I do not consider these few cases sufficient to furnish general conclusions; but I think the results are sufficiently encouraging to warrant further experiment with regard to galvanism as a curative agent in the treatment of anæmia of the optic nerves. All the cases, except No. III, are still under the treatment, somewhat modified, so that I hope in course of time to ascertain the permanent results.

Since writing the above account, I have had the opportunity of watching four of the cases under the continued treatment by galvanism; but, I regret to say, that there has been no further marked improvement. In order to try the effect of reversing the current, I applied the galvanism for six weeks longer in the same way to the right eye of each patient, and in the reversed direction to the left eye. The flashes thus occasioned varied as previously stated, but no further effect seemed to be produced. No. I has been very ill with an attack of severe vomiting and shivering, during which his sight became much impaired; but it has since recovered slowly, and is now much better than when galvanism was first commenced. Nos. II and VI have made no perceptible advance; and a short time before the discontinuance of the treatment, No. IV's sight began rapidly to fail. The patients are now trying the strychnia treatment. The following note gives the result of Mr. Kidde's experience with galvanism.

"The result of galvanism for anæmia of the optic nerve on female patients referred to in the above letter, has been on the whole entirely unsatisfactory. Five patients were selected, whose ages varied from 21 to 36 years. At times there appeared to be some improvement of sight, but this was soon followed by a relapse; and I attribute it more to the general health of the patient than to any benefit derived from galvanism. I have also treated six males in a similar manner (aged between 43 and 50), in addition to those reported by Mr. Pye-Smith, and no improvement of sight has been obtained in any case."

KEROSENE OIL IN CHRONIC RHEUMATISM.

By W. G. KEMP, L.R.C.P.Lond., M.R.C.S.Eng., Wellington, New Zealand.

SEVERAL cases have lately come under my notice in which the internal administration of kerosene has had the most decided and marked effect in chronic rheumatism. I am at a loss how to explain its action; but the fact that it has completely cured several cases will be seen from the following extracts.

CASE I.—J. H., aged 46, sailor, had suffered from chronic rheumatism for twenty years. He never had an acute attack. He used to have agonising twinges in his feet and legs; he compared the pain to that which would be produced by the skin being seized with a pair of tweezers and forcibly pulled. The attacks would come on about every ten minutes, and often last for three or four days and nights. He had been under medical treatment many times, but had never had more than temporary relief. He began to feel the interval between the attacks lengthen in six weeks after commencing kerosene; and in less than three months the pains had entirely left him. After discontinuing it for some time, the pain returned slightly, but was always cured by taking two or three doses. A teaspoonful was taken in a wineglassful of water every other night. The kerosene produced no unpleasant symptoms, no loss of appetite, no effect upon the bowels or kidneys.

CASE II.—D. W., aged 50, a gardener, had suffered from chronic rheumatism for twenty years, being affected in different parts of his body at different times. About two years ago, he had a severe attack in his back and limbs. He received no benefit from medical treatment. After taking kerosene for ten days, he began to feel great relief, and in less than a month was sufficiently cured to resume his occupation. He has never had any attack since. No unpleasant symptoms arose from taking it; there was no effect upon the bowels or kidneys. The odour of the kerosene was perceptible in the urine.

CASE III.—P. A. D., aged 50, a sailor, had suffered from chronic rheumatism for four years, being affected chiefly in the legs, arms, and back. He had great difficulty in rising up and sitting down. He received no relief or benefit from medical treatment; the symptoms always returned after leaving it off. He began to feel great relief after taking kerosene for about a month, and was sufficiently well in three months to leave it off. He was obliged to commence taking it again a few months afterwards, as he found the pains returning. No unpleasant symptoms arose from taking it. The odour was perceptible in the perspiration. The good effects were not so apparent in this case, owing to the patient being of a thoroughly broken-down constitution and in reduced circumstances, so that he was unable to take as much care of himself as was necessary. He, however, found more re-

lief from the kerosene than from anything else, and does so up to the present time.

