As a rule when the patients show this manifestation of the disease the larger joints are likely to escape, yet this is by no means always the case and Heberden's nodes may occur with marked changes elsewhere. The idea of Charcot that women having them were prone to carcinoma does not seem to be borne out.

II. Polyarticular type. This comprises by far the largest number of cases, and although the manifestations are very various yet we can to some extent divide them into groups. It is the most important class because the most frequent, the most likely to be crippling and the most resistant to treatment. It also deserves special mention because on account of its character it is most likely to be wrongly diagnosed. While in the literature the onset of this type is usually stated to be in later life, yet a careful study of a series will show that a large number, probably nearly half, come on before thirty years of age, and in a considerable number before twenty. The mode of onset varies, in about half being acute. The acute mode of onset should be specially noted, as most of the descriptions of the disease deal only with the gradual onset. The fact that arthritis deformans may come with a sudden, sharp onset accompanied by fever and a multiple arthritis has not been generally recognized. If the histories are gone into carefully it will be found that the patients are often unable to give the onset as occurring in any one joint and simply say that many were involved. In the course we find some variations. In one, following the acute onset the condition becomes more subacute and then chronic, assuming the character of a slow, progressive type. In a second the disease is slowly progressive after a gradual onset without any acute attacks. In a third type there may be recurring acute attacks, perhaps at long intervals, each leaving the joints a little more damaged. After several of these attacks the condition may pass into the slow chronic form.

As to the changes in the joints, no general description can be given that fits all of them, but some more or less characteristic points may be discussed. Perhaps the most important single thing to recognize is that when the joint is once attacked it is rarely left entirely free. Some thickening or some slight disability usually remains. There is one exception to this in the already mentioned recurring acute attacks. Sometimes after the first one or two, so far as can be made out, the joint is left perfectly intact, but this is rarely true of a second attack, and hardly ever of the third. Another point concerns the symmetry of the lesions. The earlier writers and those who uphold the cause as being in the nervous system speak of the lesions as being symmetrical. If the patients are carefully studied it will be found that this is by no means always the case and that a certain joint may be involved on one side only or the involve-