so far as this rests on the absence of uric acid in the blood of birds under normal conditions, cannot be entertained. It has been found that in a number of diseased states which have no known relationship to gout, uric acid is present in weighable quantity in the limited amount of blood or pleural fluid examined. There is no striking change in uric acid elimination in acute gout, thus one of the main premises of the uric acid theory is erroneous. In the study of the histological appearances of the tissues in gout; it has been shown that the pathological pictures are strikingly similar to those seen in chronic infective diseases. Uric acid is regarded as the feature which gives the inflammation its specific character. From the clinical standpoint, the manner of onset, the course of the temperature curve, the changes in the blood indicating disturbances of the marrow function, and the marked liability to relapses, all are strikingly like the phenomena observed in an acute infective disorder. The author believes that there is an infective element in the disease; and that uric acid is the feature which gives the inflammation its specific character. The chief source of infection is the alimentary tract, and an injudicious dietary acts mainly by its influence on the bacteria present in the digestive tract. The importance of the hereditary factor in the disease is not minimised. As to evidence for or against the theory presented in this paper, the writer thinks it should be looked for along the following lines:—The influence of a meat diet and a carbohydrate diet on the digestive secretions and on the ductless glands, special attention being paid to the thyroid gland and the bone marrow. It would be well also to repeat Ebstein's experiments with the aid of bacteriological methods.

PARATYPHOID FEVER.

Dr. Keith, from his investigations, gives the following *résumé* of conclusions:—1. That there exists a disease which simulates the disease known as typhoid fever so closely that it can only be distinguished by bacteriological means. 2. That the disease is caused by an organism which exists in two varieties, and which may be regarded as bacteriologically intermediate between the bacillus typhosus and the bacillus coli communis. 3. That the disease is, on the whole, mild and the prognosis good. 4. That the treatment of the disease is similar to that of typhoid fever. 5. That the disease spreads in the same manner as typhoid fever, and that the same hygienic and general measures should be taken in cases of this disease as are adopted in typhoid fever. 6. That in suspected typhoid-like cases a bacteriological examination is of the greatest importance, both for diagnosis and prognosis, and should be made wherever it is possible. 7. That up to the present the disease must be regarded as an acute general infection in which no definite local lesion has been shown to exist.

The mode of infection of this newly differentiated and designated fever is thought to be the same as that of typhoid fever, and the incubation period is about fourteen days. The spots appear from the twentieth to twenty-sixth day.

Experiments tend to show that immune sera can be produced which have a protective power against lethal doses, not only of homologous organisms, but also of organisms which are related, and which would tend to the possible indication to some extent of a new line of treatment in cases of infectious diseases.

Wright's opinion that typhoid fever can be warded off completely in some cases, and rendered less severe in others, is well known. He states that the indications obtained through experiments on animals with protective sera in the case of the bacillus typhosus and allied organisms is but the initial stage of a new curative method of treatment, and is worthy of contemplation, and though the prospects may look hopeful, yet the matter requires further experimentation and elucidation before any definite statements can be made regarding it.

The net result of these views, so far as the nursing is concerned, is nothing; because the treatment and care of the patient is practically the same as that for old-fashioned typhoid fever.

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