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[ABRIDGED.]

It is very difficult to choose a subject to lecture on which will at the same time be both interesting and instructive. After some consideration I have decided to choose the subject of Gout, chiefly because I find there is an enormous amount of ignorance among the general public on the subject, and if you, with your experience of nursing and massage, can gain an elementary knowledge of the disease, with all its attendant evils and complications, you may be able to enlighten sufferers as to their true condition, and help them to seek early advice and treatment before the more serious sequelæ and complications develop.

Gout is a somewhat rare disease at the present time. An enormous number of people will tell you that they suffer from gout because they ave pains in their muscles and joints from time to time, or because they have thickening and swelling in various joints. Now, I hope to show you that the majority of patients suffering from swellings in and around the joints and pains in various parts of the body are in reality cases of rheumatism, or rheumatoid arthritis in the early stage.

The term rheumatic gout, a very old name applied to various ailments, is most misleading, and especially so as it at once gives one the idea that rheumatism and gout are practically one and the same disease. This is not the case; the causation and the treatment of both these conditions being almost entirely different.

Broadly speaking, gout is due to disarrangement in the metabolism of the body, want of proper and healthy digestion, and the preponderance of a large amount of uric acid in the blood; whereas rheumatism is a toxæmia—*i.e.*, a poisoning of the system of a microbic origin, a condition which usually occurs in weakly individuals of all ages, and which is generally accompanied by wasting, anæmia, and general weakness.

Rheumatism should be the term applied to all painful conditions of muscles, tendons and joints where there may be acute swellings and inflammation not of a permanent character; but rheumatoid arthritis should be the term applied to the disease which attacks the joints only, causing serious pathological changes in the cartilages of the joints, and eventually, if not arrested, causing degeneration of the bones, entering into the formation of the joints.

I am sure you are all well acquainted with the joints of patients which are more or less deformed, and grate when moved.

In order to make the differences between gout and rheumatic affections better understood I will

endeavour to tabulate the chief symptoms and signs in each case.

and

Gour.

- 1. Commonly occurs in middle age.
- 2. Hereditary.
- 3. Generally affects the plethoric and obese.
- 4. Most common in men.
- 5. Typical gout comes on suddenly.
- 6. No relief with salicylates.
- 7. Great increase of the uric acid in the urine during an acute attack of gout.
- 8. Seldom attacks the heart valves.

- No evidence of heredity.
 Generally attacks the weakly and anæmic.
- 4. Most common in women.
- 5. Comes on slowly and insidiously (except in rheumatic fever, which may develop quickly).
- 6. Great and immediate relief in rheumatic pains and acute febrile rheumatism with the salicylates.
- 7. No such change in the urine.
- 8. Heart lesions (endocarditis) common, especially in young people, and with rheumatic fever (focus of infection).

There are other differences between gout and rheumatism, but I must for pressure of time omit some. However, I think I have given you the most important.

Now, we are in a position to understand somewhat, in an elementary sense, the pathology of both gout and rheumatic lesions, and assuming you have grasped these details you will readily understand how important it is to be able to diagnose the different cases before adopting or suggesting any treatment.

Generally speaking, acute rheumatism, rheumatic fever, acute articular rheumatism and the rheumatic affections of children (including "growing pains") and chorea, are successfully treated with salicylates and hygienic treatment, followed by tonics and good nourishing food. Rheumatoid arthritis and chronic forms of articular rheumatism should be treated by removing, if possible, the cause (sepsis, septic tonsils, pyorrhœı of the gums, endometritis, mucous colitis, &c.)—along with vaccines, tonics and good food.

Unfortunately you will invariably find patients treating themselves for rheumatic affections as if they were suffering from gout—salts in the morning, aspirins and alkaline mixtures, and all sorts of patent medicines are indulged in; all of which are not only useless but tend to lower the vitality of the individual. Whereas in rheumatic conditions, especially chronic joint diseases, the

RHEUMATISM & RHEUM-

ATOID ARTHRITIS.

1. May occur at all ages

enough in children.

common

is

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