and the mother, who was about to wean her child in despair, was able to suckle it for more than twelve months without any inconvenience.

21. *Cases of unexpected recovery from large Abscesses in the Lungs.*—Dr. GRAVES has published six cases of abscesses in the lungs, which occurred in his own practice and that of his friends, in which complete recovery took place. The abscesses were situated both in the upper and lower part of the lungs, and were pneumonic, as proved in several of them by the excessive fetor of the expectoration, although the history of the case in some would have led (as, in fact, it did,) the medical attendant to suppose that they were cases of phthisis. He has given them to the public, to show “that patients may recover, contrary to the usual interpretation of the most significant and decisive stethoscopic symptoms, and therefore seem to merit publication, in order to warn practitioners from relying too exclusively upon physical phenomena, and too hastily concluding that pulmonary lesions, however extensive, thus indicated, must necessarily prove fatal.” They show, also, “that real circumscribed abscess occurs more frequently in the pulmonary tissue than Laennec allowed, or his followers seem to believe.” The two following cases which we shall give, were under the care of Dr. Stokes, whose name is a sufficient guarantee for the accuracy of the physical signs observed.

CASE 1. Mr. H., a gentleman aged about 22, was attacked with pain in the side, cough, and fever, and in a short time with very copious purulent expectoration. Soon after this, the signs of extensive abscess made their appearance in the antero-superior and lateral posterior regions of the lung. The patient was then considered to labour under tubercular caverns to a great extent. Shortly after Dr. S. saw him, he presented the following symptoms:—The whole antero-superior, lateral, and posterior upper part of the left lung, sounded extremely dull; perfectly distinct cavernous breathing, with large gurgling and pectoriloquy were heard from the second rib down to the mamma; and the same phenomena were audible along the fold of the pectoral muscle, from the axilla to the seventh rib. The expectoration was copious, muco-puriform, but not fetid, and the pulse full, regular, and under 90°. The treatment adopted was palliative. The pulse soon became natural, all hectic fever ceased, the dulness of sound on percussion was gradually diminished, and the patient, in the course of some months, was perfectly restored to health, all the signs of caverns having completely disappeared.

2. Mr. D., aged about 25, high shouldered, and with a remarkable stoop, was attacked with cough in the autumn of 1839. His pulse became quick, he lost flesh rapidly, and presented the usual constitutional symptoms of phthisis in an early stage. Within a few weeks of the invasion of the disease, Mr. D. began to expectorate from half an ounce to an ounce daily of a sanious purulent matter, having the colour of urine, but not offensive. He soon after came to town. The right clavicle was dull on percussion, and the vesicular murmur feeble as far as the third rib. Above the clavicle, most distinct gargouillement existed; and the same could be heard in the acromial region, particularly when he coughed. Soon after this the pulse became quiet, and the expectoration, though still possessing the above character, diminished in quantity. The patient went to the Cove of Cork, where he remained for the greater part of the winter season. He returned in spring, having become very fat, and without the slightest symptom or physical sign of any pulmonary disease.

Dr. G. could have added several other instances, besides the six he has published, of pulmonic abscesses which have been cured; but he thought it unnecessary, as those he has given were amply sufficient to show that they are neither so rare nor so hopeless as they are generally believed to be.—*Edin. and Lond. Monthly Journ. Med. Sci.*, March, 1842, from *Dublin Journal* for January, 1842.

22. *Sympathetic Pruritus.*—Mr. WALTER C. DENDY, in a paper read before the Medical Society of London, relates the following interesting example of Sympathetic Pruritus.