

Of the 40 cases, twenty were males and twenty females. Usually the proportion between males and females is about five to one.

There was a family history of some form of rheumatic affection in eight cases, of tuberculosis in five, and of a neuropathic tendency in four cases. Unfortunately, little stress for useful medical work can be laid on the family history obtained from hospital patients. Even well to do and educated people often give, although unconsciously, misleading information on such matters.

As to the exciting causes of rheumatoid arthritis the following were noted. There was a history of gonorrhœa in more than 30 per cent. of all cases occurring in males, and in three of the male cases there was a history of 2 or more attacks of gonorrhœa. In the female patients, however, there was with the exception of one case an entire absence of symptoms pointing to a past genito-urinary disturbance. For a long time it has been taught that there is an intimate connection between uterine disease and rheumatoid arthritis. In fact a very ingenious theory as to the nature of the disease has been built upon this alleged connection. But next to gonorrhœa, exposure to cold was considered as the most likely exciting cause. It appeared to be the sole or chief cause in five of the forty cases, which may account for the fact that in Canada the disease is rather frequently met with in lumbermen. The next most frequent cause was worry. It was said to have been present in four cases. In all four cases the worry was of an unusually severe and prolonged character. In three cases alcoholism was at least a predisposing factor. Three patients had had subcutaneous abscesses, two had had double otitis media, two influenza and two tonsillitis. Typhoid fever, whooping cough and diphtheria were each in one case considered as being the chief cause.

In several cases two or more of the above mentioned causes were present, while in about 15 per cent. no cause could be ascertained. It will be noticed that in fully 50 per cent. of the cases the patient had previously had some infectious trouble, the most frequent being gonorrhœa, but only in two of the gonorrhœal cases was there a history pointing to gonorrhœal rheumatism. In both cases the gonorrhœal arthritis was confined to a single joint, but there afterwards developed a polyarticular rheumatoid arthritis. It appears as if the infection of one joint predisposed to a general joint affection. It is worthy of note that three patients had recently had subcutaneous abscesses and two a double otitis media.

I will now take up the consideration of the more immediate object of this paper viz., a discussion of the relations existing between nervous disease, tuberculosis, rheumatism and rheumatoid arthritis.