

into interrupted and not always intelligible conversation on his own subject, he again confessed that there had been a glandered horse in the stables in which he was a helper, and that had been long kept by itself—that he was accustomed to groom it—that it might be six or seven weeks ago when he first began to attend to it—and that for a fortnight or three weeks, or more, before he was admitted into the hospital, he had not been able to attend as usual to his work, and did not know what was the matter with him.

“A wound which had been upon the back of his right hand at that time, was perfectly healed: there was no redness or inflammation about it, nor could any corded absorbent be traced from it.

“About two o’clock on the following morning he died; but some time before that he rallied, and gave an interesting illustration of the ruling passion strong in death: ‘I am dying,’ said he; ‘I shall die soon, but I shall die happy—I know now I am glandered—I shall die as my horses do—I shall die quite happy.’

“A *post-mortem examination* took place on the noon of the following day, at which we were also permitted to be present. The pustules or bullæ about the face and neck had all subsided. The puffy tumours on the forehead and back part of the head were gorged with a yellowish semi-transparent glairy fluid, giving to the whole a kind of gelatinous appearance when cut into, yet with scattered minute abscesses. There was neither offensive smell, nor decided gangrene. The pericranium was sound, and on dissecting to it, it was thought by some that there were minute granulated tuberculous substances on it, but they appeared to us to be only portions of this gelatinous substance left in the dissection.*

“On raising the scull-cap, the frontal sinuses were exposed, and in one of them was a very small congeries or bunch of tubercles, or rather vesicles, hanging loosely in the cavity.

“There was no ulceration, or inflammation, or collection of pus, or any other fluid, in the sinuses connected with the nasal cavity; but on the right side of the septum there was considerable injection, and two minute ulcers, with the preparatory vesicle of a third, and in a line, and following the

course of the principal vein of the septum. The edges were decidedly elevated, and seemingly everted, and bore, on a small scale, no indistinct resemblance to the glandered chancre of the horse.

“The most important lesion, however, was found at the base of the larynx, where was a veritable glanderous chancre, with perfect, elevated, abrupt, and everted edges; but its central depression was not so great as is usually seen in the horse. Near this was also a preparatory vesicle.

“The lining membrane of the trachea was slightly inflamed, the bronchi more so, and puriform fluid might be squeezed out of many of the bronchial ramifications; but there was neither vomica nor tubercle. The other viscera were comparatively healthy, except that in the lower portion of the colon there were many enlarged glands, and even the membrane seemed abraded, an appearance which accounted for the diarrhoea.

“On the whole, the examination was satisfactory. The characteristics of glanders were sufficiently developed, but modified by the difference of the subject.”

ST. GEORGE'S HOSPITAL.

CLINICAL REMARKS

BY

MR. BRODIE.

February, 1832.

DISEASE OF THE TESTICLE.—There is at present a patient in the hospital for chronic inflammation of the testicle, we believe, who is being treated with mercury. The ung. hydrarg. is smeared over the scrotum. Mr. Brodie remarked to the pupils, that when he was a student in the hospital, such cases were made the subject of amputation, but that since the good effects of mercury on the disease had been discovered, he only remembered among his own patients in the hospital, having taken away one testicle for a similar affection since 1809, and that was in a case where there was very great disorganization, and the testicle was hardly worth saving. Mercury, he added, was now always given in such cases, and was invariably found to be of great benefit.

ULCERS OF THE RECTUM.—“These ulcers you will generally find presenting themselves at the posterior part of the gut, opposite to the os coccygis. That was the situation of one in the woman on whom I operated, dividing the sphincter ani muscle for its cure. You see what great relief she has experienced. It is now about a fort-

however. Dr. Elliotson delivered a clinical lecture on the case on the 28th ult. (Feb.), and such portions of his remarks as are not already in print, will be furnished to the Editor for next week's LANCET.—REP. L.

* At the base of a large ulceration beneath the cuticle of the neck, granulated tubercles were disclosed, more conspicuously we think than in any other spot. These were found before Mr. Youatt entered the room.—REP. L.

night since I performed the operation. Her symptoms previously were chiefly those of great weight and heaviness in the rectum, about the seat of the ulcer, with very great pain on going to stool; so much pain that she quite dreaded relieving the bowels. Since the operation, all these symptoms have gone off, and she has had no pain on going to stool. Such cases as these are much more common in private practice than in hospital practice. In private practice I have performed the operation very frequently, and always with very great relief to the patient."

