cous, shining and pitting on pressure, and there were dark ecchymosed spots which threatened to burst. I prescribed the nitro-muriatic acid with taraxacum and gentian, and ordered him to drink a little brandy-and-water. Two days later the specific gravity of his urine was found to be as high as 1045, and to assume the deepest brown colour on boiling with liquor potassæ. During the day and night he passed between ten and twelve pints of very faint straw-coloured urine. As the acid mixture seemed to suit, I told him to continue it, and ordered in addition two drops of creasote in the form of a pill three times a day. He also took dilute phosphoric acid with glycerine in barley-water for an occasional drink, although his thirst was less than I have ever observed before in a case of diabetes. There was another unusual feature in this case: the bowels were almost always moved regularly every day without aid from medicine.

On the 24th of December, as he was not making any satisfactory progress, I determined to give him the ethereal solution of peroxide of hydrogen in half-drachm doses three times a day, in an ounce of water, omitting all other medicine. Three days later the dose was increased to one drachm. A remarkable change for the better at once set in: the urine was reduced in quantity, and the appetite and strength improved.

Urine passed in twenty-four hours:—

1868	...	Nov. 12th	...	11 pints	...	Sp. gr. 1045
1869	...	Jan. 26th	...	7½ "	...	" 1030
"	...	Feb. 1st	...	6½ "	...	" 1032
"	...	" 24th	...	5 "	...	" 1024

March 3rd.—He has increased fifteen pounds in weight, and looks altogether another person. His liver is greatly reduced in size, and the abdominal veins are much less prominently marked. No fluid can be detected in the cavity of the abdomen, and the amount of tympanitis is only slight. There is scarcely a trace of oedema in the legs. Dr. Savage, who requested me to look after this patient, concurs with me in attributing the improvement to the employment of the peroxide of hydrogen.

Manchester-square, March, 1869.

A DESCRIPTION OF AN IMPROVED SYRINGE-PIPE FOR HYPO- DERMIC INJECTION.

By THOMAS BUZZARD, M.D. LOND.,

ASSISTANT-PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE EPILEPTIC
AND PARALYSED.

THOSE of us who are most favourably disposed towards the hypodermic injection of drugs are yet obliged to allow that our patients not unfrequently object very strongly to the pain occasioned by the introduction of the syringe-tube. And we sometimes find it as hard to convince such persons that they are not being hurt as the shoemaker did to prove to Lord Foppington that his shoe was not too tight. "Your lordship," he said, "may please to feel what you think fit; but that shoe does not hurt you. I think I understand my trade!" A syringe-tube which I have lately had made will, I hope, do something to extend the hypodermic method by the facility and comparative painlessness of its introduction. The ordinary syringe-tube, it will be remembered, is of gold or silver gilt, and is tubular to the very end, which is sharpened as well as the somewhat soft material allows. Steel tubes of the same form are sometimes employed, but they quickly corrode and get choked. It occurred to me that it was quite unnecessary for the syringe-pipe to be tubular throughout, and that a gold tube might with advantage be fitted with a solid steel spear-point of the best form for penetrating the skin. At my request, Messrs. Meyer and Meltzer, of Great Portland-street, have attached a triangular steel prism to the ordinary gold tube, and thus constructed an instrument which pierces the skin as easily as the "glover's" needle, which is preferred to all others by many surgeons, and which the termination of the tube closely resembles. The advantages of incorrodibility in its tubular portion, and sharpness of point, are thus combined. The point is wiped by simply passing it between the thumb and finger.

Green-street, Grosvenor-square, March, 1869.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

CASE OF ACUTE GLANDERS.

(Under the care of Dr. DICKINSON.)

THE question of the mode of propagation of glanders from beast to man—whether by inoculation or by infection—has been a good deal discussed, and very contrary opinions have been expressed. In the case which follows, and which occurred quite recently, there can be little doubt that it was by inoculation through the wound upon the hand that the patient became affected with this most fatal, perhaps, of all disorders. For the notes of the case we are indebted to Dr. Reginald Thompson.

Richard O—, aged thirty-six, admitted Feb. 24th. He was a hunting groom, and had the care of three horses, which were reported sound; but he had lately been in the habit of visiting the stables of a veterinary surgeon. He had a scratch on his thumb on admission, but the date of the wound was not ascertained. Three weeks before admission he was seized with shivering and symptoms of fever, but he had no running at the nose. This was followed by a boil above the wound on the thumb, and another over the left eyebrow. In a week the glands of the face and neck became inflamed, and he was restless and delirious at night.

On admission, he was in a state of great prostration, and very tremulous. The hue of the face was yellowish. The glands of the head and neck were much enlarged, inflamed, and tender. The breath was very fetid, but no discharge from the nose was detected. The fauces were red, but not ulcerated. The tongue was much enlarged, indented with tooth marks, and was with difficulty put out beyond the teeth; it was thickly furred. The pulse was rapid and running, and very feeble. He had a short, frequent cough. Noisy râles were heard all over the lungs. The sputa were viscid and purulent. There was much dyspnoea, and some dysphagia; and the voice was harsh and stridulous. No other glands besides those of the head and neck were enlarged, and there was no particular eruption about the body. The urine was full of albumen. The fetor of breath was much diminished by the free use of Condyl's fluid, and stimulants were given. But on the evening of the 25th his voice became less distinct; the dyspnoea and dysphagia increased; and he died from apnoea at 2 A.M. on the 26th.

The body was examined by Mr. Pick. There was a scar on the left thumb over the metacarpo-phalangeal joint, and a cicatrix as if from an ulcer on the thumb in the course of the absorbents. There was great swelling and oedema of both sides of the neck, but especially the left side; and in both parotid regions on the face. The lower two-thirds of the right lung was quite solid, and in a state of grey hepatization. The disease was more advanced in front than behind, and the lung-tissue was completely broken down and infiltrated with puriform fluid. Under the microscope, it presented nothing but pus-corpuscles, and the débris of broken-down material. The left lung was congested. Studded throughout the lungs were numerous patches of peculiar appearance; they were of a slate colour, gradually shaded off into the healthy lung, and of about the size of hazel nuts. The lung-tissue did not appear altered except in colour. Examined microscopically, these patches presented no alteration in appearance from healthy lung. The heart was semi-contracted. There were decolorised clots in all the cavities; but with these exceptions, the blood throughout the body was fluid. The muscular structure was soft and rotten. The cervical glands were found to be