

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
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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,

the slightest breach of integument, or abrasion of skin, by which absorption of morbid matter into the system could have been facilitated.

On removing the scalp, and thereby dividing the tumour already specified, we observed, immediately over the left superciliary ridge, a cluster of tuberculated bodies of various sizes, imbedded in a lamina of the cellular tissue exterior to the pericranium, and our highly-talented veterinary surgeon, Mr. Woodman, unhesitatingly recognized a strong resemblance between *these* and *those* usually found in the nasal linings of glandered horses after death.

The brain was much more pale and soft than ordinary, with rather a larger proportion of fluid in the ventricles; the Schneiderian membrane appeared throughout pale, thickened, and infiltrated; and in the right frontal sinus was found another cluster of well-defined, ulcerated, glanderous tubercles. The posterior fauces were highly inflamed, and of a dark purple; right tonsil, ulcerated in patches, but the thoracic and abdominal viscera were all perfectly healthy, except that the heart was rather pale and flabby.

On removing the whole of the diseased mass from the scapula, that bone was observed nearly covered by a cluster of grey, circular tubercles, the whole composed of fine cellular tissue, enveloped in small cysts, and firmly attached to the periosteum, differing only in this respect from those found in the pericardium. (?) The tumours on the sacrum and extremities all exhibited each precisely the same crop of tubercles adhering to the periosteum underneath. All the muscles were blanched, flabby, and softened, and the cellular membrane was infiltrated with a yellow serosity.—*Condensed from the Dublin Journal*, May.

SPIRIT OF THE MEDICAL PERIODICALS.

STOPPAGE OF A WOUND IN THE HEART, BY A BROKEN RIB.

A brewer's man, in Dublin, fell under a dray, which was heavily laden, and which passed over his chest; he was lifted up, and complained of pain and weakness, but was able to sit on the side of the dray, driving the horse, for nearly an hour, when, being in the vicinity of *Steven's Hospital*, he thought he might as well get examined: he walked in, and lay on a bed, but on turning on his side he suddenly expired. On dissection, the fifth rib was found fractured, and the extremity of one portion had penetrated the pericardium and right auricle; it *filled up* the perforation of the pericardium, but had freed itself from the heart; and this, as

Mr. Wilkin, the clinical resident, observed, accounts for the sudden death. The portion of rib had filled up the wound of the heart, and thus prevented any hæmorrhage until his arrival at the hospital; when, *on its coming out*, the sudden effusion of blood into the pericardium caused sudden death: no blood had escaped outside the pericardium.—*Mr. C. Lees. Dublin Jour.*, May.

INJURIES TO THE HEART WITHOUT EXTERNAL MARKS.

In the last siege of Antwerp by the French, some remarkable cases occurred in which the heart was severely contused, and ruptured, without any external appearances of injury, either to the integuments or ribs; in these cases the death, in some cases instantaneous, was supposed to have been caused by the wind of the bullet. In some of the cases mentioned, a violent acute pneumonia supervened; in others, death followed from an effusion of blood into the cavity of the pleura.—*Ibid.*

COMMOTION OF THE HEART.

The violent commotion which the heart may sustain will cause a state of sudden syncope. A case of this description occurred while I was at Paris: I vouch for its accuracy. Two French students quarrelled at supper; they wished to settle their dispute on the spot; but as they were both very infuriated they prevented them. Next morning they met, determined that one should die; their friends prevailed on them to load only one of the pistols, and then draw lots as to who should take the choice, ignorant which was loaded: it was loaded with four pellets. They then mutually felt for the point of the chest, against which at that moment each stroke of the heart told with increased violence, and pressing firmly against that part they fired. One of them fell to the ground insensible; but, on examination, they found merely a slight flesh wound at the part to which the pistol had been applied, and with a little care he soon came to himself. I saw him about three hours after this. He was then in a state of great anxiety, which he could not account for, as he had more unpleasant weight about his heart than actual pain; great tendency to faint, with severe palpitation. Under proper treatment all these symptoms subsided, and he recovered perfectly in a short time. This case exemplifies, in a striking manner, the power of compressed air in resisting the expansive force of gases.—*Ibid.*

STATISTICS OF WOUNDS OF THE HEART.

In 54 cases collected by M. Olivier, the right ventricle was the seat of the wound in 29, the left ventricle in 12, both ventricles in 9, the right auricle in 3, the left in 1. Out of 29 cases of penetrating wounds of