CASE IV.—J. W., aged 35, a grocer, had suffered from constant pains in his back and legs for twelve months, frequently being obliged to stay from work for several days together. For the last two months he had not been able to stoop down to tie his shoes. He received no permanent benefit from medical treatment. After taking three doses of kerosene, he felt considerable relief, and is now, after taking it for a fortnight, able to walk with very little pain, and can stoop with ease. The kerosene caused slight diaphoresis, and acted as a stimulant and tonic. He says that he felt exhilarated after each time of taking it, and had more desire for food.

CASE V.—Mrs. B., aged 56, suffered from rheumatism in the arms and hands for a number of years. She had been under medical treatment several times, but never was cured. She took kerosene for less than a month, and was materially benefited, and in about three months was perfectly well. She occasionally feels some return of pain; and, after one or two doses of the oil, it again leaves. She speaks of a decided tonic effect upon the system, becoming stronger and better after taking it.

CASE VI.—Mrs. C., aged 32, had suffered from rheumatism for about six years, chiefly in her hands, being often obliged to do no work for days together. She had generally been obliged to go to the north of New Zealand during the winter. Medical treatment was of no avail. She took kerosene for about six weeks, and, being decidedly better, left it off. The pains returned after a few months; and, after taking a few doses of kerosene, she "turned against it so," that she refused to take any more. She became worse, however, and took it again. After a short time, she felt decidedly relieved, though she is at times liable to a return of the pains.

There is another case, the particulars of which I am unable to get, owing to the patient having left for another province.

Although kerosene cannot be called a specific for rheumatism, I think that the cases here cited are quite sufficient to induce medical men to give it a fair trial. I am unable to find any unpleasant symptom caused by taking kerosene. The great objections with many people to taking it, are the unpleasant taste and smell. Some have taken it in water or milk; but I have lately heard a patient say he could take it best with salt; a pinch of salt being put into the mouth and allowed to dissolve, and the oil then swallowed, mixed with about its bulk of water. I am not aware of the remedy having ever been used internally; but I trust some medical men will be found who will give it a trial and record the results of their cases. Externally, it is of great use in cases of burns, whether severe or slight; it seems to relieve pain more than any other application, especially if resorted to as soon as the injury is received. I have known cases of severe burn to heal up rapidly under its use alone.

A NEW USE OF BARNES'S DILATORS.

By HERBERT M. MORGAN, L.R.C.P., etc., Lichfield.

AS I have on two occasions lately found Barnes's dilating bags of great service in what I believe to be a new way of using them, I shall be glad if publicity can be given to the following narratives, as it may be the means of helping others in similar cases.

CASE I.—A woman, who had had a tedious labour as a primipara, was taken in labour with her second child, and the "waters broke" very early. I found the pains moderately good, but the os small and unyielding. The natural and elastic dilator of the os—viz., the bag of waters—had gone; and here was a case which in the ordinary way would be very tedious to the patient and her attendants. I thought that, if I could make an artificial bag of waters, so as to imitate nature, I should materially assist the labour; so, with great difficulty, I managed to introduce Barnes's largest bag within the os by the help of an uterine sound. When once it was there, it was easy to pump in nearly a pint of warm water; and I was much gratified to find that the labour then progressed very well, each pain dilating the os by means of the artificial bag quite in a natural way. I am sure that by this means I gained some hours, which would have been lost in useless pain but for the bag.

