

ment of one side may be much more marked than on the other. This is true not only of the joints of the extremities but also of involvement of the joints of the spine, in which place it is in fact rare to find symmetrical involvement. Another point is the usually accepted statement that the lesions as a rule begin in the peripheral joints and extend towards the body, the larger joints being involved last. This is, however, by no means true, and in fully one-third of the patients the process begins in one of the larger joints.

Cervical Vertebrae. Quite apart from the forms of spondylitis, to be considered later, the cervical region is involved quite frequently. There is generally complaint of pain, movement is much restricted, sometimes the head is held on one side and on forcible movement the pain may be increased and referred to definite areas. Occasionally a little crepitus may be obtained. This condition may accompany quite marked changes in the other joints; fortunately it is rarely permanent and as a rule the condition clears up entirely.

Temporo-Maxillary Joint. The involvement is comparatively frequent and may be on one or both sides and show all grades from slight pain to complete ankylosis. During the acute attacks there may be some limitation of motion, but as a rule this is not extreme or permanent, although fixation may occur. Involvement of this joint is always suggestive of arthritis deformans, as it is rare for it to be concerned in the other forms of arthritis.

Sternoclavicular Joint. This is occasionally involved with considerable pain and quite marked swelling.

Shoulder Joints. Next to the knee joints these are most frequently involved, in the majority of cases both being concerned. There is very commonly complaint of pain which may be referred to one small area over the front of the joint; movement is usually restricted. This is especially shown in attempts to raise the hand toward the head or to place it behind the back, so that patients very often complain of inability to fix the hair or reach the buttons on the clothing of the back. Very commonly they can raise the hand as high as the shoulder, but no higher. If the joint condition becomes more chronic there is usually more or less constant pain and some limitation of motion, sometimes crepitus and some stiffness. With this there may be quite marked atrophy of the muscles of the shoulder girdle.

Elbow Joints. These are involved in about one-third of the cases. In the acute stage the elbow is held in a flexed position, there is often a good deal of swelling and sometimes quite marked atrophy of the muscles both above and below the joints. The elbow may be fixed in partial flexion, but this is not very common.