

the life of the patient, but from its extreme frequency, and the certainty of its leaving, in the majority of instances, pathological changes in the heart and pericardium which are sure to eventuate in his death. He, to all appearance, recovers completely; but palpitations and dyspnoea shortly warn him that the central organ of the circulation has not escaped unscathed, and that he must prepare for a number of sequences each adding its quota to swell up the aggregate of his misery, until at length death comes a welcome visitor and releases him from all suffering. The heart affection was long looked upon as a metastasis of the rheumatic inflammation. This view, however, is now generally discarded; for, to be a true metastatic change, the inflammation ought to disappear from those parts where it first made its appearance, which we find seldom if ever occurs in rheumatism. Exocardial and endocardial inflammation, moreover, have been known to precede inflammation of the joints in rheumatic fever. It is now regarded as a condition dependant, alike with inflammation of the external parts, upon a *materies morbi* contained in the blood. The treatment, consequently, which is best adapted for eliminating the poison from the system is the one indicated in this complication. As, however, mercury has a powerful effect in controlling adhesive inflammation, and causing the absorption of lymph when effused, it should be administered in combination with opium, alkalis and other remedies.

Dr. Fuller has collected some very interesting and valuable statistics, bearing on the frequency of heart disease in rheumatism. From his investigations he finds "that those who have paid the closest attention to the subject agree very nearly in fixing on one-half as about the proportion of cases in which cardiac affection ordinarily *arises* in the course of *acute* rheumatism. It occurred in about this proportion (110 to 246) amongst the patients admitted into St George's Hospital. Dr. W. Budd met with it in about one-half (21 in 43) of the cases which fell under his observation, and M. Bouillaud discovered it in about the same proportion (65 in 114)" (p. 211). The cases reported by Drs Latham and Taylor of Huddersfield agree in establishing the relative proportion to be about one-half.

A practical question of great import is:—In what class of persons is cardiac inflammation likely to make its appearance, and can anything be done to ward off the attack? Statistics prove that women and young persons are more liable than men to this complication. And good observers have noticed that nervous, irritable patients, or those debilitated from any cause, are more apt to suffer than the phlegmatic and robust. These facts admit of easy explanation. "It is notorious that, in youth,