TREATMENT OF DISEASED JOINTS.—On a question being put to Mr. Brodie relative to the efficacy of treating these affections according to Mr. Scott's plan, Mr. Brodie remarked, that he did not believe that that plan was superior in any respect to that of applying pasteboard splints (properly made) to the joint, and keeping the parts in a state of perfect repose. "Mr. Scott's plan," remarked Mr. Brodie, "is to apply alternate layers of plaster and bandages, till he has put on a very large quantity. I have seen him do it myself many times, and in this way he—of course with all this support—keeps the joint in a state of the most perfect repose. I do not think his plan to be at all superior to that of using the pasteboard splints. I have known cases in which his mode of treatment has been of no service whatever to the patient, while the pasteboard splints have given very great relief. The great advantage in all these cases does not consist so much in what you use or apply to the joint affected, as the keeping the parts in constant and complete repose. There was a man who lived somewhere near Covent Garden—I do not know whether he was a quack or not,—but numbers of people used to go to him, and he cured a great many of them, and the only remedy he used was bandaging. He used to bandage the entire limb from one end to the other, and thus of course kept it perfectly fixed and quiet."

RUBBING IN UPON PUSTULES.—"I never like to rub tartar-emetic ointment over a crop of pustules. I remember one man who was in the hospital for inflammation of the synovial membrane of the knee-joint, and I ordered him to rub in the tartar-emetic ointment. He did so, but owing to some neglect he rubbed it in over the pustules, and a large sloughing ulcer formed, which nearly deprived him of the use of his knee. I knew a woman who had disease of the foot, and she rubbed in the ointment, and then rubbed it in over the pustules, by which means she very nearly lost the use of her foot."

TUMOUR OF THE PAROTID GLAND.—There is at present a case of disease of the parotid gland in the hospital, under the care of Mr. Keate, and Mr. Johnson (Mr. Keate's dresser) asked Mr. Brodie to see it. It was longitudinal and of a very large size. Its surface was ulcerated, and it extended downwards and forwards from below the ear, along the ramus of the lower jaw. It had existed, the patient said, for some time, and had commenced as a small round knob below the ear. Mr. Brodie said that he had no doubt of the tumour being malignant, and that he had removed tumours of a similar kind, some of them much larger, but not when they were in a state of ulceration. Mr. Brodie remarked, that such tumours were called "*tumours of the parotid gland*," but falsely so, for when they are operated on, it is discovered that the tumour is imbedded in the substance of the parotid, from which it has to be dissected out. "In the early stage," he observed, "when the tumour is no larger than the top of your thumb, it is very easy to dissect it out; but when the tumour becomes as big as a child's head, the operation is then a much more difficult matter, in consequence of the tumour lying close upon the vessels of the neck; and in extirpating it you have to avoid wounding the nervous branches of the portio dura, which supply the face. The first case of this kind on which I operated, was many years ago, when I was a young surgeon. It was a very large tumour, and I remember it extended very far below the skin (it is astonishing how deep such tumours may extend beneath the surface, and yet on manipulation feel perfectly moveable), and there was very frightful hemorrhage. I remember staying with the patient for five hours, steadily pressing upon the carotid artery, and in this way I stopped the bleeding. I have seen such tumours return three or four times out of twelve cases. You cannot, therefore, consider them to be as malignant as scirrhus or fungus hæmatodes, although in their structure they partake of the characteristics of both of these."

SINKING AFTER BURNS.—A little boy was brought to the hospital about ten days since (date of remarks, Feb. 18th) with a severe burn over the sternum, ribs, and upper part of the abdomen. For several days he appeared to be doing very well, and took his food, but his appetite has latterly failed, and he can scarcely be prevailed upon to take any sustenance whatever. On visiting him to-day (18th), Mr. Brodie remarked that this case afforded an example of the sinking of the powers of the constitution after the receipt of a serious or extensive injury, and related the outlines

of some cases occurring in his private practice, in which, as in this instance, after the receipt of severe burns, the patients for a time went on extremely well, the constitution appearing to suffer scarcely at all, when suddenly the powers of the patient would sink, and the sufferer speedily after die.

