

Ankle Joints. These are involved about as often as the wrists and show pretty much the same type of change. Involvement of the feet and toes is very much less common than in the hands. One form is very trying, namely, the group of patients with severe pain in the heel. This may be so marked that it prevents them walking or sometimes almost from standing. The great toe may be occasionally involved along with other joints, and sometimes it may give difficulty in the diagnosis.

Along with the joint changes there is nearly always a certain amount of muscular atrophy. Sometimes this comes on with remarkable rapidity which may suggest trophic disturbances. This sometimes gives the clue to the diagnosis in a doubtful condition. As a rule the reflexes are much increased in the affected extremity.

There are certain features of this polyarticular type to which reference may be made, especially in regard to the distinction from acute rheumatic fever. In arthritis deformans there is rarely any successive involvement and clearing of the joints. Once attacked, a joint rarely becomes free until the attack is over, and sometimes not then. The remarkable way in which a rheumatic joint clears in a few hours is practically never seen. The swelling may be quite marked and may extend some distance above and below the joint. The redness is rarely as marked as in rheumatic fever and the joint is not so hot to the touch. Tenderness is rarely extreme. When the joint is clearing up the improvement is slow and almost invariably some thickening is left about the joint.

Certain of the general features deserve mention.

1. **Fever.** This is rarely high, and in the majority rarely goes above 102° F. In very few instances does it go above 103° . This association of acute polyarthritis with rather slight fever is important in diagnosis, especially when slight fever (99.5° - 100°) is persistent.

2. **Circulation.** In a certain small percentage of cases there may be endocarditis or pericarditis, and these may occur with pleurisy as in a patient recently seen. However, the most important point is the pulse rate, and in a majority of the patients, probably two-thirds, this is persistently above 90. This may persist after the temperature is normal.

3. **Spleen.** The more carefully this is examined the more often will enlargement be found, especially in the very acute cases. Exactly the same thing may be said of glandular enlargement. Almost invariably with any acute arthritis the associated glands are enlarged, and with polyarthritis the enlargement is general.

4. **Subcutaneous Fibroid Nodules.** These are found occasionally in adults. When occurring in children they are apparently always in association with rheumatic conditions.