CASE II.—A farmer's wife had a miscarriage at about the eighth month of her fourth pregnancy. This was followed by a discharge of more or less blood for about a week, when suddenly she had such a copious loss as to make her quite faint. She then first sent for me, and I found her with a blanched face and constant sickness. The os was dilated to the size of a florin, and not yielding; the membranes were entire; and I could detect that it was a case of placenta prævia, with

the cord attached just inside the os. I ruptured the membranes with a stilette; and then, by means of a long pair of ovum-forceps, I passed Barnes's largest bag (rolled up small) quite into the womb; and afterwards pumped into the bag nearly a pint of warm water. As she had no pain worth mentioning, I had given her forty minims of liquid extract of ergot before puncturing the membranes. As soon as I had filled the bag with water, I commenced dilating the os myself by drawing at the tube of the bag till my finger and thumb could reach the root of the tube in the vagina. If I had pulled at the tube, it would have stretched, rather than allow the bag to dilate the os; so I took hold of it just where it joins the bag (which will be noticed as being the strongest part), and kept steadily pulling at it. The result was that, in little more than five minutes, I pulled a soft bag, as large as an ordinary new-born child's head, through the os; and then the vagina and perineum were gradually dilated in the same way until the bag came quite away. I found the head presenting, and pains were coming on moderately; but, as there was no time to be lost, I preferred not to wait for nature to act; so, with one hand internally, and the other externally, I turned the child and brought a foot down, and soon completed the labour with the aid of the patient's own pains and efforts. The placenta was expelled naturally, and the womb contracted well after it.

Now for the advantages of this mode. When I arrived, I found the os so unyielding, that I feel sure that the ordinary mode of dilating by the hand, in form of a cone passed into the vagina, would have been a very doubtful process. It might have failed from cramping of the hand in the attempt; or, worse still, the os might have given way, and the uterus been ruptured. Any way, dilatation could not possibly have been accomplished so quickly, so easily, so painlessly, and so safely, by the hand. Moreover, this bag, by being pressed against the bleeding placental vessels in its passage through the os, compressed them and checked the hæmorrhage, in the same way as the head does in those cases where the pains are strong enough to keep it well pressed against the os.

I may mention, in passing, that, before using the bags, it is well to try how many syringes full of air are wanted to bring them to the required size. This is a great help, as they cannot be seen when in use.

I am not aware that this method of making a new bag of waters has been published before; but I have no wish to claim priority, if any one have already written about it. I shall be quite content with adding a little extra testimony to its value.

CLINICAL MEMORANDA.

URÆMIC HÆMORRHAGES SIMULATING SMALL-POX.

It appears to me that the symptoms of the very interesting case of "Malignant Small-pox, the Diagnosis Masked by a Reported Injury", allows another interpretation than that given by Mr. Gascoyen and Dr. Cheadle in the last number of the JOURNAL. The diagnosis of the present case is evidently founded on the association of pains in the back with the other symptoms. But if it were possible to attribute after all (as the patient himself had done) the pains in the back to the wrench received, it would sufficiently account for the pains themselves, the immediate subsequent ischuria and anuria, the sopor and coma, together with the bleeding into the skin and from the nose. These are all rather common symptoms of so-called uræmic intoxication.

The *post mortem* appearances of the kidneys favour, to some extent, the assumption of a severe injury. "The larger fibrinous mass in the substance of the right kidney" may "apparently be an embolon of old date", but need not necessarily be so. For it is a peculiarity of renal infarcts, that they very soon become of a white and tough consistency; and I remember the case of Von Recklinghausen (Virchow's *Archiv*, vol. xx, p. 206), where a boy, thirteen years of age, fell from a certain height, and died eight days afterwards. The renal artery, together with one of its branches, showed circular lacerations and the formation of thrombi. The infarct, which was only a few days old, was white and tough.

J. B. BERKART, M.D., 33, Harley Street.

CHOREA ARISING FROM A BLOW.

