

be conceded in other cases, as attested by the large proportion (30 per cent.) in which there was previous presence of an infectious disease reported by Dr. Stewart. As to treatment, his experience, like that of others, had been most unsatisfactory; no cures, but simply palliation, followed in most cases by relapse. His method of treatment has invariably been by general restorative measures, among which he included especially cod-liver oil, arsenic, the best of food, and hygiene. Massage, too, he thought was sometimes an efficient palliative.

The PRESIDENT (Dr. Stephen Mackenzie) commenced by paying a tribute of respect to Dr. Stewart for his very able handling of such a difficult subject as arthritis deformans. He indicated that in his experience arthritis deformans was a disease distinct from rheumatism, acute and chronic, and had nothing whatever to do with gout. He especially drew attention to the class in which the primary arthritic attack could not be distinguished from rheumatic fever, and recovery took place without any appreciable deformity of the joints, but which subsequently came under observation in an attack of ordinary and undoubted subacute or chronic arthritis deformans. The late Dr. H. G. Sutton drew attention to the association of osteo-arthritis, rheumatism, and insanity in families. He also pointed out that though in a considerable proportion of cases of arthritis deformans there was a history of rheumatic fever, yet in not 1 per cent. of cases of arthritis was heart disease found on *post-mortem* examination. He quite agreed with some previous speakers, especially Dr. J. C. Wilson, that under the term arthritis deformans there was probably a number of groups of cases which would ultimately be separated as clinical entities.