than an hour she began to sink; had cold extremities, occasional vomiting, and intense burning pain in the epigastrium, and along the œsophagus, relieved, in a great degree, by pressure. There was a swelling at the fore part of the neck and difficult deglutition, from an early period. The introduction of a large catheter restored the power of swallowing. On the third day there was extreme debility, anxiety, and restlessness, with intermitting pulse, and some discharge of blood from the stomach. After this, until the sixth day, she appeared to improve; when, after an exacerbation, the parts exhibited in the preparation were thrown up by vomiting. For many days after she appeared to be doing well, taking nutritious broths; but spitting up occasionally flaky fragments. On the thirteenth day the pulse was ninety, abdomen hearing pressure, no vomiting. The cuticle of the tongue now extoliated; previously, its surface had been as white as milk, but, subsequently to the separation of the cuticle, it became as red as scarlet. There was about this period much difficulty and pain in swallowing, the obstruction being referred to a point opposite the cricoid cartilage; some difficulty was experienced in the introduction of a bougie. On the twenty-fifth day, there was considerable fever, pain in the side, and a pointing, as of an abcess, opposite the cricoid cartilage. On the thirty-third day, she died of the irritative fever. Although the stomach is not preserved, it may be satisfactory to state the appearances observed in the post-mortem examination. No peritonitis-stomach small and empty. Pyloric extremity apparently natural and sound, both inside and outside. Cardiac extremity smooth, reddish, and without villi, like the glazed surface of some hastily healed ulcers. About one half of the stomach, an extent corresponding exactly to the amount of parts detached during life, was in this At one spot only, where a pit existed—the result, no doubt, of a deep loss of substance in the interior—the omentum adhered on the outside, so as to maintain the integrity of the organ. The intestines, though every where healthy, were much contracted. Connected with the posterior wall of the œsophagus, there existed an abscess, which extended from about the third dorsal vertebra, to the apex of the tumor in the neck. It was found that the instrument, on its last introduction to relieve the difficulty of swallowing, had perforated the thinned softened walls of the œsophagus high up, traversed the cavity of the abscess for some way, and re-entered the tube lower down, in such a manner, as finally to reach the stomach. Some of the matters attempted to be swallowed were found mixed with pus in the cavity of the abscess."-From Dr. Houston's valuable Catalogue of Preparations in the Museum of the Royal College of Surgeons in Ireland.

ATROPHY OF THE CEREBELLUM.—Cast of the cerebellum of an adult, not more than one-fourth of the normal size. The weight of the cerebellum, together with the medulla oblongata and parts attached to it, as seen in the cast, was, when recently removed, only seven drachms and fifty grains. The cerebrum was well developed, anteriorly, and the posterior lobes were larger than natural. The case was that of a man named Peter Boylan, about thirty æt., healthy, but not very stout in person, on whom a coroner's inquest was held, in consequence of his having been "found dead." From birth he had been nearly idiotic, and was subject to attacks of an epileptic nature. The fits were not, however, violent; he never fell to the ground when under a seizure, but appeared stupified, and worked with his fingers. He was a good labourer at farm-work; his appetite was at all times voracious; and he was very fond of the society of women.—From Dr. Houston's Catalogue.

## ROYAL COLLEGE OF SURGEONS IN LONDON. LIST OF GENTLEMEN ADMITTED MEMBERS,

On Friday, January 22, 1841.

John Alfred Stace, Christopher Bradwell Craske, George Seymour, Michael Greene, Henry Pearson, John Wm. Perrin.

#### OBITUARY.

We regret to announce the death of Mr. Howship, which took place on Friday, the 22d inst., at his house in Savillerow. Mr. Howship was a member of the Council of the College of Surgeons, and surgeon to Charing-cross Hospital. The name of Mr. Wakley, as we have already remarked, stands next on the list for advancement to the Council, but we cannot, of course, predict whether he will be passed over or not by his friends in Lincoln's-inn fields.

#### TO CORRESPONDENTS.

We have to acknowledge the receipt of a letter from the secretary protem. of the British Medical A-sociation, requesting to be info med "upon what authority we have published the names of six medical delegates as appointed by the Council, instead of two, viz. Dr. Webster, and Dr. M. Hall, as especially communicated to Dr. Green, at his request. by the secretary." We beg to decline giving any such information; but would ask the Council upon what authority they ask us such a question.

We have been compelled to omit several reports from Guy's Hospital, and a letter on Medical Reform, signed "An Apothecary."

#### ADVERTISEMENTS.

Just Published, in foolscap 8vo. cloth lettered, 5s. 6d.

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#### MEDICAL REFORM.

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A LETTER to the RIGHT HON. VISCOUNT MELBOURNE, with the OUTLINES of a BILL for Regulating the Practice of Surgeon-Apothecaries, and Chemists and Druggists, throughout the United Kingdom of Great Britain and Ireland, and a Plan for Suppressing Uneducated Practitioners in a summary manner before a Magistrate or Justice of the Peace. By MARTIN SINCLAIR, M.O. Member of the Royal Colleges of Surgeons in London and Edinburgh, Senior Medical Officer to the Hulme Dispensary, &c. &c.

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