A LAD, aged 12, nine months ago, received a severe blow on the mastoid process of the left temporal bone, which caused very severe pain and hæmorrhage from the left nostril. Soon afterwards, clonic spasm began in the facial muscles, and gradually extended to the whole of the body. Previously to this accident, the patient had always enjoyed excellent health. On examining him along with Dr. Neilson of Lochgelly, whose patient he was, I found the boy quite anæmic. All the

voluntary muscles of his body, especially on the left side, were in a constant state of clonic spasm while he was awake. There was marked tenderness at the mastoid process of the left temporal bone; the pupils of his eyes were constantly and equally dilated, and insensible to the stimuli of light. He suffered very often from epistaxis from the left nostril. His memory was slightly impaired; his temper irritable; bowels regular; the bladder acted well. The cardiac sounds were normal. He had never suffered from any rheumatic attack; no reflex cause, such as ascariæ, existed. The patient had been treated by Dr. Neilson with cold applications to his head, blisters to the nuchæ of the neck, and had had an issue applied to it. His diet had been nutritious but non-stimulant, and he had had large doses of bromide and iodide of potassium. Notwithstanding this course of treatment, the patient was gradually becoming worse. The points of interest in this case are, that it was not assignable to any of the common causes to which chorea is due; viz., rheumatism, fright, reflex irritation, or cardiac vegetations obstructing the minute arteries in the corpus striatum. The distinct cause seems to be effusion somewhere at the base of the brain, due to the blow received at the back of the left ear, as the dilatation of the pupils, the chorea being severe on the left side of the body, and the epistaxis from the left nostril, show. The effusion in this case is probably acting somewhat similarly to embolism of the minute vessels supplying the corpus striatum and neighbouring convolutions; interfering mechanically by preventing the flow of blood, and hence producing an anæmic and irritable state of brain-tissue. At any rate, whatever else may be the theory of the cause for chorea in this case, it is an interesting one.

WM. L. LANE, M.B., C.M., Dunfermline.

FRACTURE OF CRANIUM: ESCAPE OF (?) ARACHNOID FLUID: RECOVERY.

A SHIP'S apprentice, aged 18, fell headlong down a hatchway, came into contact with the edge of a beam, and sustained a depressed compound fracture an inch above the left eyebrow. The wound was an inch and a half long obliquely above the outer half of the brow, and resembled an incision. The depression corresponded with the wound, was on the upper side of the fracture, and equalled the thickness of the skull. A very trifling hæmorrhagic oozing succeeded the fall. For a few minutes the lad was unconscious. When he regained sensibility, he vomited once; he then remained without a single manifestation of the accident, excepting the local injury. I endeavoured to obtain primary union; and on the third day the wound was united throughout almost its whole extent, when a copious flow of clear colourless fluid escaped, softening and breaking down most of the union, and saturating the pillow-case. This excretion continued during two other days, when it ceased rather rapidly; the wound united with a very little suppuration (the accident was before the introduction of carbolic acid); and in a few days the patient was walking about, after having felt quite well since his return to consciousness. He had no symptom of internal injury; he slept well and quietly; his pulse was natural; and he grumbled about being kept in bed and carefully dieted. Very soon after he was permitted to be up, he resumed his duties (against advice), and continued quite well during the three months I was able to watch him.

STANLEY HAYNES, M.D., Malvern Link.

THERAPEUTIC MEMORANDA.

BROMIDE OF POTASSIUM AS AN ANTISPASMODIC.

AMONG the various uses to which this drug has been put, I would venture to state the following case, where its efficacy as an antispasmodic was well marked.

A lady, E. S., single, aged 29, consulted me, complaining of the following symptoms. For some months, in the morning, as soon as she could get out of bed, she was suddenly seized with intense agonising pain over the stomach, which caused her to roll on the floor and moan, a feeling of faintness supervening. She was then seized with violent retching, which lasted often for five minutes. Very rarely, however, was anything vomited, unless she had swallowed anything before getting out of bed; all the symptoms then suddenly wore off, leaving the patient exhausted and dyspeptic for the rest of the day. These symptoms were preceded by a slight dry tickling cough, which had been present ever since an acute attack of bronchitis from which she had suffered some months before. She looked pallid, felt exhausted, could not sleep well, and was nervous and much distressed about her condition. The heart's action was feeble; menstruation was regular and normal; and there was no physical cause to account for the cough.