Wrist Joints. The changes here are commonly very characteristic. There is often marked swelling both above and below the joints, so that the outlines are entirely lost. There may be considerable restriction of motion, and crepitus on movement. In some cases the swelling may extend half way up to the metacarpal bones.

The Hands. Here the most common involvement is in the metacarpal phalangeal joints. In the acute stages there may be quite marked redness, swelling and tenderness with thickening left as the acute features subside. This may lessen the mobility, but it does not necessarily interfere very much with function. It is rare to find all of these joints involved, the first one being the most commonly affected.

Thumb Joint. This is not very rare, and is always suggestive of arthritis deformans. The great majority of instances of acute arthritis of this joint are due to this cause.

Fingers. The changes here as a rule are very characteristic. In the acute stage there may be some swelling, especially of the first phalangeal joint with limitation of motion. Subsequently after the acute features subside, the thickening becomes more marked and the characteristic fusiform swelling is produced. This is perhaps most frequent in the two middle fingers, but its distribution is very irregular and any one or all of the fingers may be involved. Sometimes there may be flexion, hyperextension or lateral deviation of the terminal phalanx.

As a result of these changes in the joints of the hands, very characteristic pictures may be produced. Thickening about the finger joints may give the diagnosis at a glance as also the involvement of the metacarpal phalangeal joints. Ulnar deflexion is sometimes seen, usually late on, and with it a curious looseness of the fingers so that they may be moved at the metacarpo-phalangeal articulation with the greatest ease. In other patients there may be great difficulty in "making a fist."

Hip Joints. These are involved fairly frequently in the acute stages but generally tend to clear up and the patient is not left with much permanent damage. If this occurs, ankylosis is often found.

Knee Joint. As a rule this is the joint most often concerned. T' great majority of patients have some amount of trouble with the knees; in the majority both are affected. The joint as a rule shows great redness, accompanied with swelling and tenderness, sometimes with effusion. If the process continues, thickening of the capsule and of the structures about the joint appears. At the same time there may be nsiderable atrophy of the muscles above and below the joint which suggests that the bony parts have enlarged, but comparison with the other knee or examination of the x-ray plates will show that this is not the case. There is of course considerable tendency to flexion and fixation.