inhalation of various kinds of dust, or other irritating particles, are frequently the subjects of chronic bronchitis; and from the symptoms mentioned by Dr. C., it is evident that his patient was labouring under that disease, and not phthisis, as was supposed. In severe cases of the former complaint, the sputa are mixed with pus, giving out a variety of odours; at the same time the pulse assumes the "jerking feel, and the cheeks show the hectic tint," mentioned as existing in Mr. C.'s case. Besides, the long continuance of chronic bronchitis induces changes in the pulmonary organs, which sometimes renders it very difficult to be distinguished from phthisis pulmonalis.

It is mentioned that Dr. Clanny's mode of treating phthisis, by inhaling carburetted hydrogen gas, is new. A very little research will prove that this is far from being the case. I have the honour to be, Sir, yours, &c.

A CONSTANT SUBSCRIBER.

EXTERNAL EMPLOYMENT OF CREOSOTE.

By Sir FRANCIS SMITH, M.D.

I determined in the spring of 1836 to use creosote in any cases in which I could best test its efficacy; and my first trials were so satisfactory, that I have continued its occasional use up to the present time, always externally. One source of discrepancy in results will exist in the difference of specimens used; the strength differing much, from the mode both of preparation and of preservation. I have always used it of specific gravity 1,064, and nearly colourless.

Venereal Ulcers.—A gentleman applied to me with venereal disease in its primary form, phymosis, a penis dreadfully swollen, and the prepuce covered with ragged phagedenic ulcers, with a good deal of constitutional disturbance. Blue pill, with morphia and tartar emetic, were prescribed, with soothing applications to the parts, and the recumbent posture; this diminished the tension. But every mean was tried in vain to heal the ulcers, which threatened the destruction of the prepuce. Under these circumstances I applied creosote, pure, with a delicate pencil, to the ulcers, and my pleasure was not greater than my surprise, to find the next day that the sores had actually contracted a full third of their diameter; and in six days more, being lightly touched each day, were entirely healed. The pain, vivid only for a few seconds, produced but little irritation in the surrounding tissue.

Fistula in ano—This occurred in a gentleman, aged 21, of a very broken down constitution, having but just recovered from

bubo in the groin, of four months' duration, and in which I had made seven openings at different periods, to give exit to matter. Considerable irritation now existed about the anus, and the abscess had been evacuated by a natural opening. At the opposite verge of the anus an inflamed pile existed. Under these circumstances I employed and continued the soothing system, hoping that nature might effect a cure by her own efforts. This expectation was not realized, as the discharging sinus continued to present to the probe the same condition as to depth and parietes as at first. At this stage of the case, feeling reluctant to subject a debilitated patient to an operation, the name of which is so terrible, I mentioned it to Dr. W. Gregory, who strongly advised creosote; I accordingly carefully introduced to the bottom of each of two cul de sacs to which the sinus led, a very small dossil of lint, smeared with creosote. The pain was excessive, but very rapidly subsided. The patient was placed in a large linseed poultice, and on seeing him again the following day I was delighted to find that the spongy, irregular bottom which distinguished one cul de sac was succeeded by a more firm structure. In two days I again introduced the creosote as before, and in a week the fistula was diminished to one-half the depth; both cul de sacs were merged into one, the probe not going within three lines of the gut. Four more applications, spread over a fortnight, brought down the sinus to the surface, the health of the gentleman gradually improving, and two applications of red precipitate to the surface of the now granulated sore, produced a complete cure.

Ulcers on the Septum Narium.—These ulcers often prove very intractable, and in the following case they had existed for some months, having appeared towards the conclusion of a very copious catarrhal defluxion from the Schneiderian membrane. The lady, a scrofulous subject, had been subjected to the influence of iodine, and had had the ulcers touched with solutions of sulphate of copper and nitrate of silver, and at last with the solid nitrate. I abstained in this instance from every treatment except with the creosote. The ulcers varied in size from a pin's head to a large pea; three on one side of the septum, and one on the other. They appeared to entirely sink through to the cartilage or bone. With a wash, of one part creosote, and sixty of water, at the end of two days I had made no progress. I then applied the pure creosote, pencilling the edges of the ulcers with a brush, and directing the patient to inhale the fumes of acetic acid for a few seconds, immediately after, first, because acetic acid is the proper solvent of creosote, and would have the effect of equalising its action; and, secondly, because the odour would counteract the flavour of

the creosote. The next day the character of the ulcers was improved, and I then applied the creosote lightly over the whole of the ulcer on the left side, and brushed those on the right with a solution of creosote in twenty parts of acetic acid, on alternate days, for a week, by which time the ulcer on the left was reduced to a mere point, while those on the right, though improved, still preserved their original dimensions. The pure creosote, applied on alternate days, with the inhalation of the acid fumes, now caused the ulcers to heal with truly wonderful rapidity. That on the left side was completely healed in ten days; and those on the right in six days after the first application of pure creosote.

