rheumatism; and if Dr. Mahomed's statement be of universal application, it is astonishing, to say the least, that it has not been pointed out before. At the same time, it must be admitted that depressing effects have been noted, and have led to the abandonment of the drug in certain cases; but hitherto such cases have been regarded as exceptional, and it is a long leap from the particular to the universal. The drug may be as potent for harm as it is undoubtedly for good, and its use should be directed with caution; but it must not be condemned outright without further earnest inquiry. The discussion the other night will, no doubt, result in particular attention being paid to these points. Lately, the view to which Dr. Goodhart and some other speakers most inclined was, that death was due to the direct action of the rheumatic poison. This is quite conceivable, and Dr. Bristowe lent valuable support to it in his narration of two cases of sudden death not under the salicylic treatment. Apart from actual lesion of the heart-wall, sudden death in acute rheumatism may be conceived to be due either to hyperpyrexia or to cardiac paralysis. Both classes of cases may well come under the head of "cerebral" rheumatism, for in both the medullary nerve-centres are probably involved through the direct action of the rheumatic poison. In this connection it is singular to note that during the last few years (almost coincident with the universal adoption of the salicylic treatment) deaths from rheumatic hyperpyrexia have been very infrequent: whilst we have Dr. Goodhart's statement, on the other hand, that within this period he has met with two other cases analogous to the one he had read. Hyperpyrexia may fairly be put aside in this case. There were none of the phenomena that marks its onset; but that death was due to failure of the heart was evidenced by the ominous rise in pulse-rate noted—a sign which almost induced Dr. Goodhart to discontinue the salicylic acid. The subject is one that certainly requires elucidation; and perhaps the committee of the Society that is engaged upon the subject of hyperpyrexia may be enabled by its researches to throw a side-light upon this other, and quite as inscrutable, class of cases of sudden death in acute rheumatism.—*London Lancet.*

PNEUMONIA OF THE APEX.

Dr. F. T. Roberts read a paper at the meeting of the Metropolitan Counties' Branch, October 22nd, 1879, on "Pneumonia of the Apex." He said that, while the existence of apical pneumonia was admitted in books and by practitioners, it was only by practical experience in the observation of a great number of cases of disease of the chest that he had learned the importance of this affection. His first object was to claim for it more distinct recognition as an acute or sub-acute affection, which, if not diagnosed at an early period, was likely to lead to serious, and often irreparable, mischief. The disease had been met with in his experience under the following circumstances: 1. As the result of direct injury from fracture of the upper ribs; 2. From extension of inflammation from the lower to the upper lobe; 3. Secondary to phthisical disease previously affecting the apex of the lung; 4. In connection with pleuritic effusion, and, perhaps, with other conditions causing condensation of the lung-tissue; 5. In consequence of hæmorrhage into the upper part of the lung; 6. As a primary or idiopathic affection, in most cases obviously due to cold. Having discussed these various classes of cases, the practical lessons as regards diagnosis were next insisted on; in any febrile case not clear in its nature to remember apical pneumonia, and to neglect no pulmonary symptoms, however slight. As to treatment, he did not believe in any definite routine treatment for pneumonia, but preferred leaving the cure of morbid conditions to nature, if she seemed to be doing her work satisfactorily. He recommended cessation from labour, rest in bed, effervescent medicines, or those to check cough, quinine, and counter-irritation by means of small blisters or iodine.—The Chairman (Dr. Habershon) said the paper reminded him of an observation Dr. Addison used to make thirty years ago: "Never give a decided opinion in cases of apical pneumonia." He supposed many such cases occurred as had been described by Dr. Roberts, and he particularly referred to a case of severe hæmoptysis caused by an injury received while swimming, which was supposed to proceed from phthisis, and condemned as hopeless, but recovered. These cases were very different from those originating