

any account of the previous illness, how are you to make the diagnosis? There are only two ways—one the positive method, the other the method as it is called by “exclusion.” The first is obvious enough, and will of course be more valuable to the practised eye of the experienced physician, who seizes the nature of the case at the first glance by a sort of intuitive knowledge of what typhoid really is. Now the method of diagnosis by exclusion—the plan of logic-writers, *per viam exclusionis*, in this and other diseases, is one, though not without disadvantages, yet of no mean importance. The first question you resolve in your mind will be—Is she or he, as the case may be, laboring under any of the idiopathic fevers? any of the exanthemata? No. Is it typhus? You make the same answer, as the eruption in ty-*phus* is as different from ty-*phoid* as scarlatina from measles. The eruption is absent in patients under 22 or 21 (this patient's age is about this.) Is it relapsing fever, so common in some years, as 1828-29? No. You ask yourself then, is it typhoid? Yes, nervous symptoms are marked, chest symptoms and diarrhœa also; the latter loose, granular, yellow, so peculiar to typhoid. You have soreness of the right iliac fossa; but then you say we have no rose-spots, and then you remember in at least 20 per cent. these rose-spots are not found. You must weigh and balance all these circumstances in your mind.

There are two diseases not unlike typhoid, to which I wish now to direct your attention, and which may be mistaken, and are mistaken for typhoid—one is *pyæmia*, so called, but it is quite untrue there is any pus in the blood; the other is *acute tuberculosis*. In *pyæmia* we have its positive indications absent, such as inflamed joints, diseased veins, &c.; we have septic materials in the blood in *pyæmia*, and a vital change perhaps in that fluid, but you cannot well mistake it for typhoid fever. There is another disease, however, which has been lately quite mistaken for typhoid—this is *acute tuberculosis*, in which, more or less, every organ in the body becomes studded with tubercles, and known in England and the Continent as “miliary tubercles”, in the intestines, heart, lungs, and in the female, even in the uterus, and pelvic viscera. It is a disease common in younger patients. The disease, however, is extremely rapid, in three or four weeks usually coming to an end. It is attended with febrile symptoms, furred dry tongue; the symptoms, in fact, all like as possible of typhoid. It runs parallel, so to speak, with typhoid, but is not typhoid. Acute tuberculosis is often mistaken for typhoid, but the *rose-spots are absent*. In these cases the best observers will make mistakes. These tubercular deposits are miliary; they are uniform over the lung. We have no opportunity of comparing disease in one part of the lung with another; no stethoscopic indications, in fact, but those of bronchitis. Again, in this disease of acute tuberculosis, the head symptoms are always most intense, from deposit, in the shape of acute meningitis: the latter produced by deposit of tubercle. It is, in fact, something quite out of the common to find bad headache in typhoid; torpor is more common; and according as the disease advances, as a general rule, head symptoms are found to go away. You will find, also, if you study these cases in the wards of the hospital for yourself, that the pupils are dilated in meningitis, and that the special senses of hearing, taste, smell, &c. are all more or less affected. Deafness, for instance, is common; and, as I have just said, you will have most intense headache.