ACUTE MILIARY TUBERCULOSIS.

By JAS, THIRD, M.D.,

Professor of the Principles and Practice of Medicine, Medical Department Queen's University, Physician to Kingston General Hospital, etc., etc.

A CUTE miliary tuberculosis is a specific infection, dependent on the breaking down of an old tuberculous focus somewhere in the body and the dissemination of the liberated bacilli by the blood or lymph stream. It is therefore a secondary disease. The primary focus may or may not be apparent.

The lesion may be in the lung, the lymph glands, the joints, kidneys,

Fallepian tubes, etc.

The avenues by which the bacilli reach the blood were not clearly indicated until Weigert demonstrated the intimate association between miliary tuberculosis and tuberculosis of the blood vessels. According to his view the tuberculous process may invade the adventitia—a periangitis—and the bacilli find access to the blood through a fistulous opening, the result of a breaking down of the caseous mass, or the disease may, though rarely, commence in the intima—an endangitis—in which case the bacilli are swept into the blood current by a gradual softening of the intimal focus.

The pulmonary veins are specially singled out for attack. To branches of these veins we not infrequently find caseating tracheo-bronchial glands firmly adherent and the process gradually working its way towards the intima. Nor is this distribution surprising. It will be remembered that these glands are receptacles for all bacilli from the bronchial tract that are not ingested and destroyed by the bronchopulmonic phagocytes.

The thoracic duct is a portal through which less frequently the bacilli reach the blood. The tuberculous process here, as in the veins may penetrate the duct and pour its contents into the lymph stream soon to be lost in the subclavian vein. Clinical experience has shown however, that infection from this source is less virulent than that from the veins, that the disease tends to run a less rapid course.

It is highly probable that the virulence of any attack and the rapidity with which the destructive process goes on, are directly proportionate to the amount of poison thrown into the circulation.

The tubercle bacilli, having gained the blood, do not multiply in the active stream but are carried by it to the minute ramifications of the vessels in the various viscera, where they at once set up embolic foci, each