

lous diseases of the joint from a tuberculous father, the mother apparently being in perfect health, or having only a slight degree of anæmia. The most frequent disease with which this affection is confused, in the early period, is rheumatism of the joint, particularly in young children.

Rheumatism of single joints is an exceedingly rare disease in children, and most of such cases, which are diagnosed as rheumatism of the joints, afterwards fall into the hands of specialists to be treated as tuberculosis. If there is no other symptom of rheumatism present in the individual the patient should be carefully examined for tuberculosis joint disease, because in the majority of cases it will be found to be of this character.

The two symptoms which are most positive of joint tuberculosis are spasms and atrophy: the spasm of the muscles which accompanies this affection is tetanic in character, and occurs very early in the disease. Its presence is followed soon by atrophy, or wasting of the muscles, and these two symptoms are always present in tuberculous joint affections, no matter which joint may be the seat of the disease. The spasm of the muscles occurs in connection with every joint in the body affected by tubercular disease. In spine disease, particularly in the lumbar region, it is one of the earliest symptoms which occurs, and often before the occurrence of deformity, spasm of the Psoas and Iliacus may sometimes be detected. In hip disease the adductors are among the first, and at the knee joint the ham string tendons may frequently be found to be contracted at a very early stage of this affection. The joint disease which, at the present time, is most frequently confounded with tuberculous diseases is specific or syphilitic disease. Cases of this kind not infrequently pass through the hand of very good practitioners, having been treated for tuberculous diseases without any benefit, and are afterward promptly cured by treating them for the disease which is present. The differential diagnosis of this affection of the joint is so important that I have tabulated the differential diagnosis from chronic synovitis, chronic articular arthritis and syphilitic arthritis.

NON-TUBERCULAR CHRONIC SYNOVITIS.	TUBERCULAR CHRONIC ARTICULAR AR- THRITIS.	SPECIFIC SYPHILITIC ARTH- RITIS.
1. Marked effusion, capsule thickened.	1. No fluctuation, capsule not thickened.	1. Slight effusion, capsule thickened.
2. Joint outline enlarged and obliterated.	2. Joint outline distinct and clear.	2. Joint outline distinct, enlarged and indurated.
3. Motion nearly normal.	3. Motion limited.	3. Motion limited.
4. Reflex muscular spasm absent.	4. Reflex muscular spasm present.	4. Reflex muscular spasm absent.
5. No atrophy.	5. Marked atrophy.	5. Atrophy slight.
6. Pain absent.	6. Pain acute upon motion.	6. Pain moderate upon motion.
7. Night cries absent.	7. Night cries present.	7. Night cries absent.