

and continued for several weeks longer. The result may almost be described as a symptomatic cure, for though his prostate is still large all his urgent symptoms have gone. He enjoys good health, performs his daily work in comfort, sleeps well at night, but still rises once at least to pass urine. Also there is occasionally a little delay in starting the stream of water.

The other case that I have to report is of quite a different type. The patient's present age is only 54 years and he has been troubled with his prostate for ten years. His profession, that of a minister of the Gospel, subjects him to considerable nervous exhaustion. It was on a Sunday night after preaching that he first became aware of something wrong. He spent a restless night, having to rise frequently to pass urine, which was of a cloudy character. This experience was repeated on many occasions, but it caused him little trouble for several years. About three years ago he went out as a missionary to the West Indies. For the first two years of his sojourn there he was remarkably well, but after this he began to suffer from prostatic cystitis and became so ill that he was obliged to return home. Indeed, his medical attendant sent him home for operation. When he came under my care he was thoroughly broken down in health and looked a perfect wreck, many years older than his actual age. He had almost constant trouble with his bladder, and the slightest nervous strain was sufficient to bring on an acute attack. He would first pass a quantity of clear urine, at frequent intervals; then the urine would become turbid, smaller in quantity, and cause scalding, and this would continue till he was completely worn out. I found on examination that his prostate was somewhat enlarged, hard below, softening gradually off higher up, and somewhat too sensitive to the finger in the rectum. He had piles, both internal and external, and a congested condition of the neighbouring parts. I passed a sound but failed to detect any stone. The passage of the instrument through the prostate caused great pain. Before coming under my care he had been taking urotropine and a buchu mixture. I advised him to try the effect of high-frequency currents. To this he agreed, and I commenced to treat him at the end of September of last year. The improvement in this case was most remarkable. He obtained relief after the first few sittings. His bladder symptoms began to yield at once and soon passed completely away. In a few weeks he showed signs of new life and vigour. He lost the haggard look and his whole aspect was completely changed. Early in December he was able to return to the West Indies.

The editor of *Advanced Therapeutics* in commenting upon this treatment says: "The employment of high potential electricity and mechanical vibration in the treatment of prostatitis will revolutionise the management of this unfortunate condition. The most rational treatment of this affection now is the employment of static currents, applied by placing a metal or glass electrode, either posteriorly in contact with the gland or by the employment of one through the urethra."

We in England are, perhaps, less sanguine than the Americans, but we have good reason to believe that this treatment—which is quite painless and not unpleasant in application and causes no shock, so that it can be borne by the aged and the feeble—will bring relief to many an old man whose life has become a miserable existence but who has not the strength or the courage to undergo a serious operation.

Nottingham.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

ROENTGEN RAYS IN THE TREATMENT OF ULCERATIVE BLEPHARITIS.

BY T. L. BUNTING, M.D. EDIN., F.R.S. EDIN.

Schiff and Freund some time ago reported some cases of blepharitis treated by Roentgen rays; since then little seems to have been recorded as to the action of the rays in this condition. The following notes on a very old-standing case may therefore be useful.

A man, aged 25 years, had an attack of measles 16 years ago. This was immediately followed by the blepharitis,

which attacked both eyes. The trouble had gradually got worse and he had had frequent attacks of conjunctivitis and keratitis in both eyes. He had been under treatment many times in the course of the disease, and for the last 18 months before coming to me he had been constantly treated at the Newcastle Eye Infirmary. Mr. A. W. Messer, assistant surgeon to the infirmary, who sent the case to me, informs me that all ordinary methods of treatment had been tried without benefit. The patient came to me on July 6th, 1906. The whole of the four lid margins were then involved, and the ulcerative process covered also both the inner and outer surfaces of both lower lids. The lids were all much swollen and they sometimes bled on being touched. There were no eye-lashes and no scabs, but a constant watery discharge. Conjunctivitis and keratitis were present in both eyes and there was some ulceration of the left cornea. There was constant and often severe pain.

During treatment the eyes were kept closed to protect the conjunctivæ from the rays, and the healthy skin was covered by a lead shield with a horizontal slit just large enough to expose the diseased surfaces. The tubes used varied in spark gap from $3\frac{1}{2}$ to 5 inches and gave rays of 3—7 Benoist. Exposures of from eight to ten minutes were given about every five days, each eye being treated separately. After two exposures the pain disappeared and never returned. Epithelium began to form on the right lids after seven, and on the left after nine, exposures, and the margins and outer surfaces then healed very rapidly. In subsequent treatment I drew down the lower lids with sticking-plaster so as to expose their inner surfaces, of which the greater part healed as rapidly as the outer surfaces. But I have been unable to obtain healing of a narrow strip in the depth of the recess where the lids meet the eyeball. In spite of all that one can do by everting the lids the rays can only fall on this strip obliquely, and it seems impossible to give a sufficient dose to it without giving so much as to harm the surrounding parts. The patient has now had 24 exposures to each eye, of which the later ones have been devoted to the attempt to heal this narrow strip.

For all practical purposes the patient is now cured. The external appearance is quite normal except for the absence of lashes. There is no pain and the inflammation of the conjunctiva and cornea has disappeared, so that the patient, who has had to spend the greater part of each previous winter indoors with his eyes shaded, has this winter gone about freely.

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A CASE OF TURPENTINE POISONING

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AT this season of "spring cleaning" the following case may be of interest:—

A girl, aged eight years, after having been exposed to the fumes from newly painted woodwork for nearly a fortnight, was seized on March 10th last with headache, vomiting, and swelling of the left tonsil, causing pain and difficulty in swallowing. There was also pyrexia, her evening temperature being 102.5°F . The next day there was pronounced hæmaturia; the urine was bright red in colour and contained albumin. Her temperature was 99° ; the bowels had acted and there was no further vomiting; the tongue was furred. On the 12th the urine was nearly black, having the appearance of stout, and contained nearly one-third albumin; both tonsils were enlarged. Her temperature was 102.5° . In the afternoon she was removed to a nursing home, where her temperature was found to be 103.6° on arrival. On the 13th the patient's tongue was cleaner and she had less difficulty in swallowing, but the tonsils were still swollen. The temperature had fallen to 101.5° . The urine was still very dark and loaded with albumin. From the 14th to the 19th there was a steady improvement, the temperature gradually fell to normal, the albuminuria rapidly diminished, and all swelling of the tonsils disappeared. The patient was removed home on the 19th. The urine still contained a trace of albumin, but in every other respect she was quite well. The treatment consisted of rest in bed in a warm room, milk diet, saline aperients every morning, and a mild diaphoretic mixture. There were four other people living in the house, none of whom was affected in any way by the smell of paint.

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