

moisture from the limb is expelled, so that the air in the chamber is kept dry. The temperature in the chamber is kept usually from 240° to 300°. The first marked effect is copious perspiration all over the body. The pulse is increased from 15 to 30 beats, and the temperature is usually elevated from 1° to 2°.

In all we have treated twenty cases with the hot air bath. In fourteen of the twenty cases pain in the affected joints was present and of a severe character. In the great majority of the cases the relief was marked even after the first bath, and after several baths the patient, except on movement, was practically free from pain. As a result of this relief, sleep, which usually before was greatly disturbed, becomes possible. In addition there was some apparent change for the better in nutrition. In spite of losing daily more than a pound in weight from the loss of fluid by perspiration, the patient usually steadily gains in weight. Gains of from three to four pounds weekly have been quite common. As regards the effect on the affected joint it is various, depending on the amount of effusion and the degree of *anchylosis*.

Generally a considerable increase in the mobility follows after the use of a few baths.

It cannot be expected that restitution can take place in advanced cases, but before much actual destruction takes place, there is every reason to look for a decided check to the progressive character of the disease.

Dr. SHINGLETON SMITH (Bristol) questioned whether the term rheumatism should ever be used in connection with the disease, and he preferred the term rheumatoid arthritis to that now advocated in Germany by Dr. Bumler, chronic polyarticular rheumatism. He believed that the ordinary theories of the disease failed to give a satisfactory explanation of its phenomena, that it had no connection with tubercle, syphilis or nerve disease, and that probably it had little connection with ordinary acute and chronic rheumatism. One fact mentioned by Dr. Stewart, that 30 per cent. of the male cases had a history of gonorrhœa, gives us a clue to a more satisfactory view of the nature of the malady; it has been abundantly shown that gonorrhœal rheumatism is due to infection from the urethra, and is a form of pyæmic infection due to the gonococcus. Is it not probable that rheumatoid arthritis is also due to some microbic infection, and that the coccus described by Drs. Bannantyne and Wohlman, of Bath, and cultivated by Dr. Blaxall, may be the real cause of the polyarthrititis in its early stages, whereas the subsequent phenomena are only the sequelæ of the arthritis itself? This theory gives us a more hopeful