Scald Head, &c.—In *tinea capitis* I almost consider it a specific; but although I cured *cancrem oris* in a child, aged 3 years, by its use, other means might have succeeded equally well; at all events, its indiscriminate use on the soft tissues of children is injudicious, as its constitutional action, even in very minute doses, is extremely active. I am inclined to expect good results in cutaneous cancer; and from its influence in healing solutions of continuity in the skin and mucous membranes, I hope for decisive benefit from its employment in breaches in the urethra. It may also prove useful in chronic ulcers of the cornea.—*Condensed from the Dublin Jour., May.*

GLANDERS IN THE HUMAN SUBJECT,

NOT COMMUNICATED BY ANY DISCOVERABLE
BREACH OF SURFACE.

By ANDREW BROWN, Esq., Surgeon 2nd
Dragoon Guards.

I AM not yet acquainted with any case but the following, where glanders has been communicated to man by other means than through incised or lacerated wounds, that is to say, either by cutaneous absorption, by effluvium, or by the incautious application of glandered matter to the nasal linings, in picking, scratching, or blowing that organ:—Corporal John Wells, aged 38, a tall, healthy-looking man, 19 years in the corps, and never before on the doctor's list, on the 16th of April last, was suddenly awakened from an unrefreshing sleep by rigors, headach, and irritability of stomach. In hospital (at Cahir Barracks, Ireland,) next morning he complained, in addition, of severe continued pains, and stiffness in all his large joints, excessively aggravated on the slightest motion. These are the constant precursors of fatal acute glanders and farcy in the horse. On inquiry, it appeared that he had sole charge of a glandered horse for some time previous, which had been destroyed on the

evening of his attack; and that he had exerted himself much in cutting up the carcass. But these circumstances not then creating the least suspicion, his complaint was considered to be severe acute rheumatism. However, two days after admission, finding that his constitution was no longer able to bear the very active treatment employed, Dr. Home and myself became truly alarmed at the unconquerable violence and novelty of the disease.

The pain, night and day, became excessive, particularly over the left shoulder, where the scapula was slightly tumefied, although not inflamed; leeches, applied over its entire surface, bled profusely, for some hours, without relief; his sufferings continued unabated; on the 24th the tumour had a dark livid colour, and was so large as to resemble the shoulder of a man recently and severely punished.

Similar tumefactions, but more circumscribed, were now observed on the legs, arms, and sacrum, and one, over the left temple, distorted the entire face. The right nostril was contracted, and gummed with an inspissated discharge; and he complained of constriction of the throat, with difficulty in swallowing cold liquors, but not warm; the posterior fauces were much inflamed, and of nearly a purple hue. The suffering now baffled every effort to procure rest; not even whilst in the warm bath had he a moment's respite from pain. His thirst was great. His excretions, urinary and alvine, were kept natural in every respect. On the 28th several warty pustules were observed, resembling yaws, particularly over the neck and shoulders, and inside the arms and thighs. Several of the *tumours* now were running rapidly into gangrene, wholly unimpeded by tonics and antiseptics; nature was at length exhausted, his countenance frightfully haggard and livid, his entire surface bathed in a cold clammy sweat, and of a pale leaden hue. He held out in partial somnolency and low muttering delirium until the 30th, when death released him from his misery, having been twelve days under treatment.

Autopsy, 18 hours after death.—The entire surface nearly covered by black gangrenous tumours, each surrounded by numerous small vesications, which, on cutting into them, were found to be merely elevations of the cuticle, filled with a dark, violet-coloured, inspissated lymph. A suspicion having been recently entertained that this disease had its origin in glanders, the absorbents of each arm were first minutely examined, to their termination in the axillary glands. Those vessels, however, as well as the glands, were found in their natural state; nor was there the slightest appearance of either absorbent, glandular, or cutaneous inflammation, or of any recent cicatrices, chopped or scratched fingers; or, in short,