any symptoms or subsequent appearances of inflammation, it is difficult to tell. The subject of this case was perfectly well up to the very time when the obstruction took place, and his bowels had been usually regular."—*Lond. Med. Repos. April, 1288.*

22. *Disease of the Spine.*—Mr. AUCHINCLOSS relates, in the first number of the *Glasgow Medical Journal*, a case of disease of the spine, in which the ulceration originated in, and was confined to the bone. This case tends to confirm the truth of the opinion first suggested by Mr. Brodie, regarding the difference in the nature and treatment of ulceration confined to the inter-vertebral substance, and the same disease affecting the cancellous structure of the bone.

23. *Deep-seated Tumour in the Neck.*—Dr. SIBBS relates, in the first number of the *Glasgow Medical Journal*, a case of obstructed respiration, and finally death, caused in a child four months old, by a tumour situated beneath the sterno-mastoid muscle, and great blood-vessels of the neck, and extending from the left side of the vertebrae to the mastoid process of the right temporal bone, and reaching to the base of the cranium behind the fauces. A small projection of it formed a tumour at the angle of the jaw, which was supposed to be a scrofulous gland. This is not the only case of this disease on record in which death has resulted from its nature not being understood. A very interesting case is related in Porter's Pathology of the Larynx and Trachea. The proper treatment is of course to open the abscess.

24. *Angina Maligna.*—M. EMANARD has published in the *Annales de la Médecine Physiologique*, for March, 1828, some new documents, to prove that the angina maligna, (diphtheritis of M. Bretonneau,) is not a specific phlegmasia, but an acute inflammation, attacking suddenly and extending rapidly; and that when treated with blood-letting at its commencement, its extension to the respiratory tubes and croupal suffocation is prevented.

25. *On the Peripneumonia of Children.* By THOMAS CUMING, M. D. Assistant Physician to the Institution for the Diseases of Children, in Dublin.—Dr. Cuming has published in the fifth volume of the *Transactions of the Association of Fellows and Licentiates of the King and Queen's College of Physicians in Ireland*, an elaborate and interesting paper on the peripneumonia of children, or the catarrhal fever as it is usually denominated here. Passing over the well known symptoms of the disease, which are most accurately delineated, we shall present a condensed account of his pathological investigations, and the method of cure which he has found most successful.

In a very few instances traces of inflammation were found in the pleurae, as effusions of lymph and serum, membranous adhesions, &c. In two instances the lungs were thickly studded with small gray tubercles, and in another the exterior part of either lung contained a number of tubercles, several of which were in a state of suppuration. In the two cases in which the lungs were tuberculated, a general tubercular diathesis seems to have pervaded the system, as was indicated by the existence of tubercles in the peritoneum and pleura. In one of these cases the spleen was as thickly studded with tubercles as the lungs, and in both the mesenteric and bronchial glands were enlarged.

The most frequent, indeed constant morbid change met with, is an increase in the solidity of the lung, varying in degree from that of the slightest sanguineous congestion, up to complete hepatization, (the second degree of inflammation of the lung as described by Laennec.) The inferior and posterior portion is in general principally affected, and the upper portion is often healthy or only a little congested, when the inferior portion is completely hepatized. When sanguineous congestion prevails, it is generally combined with more or less of serous effusion into the interlobular tissue of the lung; but where the lung is hepatized, its section appears dry and granular and very little serous or any