

Of other conditions than *syphilis*, *simple synovitis*, and *infantile paralysis*, which have briefly been considered, which might be confounded with the joint tuberculosis, we may mention:

1. *Rachitis*.
2. The acute arthritides of infancy (staphylococci).
3. *Scorbutus*.
4. Other infections such as:
  - Diphtheria.
  - Scarlet fever.
  - Pneumonia.
  - Gonorrhea.
5. *Osteomyelitis*.

The differential diagnosis between all the infections of an acute nature and tuberculosis is readily made when the rapidity with which the acute inflammations run their course, and the slow, incipient development of tubercular joint disease are considered.

Rachitis is diagnosticated by its various characteristic developments.

You will have noticed that the subject of rheumatism has not been touched upon. Unfortunately, the greater number of our tubercular joints are primarily diagnosticated as "Rheumatism." It would be infinitely better if such a diagnosis were never made. Acute articular rheumatism rarely, if ever, occurs before the third or fourth year, and in children the manifestations are those of anemia, cardiac involvement and tonsillitis, rather than joint involvements. Acute articular rheumatism runs a course of a few weeks, accompanied by these several manifestations, and does not pass on to so-called chronic rheumatism. Acute rheumatism is rarely seen in one joint only without subsequent involvement of others. With these facts in mind, one might truthfully say that the diagnosis of rheumatism should never be made in a child suffering from a chronic inflammatory lesion in one joint.