

rheumatoid arthritis in its early stages for gout is a terrible error. Bearing in mind the prominent symptoms of gout we should seldom overlook the disease:—The suddenness of the onset, most frequently during the night, the severity of the pain, the joint most frequently attacked, the shortness of the attack, frequently not exceeding ten or twelve days, a history often of gout in the parents, or a history of indulgence in beverages.

With respect to rickets the age of the patient, often under a year, the disproportion between the size of the face and head, the squareness of the latter with prominence of the frontal sinuses, the thickened sutures, the tendency to profuse sweating about the head, the prominence of the abdomen, the flatness of the chest at its lower and lateral parts, the bending of the ribs and the bowing of the long bones should serve to distinguish the disease from the one we are considering.

A careful examination of the spine should serve to distinguish angular and lateral curvature from rheumatoid arthritis more especially if the joints of the extremities be at the same time examined, and it be borne in mind that the temporomaxillary joint is as often affected in rheumatoid arthritis.

Early, persistent and judicious treatment is of the greatest service in this affection. If the diagnosis be made before ulceration of the cartilages has taken place we may reasonably hope for marked and often rapid improvement. The cause should if possible be removed. Residence should be sought in dry and if possible elevated localities. Rest in the early stages is important and when deformities begin to appear the use of well-padded splints will in the great majority of cases prevent further deformity and correct what has already taken place.

All lowering measures should be avoided. Baths should be used with great caution. Turkish baths have

often caused crippling long before in the ordinary course of affairs this would have occurred. I have however seen good result from the occasional employment of luke warm salt water baths.

As to diet, a good amount of meat together with bread and vegetables and a moderate amount of porter will sometimes alone bring about a change for the better.

Locally, belladonna, soap liniment, or linimentum opii are probably the best applications in the acute stage and are sometimes of much service in the chronic affection also. Where there is much effusion the application of iodine or cantaridine liniment should be used. I have seen decided benefit from the application of hot sand to the joints where other local remedies fail to give relief to the pain. It improves the stiffness also.

Internally I believe the best results will be obtained from the administration of arsenic. Even in the later stages it often brings about decided improvement and I feel that we would be remiss in our duty to our patient if we did not give the drug a patient trial. Iodide of potassium in increasing doses is often of signal benefit but more often fails.

Cod liver oil should be administered and administered persistently. Sir Alfred Garrod has strongly recommended the syrup of the iodide of iron and has obtained good results from its use. Sulphur, preferably in the form of sulphur lozenges should be combined with the treatment. A couple of these should be given every day and continued uninterruptedly for months. *Actea racemosa* as recommended by Ringer has given satisfactory results. It appears to be most useful where the pain is worse at night and especially when the disease is traceable to uterine derangement. Shampooing, massage and electricity are useful adjuncts in the treatment. Gentle movement of