the co-existence of an old ulcerative focus in the lung or respiratory tract. If the disease is protracted the percentage of haemaglobin drops and with this fall there is an oncome of profound prostration.

When the tubercles affect the kidneys they give rise to an acute parenchymatous nephritis, the urin is diminished in amount, febrile in character and contains albumen and casts. Tubercle bacilli are absent. Their presence implies the existence of an old focus in the kidneys in the stage of disruption.

Apart from coma, which is a terminal event, the nervous symptoms are not marked.

The spleen is enlarged but the degree of enlargement is in no way conparable to that of typhoid.

When the disease is widely disseminated, choroidal tubercles are not infrequently found in the eye-ground. Their absence does not militate against the diagnosis of a general miliary tuberculosis. Their presence is positive proof of the disease and suggests the invasion of the meninges. They do not disturb the vision. Their demonstration requires the aid of an expert ophthalmologist. The physical signs, unless in protracted cases, are simply those of an ordinary bronchitis.

The differential diagnosis is not easy, typhoid, septicaemia, septicopyaemia and intermittent fever all claim consideration in this connection.

The intermittent malaria may be excluded by the absence of the haematozoa of Laveran or by the less scientific but equally accurate method of administering quinine "An intermittent fever that resists quinine is not malaria" (Osler).

A primary recognizable site of infection goes a long way in differentiating ordinary septicaemia and septicopyaemia from miliary tuberculosis. A bacteriological study of the blood clinches the diagnosis. There is however a form of septicaemia the "cryptogenetic septicaemia" of Leube that offers greater difficulty. In this form no primary focus has been recognized. These cases are not very infrequent but further investigations are necessary before a classification can be attempted.

By far the greater number of mistakes have arisen in discriminating between typhoid fever and the typhoid form of miliary tuberculosis.

The following are the points of dissimilarity:—(Anders).

Acute General Miliary Tuberculosis.	Typhoid Fever.
"Family history of tuberculosis, or presence of an old focus.	Coexistent with an epidemic or following previous cases of typhoid.
Evolution of the disease not characteristic.	Evolution characteristic.