gall-stone, square or nearly so, and half an inch across in all directions. The wall of the duct around it was much thickened, but it did not completely obstruct it, though there was very little space indeed for bile to flow by its side. The hepatic duct was much dilated; not so the cystic duct, through which the large stone must at one time have passed, though it was much reduced in length (quarter of an inch) and looked more like a foramen than a duct. The calculus had evidently not increased in size in the duct, as it was faceted on several sides. There was no trace of jaundice post mortem, and this lends to the clinical aspect of the case, the great interest of which lies in the fact that there had only been jaundice for nine days of very slight degree two years before her death, and that at that time there was no hepatic colic. Dr. John Harley has very kindly communicated the fact that he had her under observation for twenty-seven years—from 1864 to 1891—and that this was the only attack of jaundice she had manifested. During the last year of her life she had been under the observation of people who were intimate with her and they stated that she was never jaundiced, though during this period she had several attacks of severe abdominal pain, chiefly on the right side, with vomiting. Neither was there any history of the ague-like paroxysms to which Dr. Ostler has called attention as symptomatic of calculus impacted in the duct. The stone probably passed into the common duct at the time when she had the jaundice two years before her death, but it is very remarkable how little obstruction was then present and how quickly and completely all the jaundice disappeared, the duct evidently rapidly dilating around the stone until almost directly after impaction had taken place room was made for the bile to flow past the side of it. And this is the more remarkable when it is remembered that the stone was one of considerable size.

It may be thought by some, on reading this report without an opportunity of examining the specimen, that possibly the secondary gall-bladder was really a greatly distended cystic duct, but this was not so. It opened out of the gall-bladder at the opposite side to the duct, and, moreover, the fluid in the gall-bladder was bile. The new cavity was evidently one formed by the adhesion of surrounding parts.

The tolerance of the peritoneum to extravasated bile is well illustrated by Thiersch's remarkable case (referred to in Mr. Mayo Robson's book on Gall-stones), in which he successfully removed many pints of bile from the abdominal cavity after the gall-bladder had been ruptured by a blow; but that the peritoneum will not remain tolerant to bile for very long this case, amongst others, demonstrates.

Clinical Notes :

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

CHLOROBROM IN MENTAL DISEASES.

BY JOHN KEAY, M.D., F.R.C.P. EDIN.,
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THE excellent results obtained by the judicious use of the solution named "chlorobrom," introduced by Professor Charteris of Glasgow for the prevention and alleviation of sea-sickness, have been recently recorded in the medical papers. I have not seen, however, any note of the solution having been used in the treatment of mental and nervous diseases, and as I have prescribed it in suitable cases in this asylum for about a year with results which seem to show that in it we have a valuable addition to our still too short list of really safe and reliable hypnotics I may perhaps be allowed to state my experience very briefly. As a general sedative in various forms of maniacal excitement, in the excitement of general paralysis, and of epilepsy, I have tried chlorobrom without sufficiently encouraging results to warrant perseverance. In such cases, when it is found necessary to use a sedative, I find sulphonal or the bromides (alone or in combination with cannabis indica) much more efficient and equally safe. As a hypnotic, however, in melancholia and allied mental conditions I have found chlorobrom reliable, pleasant to take, and free from risk

and from disagreeable after-effects. In the threatened melancholia, brain exhaustion, or breakdown so commonly occurring in over-worked and worried business men, insomnia is usually such an obstinate and painful symptom that the use of a hypnotic cannot be avoided. In some cases the drug which has been of late, perhaps, most in favour is paraldehyde, and it is safe, reliable, and seldom followed by unpleasant sensations. It has, however, a most disagreeable taste, which cannot be disguised, and it imparts to the breath an enduring and most objectionable odour. Instead of paraldehyde, therefore, I now prescribe an ounce of chlorobrom to be taken an hour before retiring to rest. I find that a sound sleep, lasting from six to eight hours, is almost invariably produced; that it is not followed by sickness, headache, or lassitude next morning; that the stomach and bowels are not deranged; and that there is no impairment of nutrition even when the drug is given regularly for weeks. A patient at present under my care has increased more than a stone in weight whilst taking a regular nightly dose. Another form of mental depression in which I have found chlorobrom valuable is the excited, or motor, variety of melancholia. In cases of this kind paraldehyde is sometimes quite useless; in fact, unless given in large doses it may even increase the excitement. Chlorobrom has no such tendency. It combines the sedative with the purely hypnotic action and acts somewhat like paraldehyde when given along with bromidia or one of the bromides. An ounce of the solution may be given an hour before bedtime. When the excitement is considerable a larger dose may be required and may be given without fear—say, an ounce and a half or two ounces. I have never known unpleasant results to follow. In the other forms of melancholia one is not so frequently driven to the use of hypnotics, but in their treatment, also, my experience of chlorobrom has been favourable, and I intend to use it in future as suitable cases present themselves.

As mentioned above, one ounce is a medium hypnotic dose of chlorobrom, representing thirty grains of chloralamid and thirty grains of bromide of potassium. The full effect is generally produced about an hour after administration. It is not objected to by patients and is swallowed without difficulty, its taste and smell being quite pleasant. In this respect it compares most favourably with paraldehyde, and ease of administration is a matter of no small moment when dealing with insane or nervous patients. Chlorobrom has no disagreeable after-effects. It does not interfere with nutrition. It does not interfere with the restoration of the normal sleep habit, and its discontinuance has not been followed, so far as I have observed, by any morbid craving.

MALIGNANT DISEASE OF THE PROSTATE.

BY WORSLEY J. HARRIS, L.R.C.P. LOND. &c.

THE patient was a small, thin, wiry man aged sixty-five, who first consulted me at the end of November, 1891, for (1) frequency of micturition; (2) pain of a dull, aching character in the perineum; (3) pain along the urethra and at the end of the penis; (4) some difficulty of micturition. All these symptoms came on three weeks previously, and he had never had any trouble before then. On examination per rectum the middle lobe of the prostate showed decided enlargement. The sound in the bladder detected no stone. A prostatic curved silver catheter passed much more easily than the ordinary one. The patient was given a soft catheter and taught to use it himself. This he did on and off for some three weeks. Then he seemed to give up all hope and took to his bed, and nothing would induce him to help himself. He was thoroughly examined, but no organic mischief was found in any of his other organs. Up to February, 1892, he remained at a standstill; but in the beginning of that month all the symptoms of pain—increased difficulty and frequency of micturition, rectal pain and constipation, and general emaciation—became more marked. The prostate increased rapidly in size, and some hæmaturia occurred occasionally. All these symptoms increased during February, March, April and May. The inguinal glands began to enlarge, and hard nodules were felt in the pelvis per rectum. The bowels were only relieved by enemata. The bladder was very contracted and urine constantly voided, but there was never any retention beyond about an ounce, which when drawn off consisted mostly of pus. The patient gradually sank and died of asthenia, quietly passing away on May 28th (seven months