

goes to suggest that it is an acute infection and might be placed in the first group.

3. Gout. This is a very definite condition and requires no discussion in this connection.

4. Traumatic arthritis.

5. Arthritis occurring with disease of the nervous system. In some of these, as Charcot's joint, trauma is probably an important factor.

6. Arthritis occurring with various infections, such as scarlet fever, syphilis, etc.

7. Arthritis following the use of serum, that seen in hæmophilia, etc.

8. After these groups are separated there remain a large number of cases of arthritis characterized by a tendency to chronicity and various changes in the joint structures. It is difficult to apply any satisfactory name to these cases, for the present the term arthritis deformans may be used. Not all of the cases go on to great deformity, but the general tendency is towards some permanent change. The names rheumatoid arthritis and rheumatic gout are unfortunate in that they suggest rheumatic associations. The question arises as to whether we have one disease or several under his comprehensive heading. As yet this question is difficult to answer, but judging from analogy the chances are that as time goes on we shall find them being divided into several groups. However, this matters little if we understand that by this term we mean for the present the large group of cases of arthritis which show a tendency to be progressive and chronic, are irregular in their symptoms and rate of advance and have more or less tendency towards permanent change in some of the joint structures.

The importance of the study of this group requires no emphasis to those who are at all interested in joint affections. Comparatively common, occurring at all ages and resulting in much deformity and crippling, anything that we can do to lessen the damage from these lesions is worthy of attention. A visit to the wards of any institution where chronic conditions are treated will convince one of the terrible deformity that may result.

The etiology of this group is as yet in an uncertain condition, but we are gradually getting help on certain points, which seem well established. It seems important to make one point clear, namely, that there is not the slightest evidence that the disease has anything to do with acute rheumatic fever. It is possible that the patient may have the latter disease in early life and later have arthritis deformans, but this is only the occurrence of two diseases in the one person. The view that acute rheumatic fever gradually merges into arthritis deformans does not seem to have any support. Those regarded as such were probably instances