glottis and pharynx, causing extreme difficulty of inspiration, which had a peculiar crowing character; he had likewise a great desire for water, and complained much of thirst; no sooner, however, was this fluid brought into his presence, than it was obliged to be withdrawn; the sight of it caused an alarming increase of pain about the larynx with a horrible feeling of suffocation, but with the removal of the water the symptoms became ameliorated. From so many hydrophobic symptoms being present, I was apprehensive he might have been bitten by a dog, and questioned him upon the subject very closely, but to all my interrogations he shook his head negatively. During the intervals of ease, his pulse was full and soft, and averaged eighty beats in a minute; his tongue was clean; the bowels were regular; and the skin of the natural temperature. Aware that there was predisposition to spinal disease, I examined the back, and found about the lower part of the cervical region, tenderness upon pressure, and I observed that this pressure invariably produced an exacerbation in all the symptoms, and of this I fully satisfied myself, and my patient likewise, by repeating the pressure three or four times. A blister was applied over this spot; it rose well, and he soon became able to swallow. Doses of opium were given by the mouth, and an opium injection was administered *per rectum*. I should have stated that, from the commencement of the attack up to the present period, he has experienced a great difficulty in passing his urine, but none in voiding his fæces. 5th. Much improved in every respect, but when his head was raised the spasm was speedily reproduced. He had a constant smacking of his lips, and frequent twitches in his legs and feet; the right arm found partially paralysed. No headache; no confusion of intellect. 7th. Still improving. Spasms had entirely disappeared; he could swallow fluids with the greatest ease; tongue clean, bowels well opened, secretions healthy; he can now be raised without suffering. The blister discharged freely. The dorsal region was rubbed with an embrocation containing croton oil, tartar emetic, &c., and quinine was given during the day, with henbane at night. From this period he gradually progressed, and at the end of the month was thought sufficiently improved to resume his avocation. One day, however, previous to his intended departure, he had a return of the dyspnoea, but in a much less degree than before. This was immediately treated with the application of leeches to the cervical region, followed by a blister, when all the symptoms soon vanished. He has two issues, one on each side of the cervical vertebrae, which discharged freely, and he may now be considered convalescent.

CASE OF SPONTANEOUS CURE OF TUBERCULAR CONSUMPTION.

By M. PAYAN.

SURGEON TO THE HOTEL-DIEU, OF AIX.

Josephine M—, 26 years of age, was admitted into the Hotel-Dieu, of Aix, in the month of January, 1837. Three years previously, this patient had been an inmate of the same hospital, labouring under all the symptoms of confirmed pulmonary consumption; she had a deep hollow cough, abundant expectoration of pus with broken down tubercular matter, hectic fever, &c. After remaining three months in hospital, she was sent home to die; but the subsequent history of her case showed a far different termination. The cough, expectoration, and fever continued for a considerable time, but they gradually diminished; the patient now began to recover her strength; the pulmonary symptoms disappeared altogether, and the girl felt herself able to return to her work, as she ex-

perienced nothing more than a slight difficulty of breathing when she fatigued herself too much.

When re-admitted into the hospital in 1837, the patient presented no trace whatever of her old pulmonary complaint; she had a slight gastric affection, but was soon attacked by the influenza, which prevailed at that time. Towards the evening of the day on which she was attacked, the respiration became difficult; the dyspnoea rapidly augmented during the night, in spite of our utmost efforts; and the poor girl died before morning in a complete state of asphyxia.

The rapid termination of the case induced me to have the body examined with more than ordinary care. This was done on the following day.

The left side of the chest was evidently smaller than the right. On opening the head, we found considerable congestion of the veins, but nothing more. The thoracic cavity was next examined. The first thing which struck me was the great disparity of size between the two lungs; the right lung was large, and completely filled the right side of the thorax, while the left lung was reduced to a very small volume, and concealed in its cavity by a quantity of laminated tissue; on further examination, it was seen that the organ was completely atrophied and impermeable to air; it was firm to the touch, and more consistent than the renal capsules. On cutting into the substance of the lung, we found several cavities of various sizes, which communicated with each other; they were, however, completely cicatrised and free from matter.

The right lung was gorged with blood throughout its whole tissue, but imperfectly crepitant.

The post-mortem appearances, then, perfectly explained the rapid death of our patient from a slight attack of influenza. The girl had been consumptive, but one lung only was attacked; the tubercles were numerous, and occupied a great portion of the parenchyma of the lung; they had softened, and were completely removed by expectoration. This was shown by the abundant expectoration of purulent matter during life, and the numerous cavities found in the lung after death.

It may not, perhaps, be difficult to explain the cure of phthisis in the case, if we remember that one lung only was attacked; the right lung, which fortunately remained free from disease, was sufficient to answer the demands of respiration, while nature was eliminating the morbid deposit from the left half of the chest.

Although this case terminated successfully, it seems to prove the necessary incurability of pulmonary consumption in a very great number of cases, even though we admit the expulsion of all the tubercular matter and the cicatrization of the caverns. The effect of any such temporary cure in a case of extensive tuberculation must be to leave the lung in such a condition as would unfit it altogether for the purposes of respiration; this was what occurred in the present case, and accounts for the rapid death of the patient, the right lung being gorged with blood, and the left impermeable to air, the patient was cut off by suffocation.—*Revue Med.*, November.

CANCER OF THE SYGMOID VALVES OF THE AORTA.

The records of medicine contain numerous histories of disease of the valves appertaining to the heart and great vessels; thus we have cases of fibrous, cartilaginous, and osseous indurations, vegetations of different kinds, but cancerous degeneration of the valves is extremely rare. Having observed a remarkable case of this kind in the year 1838, I think it worthy of being added to others which may previously exist.