

mation of joints and fibrous structures. Indirectly, a tuberculous tendency may, by lowering the resistance, tend to bring about a rheumatoid arthritis, and it is only in this sense, as I understand it, that there is a connection between the two diseases.

III. *The Relation of Rheumatoid Arthritis to Acute, Subacute and Chronic Rheumatism.*—Is rheumatoid arthritis a frequent or an occasional continuation or result of an attack of acute, subacute or chronic rheumatism? This question is constantly being forced on every physician who sees much of this disease. In a very considerable proportion of all cases a history of acute or subacute rheumatism is forthcoming, but the vagueness with which the word rheumatism is generally employed, renders the clinical history of such cases far from exact. Making a certain allowance for this, there can be no question that a certain, even a very considerable number of cases that are indistinguishable in the beginning from acute rheumatism develop afterwards, it may be gradually or more or less suddenly, into rheumatoid arthritis. In four of my 40 cases of rheumatoid arthritis there was a very clear history of acute rheumatism. In two of the four cases, there were found the physical signs of organic disease of the heart. In one, a female, aged 35, there was both mitral and aortic disease. She was said to have had rheumatic fever at 10 and several subacute rheumatic attacks subsequently. When under observation in 1894, she presented all the marked symptoms of a poly-articular rheumatoid arthritis. In a second, a female, aged 70, was under observation during the early stage of her illness, which clinically was not to be distinguished from an ordinary attack of acute rheumatism. Early the physical signs of mitral disease were discovered, and after several relapses of the arthritis, the signs and symptoms of rheumatoid arthritis gradually developed. There can, I think, be no question that in both of these cases we have a rheumatoid arthritis gradually developing as the result of repeated acute rheumatic attacks. In neither case was there a history pointing to an hereditary tendency to rheumatism.

In thirteen cases, the onset resembled that of an ordinary subacute rheumatism, pain and swelling of the joints being the first and only prominent features of the early stage. The rule in such cases being that after lasting a few days the intensity of the symptoms subside, but only for a short time. Repeated attacks occur, till finally we have a fully established case of rheumatoid arthritis. In twelve cases the onset was very slow, with stiffness and swelling of one or more joints, coming and going till finally the condition was one of undoubted rheumatoid arthritis. In the great majority of the cases of chronic