ULCER OF THE RECTUM, AND ERYSIPELAS OF THE BOWELS.—A patient, on whom Mr. Brodie has operated for ulceration of the mucous tissue at the posterior part of the rectum, has had a slight blush of erythema (it can scarcely be called erysipelas) for the last few days, over the hip and upper region of the thigh; this led Mr. Brodie to remark upon those cases in which erysipelas occurs, and runs up the bowel after the operation for dividing the sphincter ani. "These cases," said he, "are not very common, but when they do occur, they put on a most alarming and frightful set of symptoms; the belly is most enormously distended with wind, the pulse is weak and fluttering, the extremities are cold, and the patient is altogether in a most dreadful state of collapse. One patient I remember, whom I had in this state, died in forty-eight hours. I never had but one opportunity of making a *post-mortem* examination in these cases, and in that there were found traces of inflammation of the bowels, with effusion of lymph here and there, and slight peritoneal inflammation, such as you find recurring after lithotomy sometimes. Well, in these cases, what are you to do? Why you must stimulate with brandy and ammonia in the stage of collapse, and treat the after symptoms as they occur."

IODINE IN RHEUMATISM.

There are two of Mr. Brodie's patients at present suffering from rheumatism. One (a female), who is recovering from inflammation of the synovial membrane of the knee-joint, and who has the shoulder affected; the other (a man), who has bad legs, with rheumatism in the knee and ankle-joints. In both these cases the tincture of iodine was given, in doses of ten minims three times a day; the man experienced positive relief in three hours after taking the first dose. The woman felt relief on the second, but the rheumatism returned again whilst she was continuing the iodine. It is therefore very difficult to say, from these two cases, whether the medicine is beneficial in rheumatism or not.

CAUTION TO SCHOOLMASTERS.

A *post-mortem* examination took place a few days since in the case of a lad (James Goddard) who was admitted a short time

previously under the care of Mr. Brodie, at which time he complained of a pain over the region of the loins and pubes. Mr. Brodie examined his bladder with a sound, but could detect no stone, only a slight irregularity about the *cervix vesicæ*. He was blistered over the loins, with some benefit, and was able, in consequence, to retain his water better than before, and took calomel and saline purgatives. The nurse had just dressed his blister in the evening, when he was suddenly seized with a fit. Stertorous breathing and dilated pupils occurred, and he died. After death the vessels of the brain were found greatly injected, the kidneys were of a large size, lobulated, and filled with thick, flaky, coagulable, lymph, some of it clear and transparent, and Mr. Brodie remarked that he had seen this clear lymph passed sometimes with the urine. The ureters were found also obstructed, and their coats thickened, and the mucous membrane of the bladder was highly inflamed. Mr. Brodie ordered the bladder and kidneys to be put up for an anatomical preparation in the museum, and a drawing of them to be taken by Mr. Perry. We believe the boy dated all his sufferings to his being confined at school for six hours, without being allowed to go out to make water.

HOPITAL DES VENERIENS.

CASE OF CYSTITIS.—DOUBLE URETERS.—ENTIRE DISORGANIZATION OF THE RIGHT KIDNEY.*

THE patient (æt. 22-23, constitution lymphatic, general habit of body good) was originally admitted into the hospital for a syphilitic affection, the symptoms of which quickly yielded to the usual remedies. She was subsequently attacked, during convalescence, with acute cystitis.

At the time (20th to 26th ult.) her case first fell under our observation, the disease had already become chronic; the urinary secretion was loaded with pus, purulent or purulo-sanguinolent detritus; there were evident proofs of its having undergone chemical decomposition,—ammoniacal hydro-sulphurous fætor, discoloration of metallic sounds employed in exploring the state of the bladder, &c.

An appropriate plan of treatment, conducted with the tact and skill so peculiarly belonging to the practitioner who directed it (M. Ricord), had the effect of producing some amendment. The different symptoms were not so intense; urine less turbid, febrile movements abated. There was evi-

* Reported by Richard Dowling, Esq.