

Although Ed. Jager of Vienna described a case in which he discovered tubercles in the chorioïd during life by means of the ophthalmoscope in 1855 this was regarded as something extremely uncommon, and it was not until after Cohnheim's work became widely known that reports of the ophthalmoscopic appearances in such cases began to appear more frequently. Gowers, in the third edition of his *Medical Ophthalmoscopy* published in 1890, says in reference to chorioïdal tubercle, "in this Country they appear to be comparatively rare." Even to-day it is not generally known to Clinicians that they have in the ophthalmoscopist an ally who can, in many doubtful cases, give them information which will enable them to make an absolute diagnosis between miliary tubercle and other febrile conditions such as typhoid fever, etc. Ophthalmoscopically miliary tubercles appear as rounded white spots which stand out sharply from the red background of the fundus, and are seen to lie at a deeper level than the retinal vessels. They are usually few in number, from three to six on the average. In some cases only one is seen, while as many as fifty have been observed in rare cases (Cohnheim). The tubercles are of small size, from one-quarter to three-quarters the diameter of the optic papilla (Gowers). Both eyes are, as a rule, affected. The tubercles lie, almost invariably, near the posterior pole of the eye, and hence, unless they are placed very deeply in the chorioïd, they should be readily seen in every case where they are present, for the media are always clear. That such cases are not observed more frequently is mainly because the chorioïdal tubercles cause no symptoms, and if no cerebral symptoms are present it does not occur to the Clinician to have the eyes examined. Again, according to Stricker, tubercles may develop in from twelve to twenty-four hours, so that repeated examination is necessary to exclude them.

A negative observation is of no value, but a positive finding enables one to diagnose general miliary tuberculosis. From the point of prognosis, too, a positive finding is of great value, since the chances of recovery in miliary tuberculosis are exceedingly slim.

A short account of two cases, which were seen at the Montreal General Hospital during the past few months, will prove even more convincing than the foregoing statements.

*Case I.*—On March 12th, 1906, E. B., a farmer, 33 years of age, was admitted to the Medical Ward under Doctor Finley, complaining of shortness of breath and cough. The case was diagnosed pleurisy with effusion of the right side, and this diagnosis was confirmed by the aspiration of a considerable quantity of fluid from the pleural cavity on the following day. Fluid was again aspirated on the 17th of March