PLEURISY OF THE APEX.

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In the preceding, and in several other cases of which I have taken notes, there undoubtedly existed a pleuritis of one or other apex, without any consolidation of the lung. I do not wish it to be understood that I think this a common affection. On the contrary, I believe it to be a somewhat rare one; but I am persuaded it is a condition which would be more frequently recognized than it is, were it not for the prevalence of a very faulty manner of examining the chest. I allude to the custom of examining only the upper and anterior part of the chest. Many appear to think that they have sufficiently explored the lungs when they have carefully examined the subclavicular regions, and listened, through the clothes, to both bases. You will certainly not discover a pleuritis of the apex by such a mode of examination, since the friction-sounds, in such cases are almost invariably limited to the posterior aspect, viz., to the supraspinous fossa or to the upper third of the dorso-scapular region. It is in these situations that you must seek for the physical signs of this affection, and it is usually unilateral. The characteristic symptom in these cases is the cough: in a person in apparently good health (generally a young woman), with no marked fever, with no, or with slight emaciation, with no dyspnœa, with no mucous or crepitant *rales* anywhere to be heard, with no expectoration, you have a persistent, harsh, dry, shallow, incomplete cough; generally jarring and shaking the patient a good deal, so as to produce often painful fatigue of the expiratory muscles and much injection of the face. What is especially noteworthy about the cough is its shallow, incomplete character. It is suddenly cut short without effecting its object, if, as is generally the case, the object of a cough be expectoration. I have never seen a case of this kind in a male, a circumstance which may possibly be accounted for by the fact that the male sex never wear low dresses. It occasionally accompanies or is the cause of asthmatic paroxysms, and, when this is the case, the treatment of the asthma must be combined with the special treatment neceessary for the pleuritis; and that special treatment is continued and repeated counter-irritation, either in the form of a flying blister—a small blister, about the size of half-a-crown, moved about from one spot to another over the supraspinous fossa and the upper third of the dorso-scapular region—or in the form of the strong linimentum iodi. I think I have also seen benefit derived, in some of these cases, from small doses of iodide of potassium. But the ordinary remedies for the relief of cough are not of much avail, but they should not be withheld, as they may moderate the violence of the paroxysms, and so relieve the jarring of the chest somewhat. It is a disease which is very prone to recur.

I have noted cases of this kind now for some years, and, as I have never seen attention called to them, I have thought it might be useful to direct the attention of this Association to the subject; believing that, as they become better known, we shall hear less of "hysterical" and "stomach" coughs, and that, "pleurisy of the apex" will be recognized as a distinct form of pleuritis, with a characteristic clinical aspect.

THE PROGNOSIS IN CEREBRAL HEMORRHAGES.—The following aphorisms are laid down by Dr. Lapponi in the *Rivista Clinica de Bologna*. A cerebral apoplexy whose coma continues for over twenty-four hours must be considered as a hopeless case; this rule, generally correct, has, however, some exceptions. In many apoplexies, accompanied by coma, we observe at longer or shorter intervals before the return of consciousness, several attempts at yawning; if these movements, however, follow close upon each other the prognosis must be decidedly lethal. Apoplexy, associated with paralysis of the buccinators, is very grave, as the seat of the hemorrhage is so close to the medulla oblongata; the presence of labio-glosso-pharyngeal paralysis renders the case still more hopeless. Vomiting coming on thirty to forty minutes after the "stroke" leads us to predict an absolutely fatal termination, and depends, as shown by Lussana (*Manuale de fisiologia*), upon implication of the vagus. Life is threatened by the occurrence of pharyngeal paralysis (vagus) and by polyuria (medulla oblongata), as well as by a marked diminution of the body temperature; if this depression be followed by an elevation of temperature death is certain.—*Clinic.*