onset some time passed before the characteristic changes of rheumatoid arthritis were developed.

It will be observed that in a very large proportion of the cases the beginnings of the disease were the same as in ordinary rheumatism. In at least 30 per cent. the onset was either that of acute or subacute rheumatism—the unavoidable inference being that a very intimate connection exists between rheumatoid arthritis and acute and subacute rheumatism. How is it that the great majority of cases of both acute and subacute rheumatism recover perfectly and that a few cases do not, but eventually go on to destructive changes in the joints. It is a well recognized fact that irrespective of the cardiac changes neither acute nor subacute rheumatism are followed by any permanent damage of the structures involved.

There is no recognised well marked dividing line between chronic rheumatism and rheumatoid arthritis.

We meet with all possible grades of difference from paroxysmal, slight pain and stiffness of one or more joints, up to cases in which nearly all the joints of the body are practically useless from destruction of their tissues and the formation of new bony tissue. We characterize the cases at one end of this scale as chronic rheumatism, and at the other end as rheumatoid arthritis. But the naming of the cases that we meet in the borderland between these two extremes is a difficult matter. One and the same case may be called by competent observers, chronic rheumatism or rheumatoid arthritis. This goes to show that there is nothing distinctive about the clinical features of these cases. It is only in marked types of rheumatoid arthritis that a diagnosis is easily made, and one that would be accepted universally.

In Germany and France it is the custom to call cases chronic rheumatism which in England would be called rheumatoid arthritis. There are no anatomical differences between borderland cases of chronic rheumatism and rheumatoid arthritis. In both we find distension of the capsule from polypoid growths and the accumulation of serum.

There are grounds for hoping that the bacteriological examination of the joints may help to clear up the difficulties surrounding the nature of chronic rheumatism and rheumatoid arthritis.

As yet we have no absolute proof of acute rheumatism being due to a micro-organism; there are strong reasons, however, for believing that such is the case. Riva, of Parma, in a recent paper has made a very important contribution tending to prove the infectious nature of this disease. Until comparatively recently there was no evi-