

Present condition.—Face a good deal flushed. Is very nervous and desponding.

Evidence of Phthisis.—Rapid resolution of the attack of pneumonia, which yielded in twenty-four hours to Liq. ammon. acet., with cupping on the anterior and lateral regions of the chest.

Movements of the Chest.—Lateral expansion normal, antero-posterior expansion almost null, slight bulging of the mammary region of the right side, and slight flattening of the infra-clavicular regions.

Posterior surface of Chest.—Bulging of the right side corresponding to that on the anterior surface, prominence of the scapulæ, and slight arching of the spine.

Percussion.—On the left side there is dullness on an area extending from the second to the fifth rib, and from the sternum to the outer side of the breast. The dullness is characterized by high pitch, hard quality, increased resistance, and diminished duration. On the right side, dullness over the bulged portion anteriorly and posteriorly. Over the rest of the right side there is increased clearness, characterized by low pitch, softened quality, increased duration, and diminished resistance.

Auscultation.—Infra clavicular region, harsh respiration,—mammary regions, ronchus and sibilus during expiration.

Posterior surface.—Supra-clavicular regions, harsh respiration, and on the middle portion of left side there is cavernous breathing; the cough is moist and incessant, expectoration is copious and tending to the nummular condition; there has not been any hæmoptisis; there is constant dyspnœa, with a constant dull pain in the left side and infra-scapular region; there is a well defined red line on the margin of the gums, and the finger nails are somewhat clubbed; the pulse keeps pretty steady at 84, and the respirations at 36. There is no doubt but that the attack of intercurrent pneumonia, for which she was admitted, is not the first from which she has suffered. She still (March 15th) remains in Hospital.

Case of Colloid Cancer. Under the care of Dr. CRAIK.

Eliza Hafran, æt. 40, admitted into the Montreal General Hospital on the 18th March, 1861, with a tumour, about five inches in length, and three or four in breadth, on the anterior and external aspect of the inferior extremity of the tibia. The tumour is quite painless, except at its upper edge, where she had no pain till her admission into hospital. She attributes it to the frequent manipulations it has received. The patient has a healthy appearance. An exploratory puncture being made, the matter obtained when placed under the microscope contained cancer cells in abundance. On the 23rd March it was carefully removed. It was found to include the skin and areolar tissue, but did not extend beneath the fascia. The wound gradually healed up. There has not been any return of the disease since.

PARIS CORRESPONDENCE.

A few months ago a very animated discussion took place at one of the sittings of the Imperial Academy of Medicine, on the relative advantages of the