March 21st the symptoms of general compression were much less marked. The patient discussed the question of operation rationally, and asked that something might be done at once. The right optic disc showed slight swelling not noticed before; the left remained unaltered. On March 22nd Mr. Gilbert Barling examined the patient with me, and agreed both as to the diagnosis of cerebral tumour and its locality and the advisability of operation. The patient, having been prepared the night before in the usual way, was anaesthetised with chloroform, and a horseshoe-shaped flap, including pericranium, was turned down, exposing the bone over the region of the right fissure of Rolando. After the hæmorrhage had been controlled and the flap wrapped in hot cyanide gauze, two discs of bone were removed with a 1 in. trephine. The discs were $\frac{1}{8}$ in. apart and situated on either side (horizontally) of what was judged to be a point immediately over the upper limit of the centre for the left arm. The two holes were united by Hoffmann's forceps and the opening in the bone increased by the same means till it measured 3 in. by 2 in. There was free oozing from the diploë at the anterior edge of the divided bone, but little elsewhere. This was checked by pressure with a pad of gauze. The dura mater, which looked unduly dark, bulged into the opening, felt very tense, and exhibited only a very faint pulsation. The dura mater was divided, and a flap turned up exposing the cortex, which bulged into the opening thus made and pulsated but feebly. Two large veins, much distended with dark blood, crossed the exposed cortex, and between these an incision was made which, a quarter of an inch beneath the surface, opened a large tense cyst without any definite wall. The cyst or cavity was situated immediately beneath the Rolandic area, and contained some three or more ounces of clear amber-coloured fluid, free from blood. The cavity passed deeply in the direction of the right lateral ventricle, but no solid growth or thickening could be felt. After the evacuation of the fluid the space appeared to close completely, and the pulsation of the brain became distinct. The cavity was kept free to drain itself by means of a strand of cyanide gauze; one stitch was placed in the dura mater, and the external flap replaced and fixed by silkworm-gut sutures and the wound dressed with cyanide gauze and wood-wool wadding. The operation (at which Mr. Barling very kindly assisted) occupied one hour and six minutes, and was well borne. After being conveyed to bed the patient soon began to regain consciousness, and intimated that he wished to pass water, which he did naturally. Up to 6 P.M. he seemed to be going on very satisfactorily. The dressings had twice become saturated with cerebro-spinal fluid, and the outer portions were changed by the nurse. The pulse was steady and between 60 and 70 per minute. The respiration was 20 and natural, and the temperature 99.4° F. Quite suddenly, at 6 P.M., the character of the respirations changed, some cyanosis was noticed, and the temperature rose to 103.4° in the left and 102.2° in the right axilla. At half-past seven mucus began to collect, and the temperature rose to 105° in the left and 104° in the right axilla, and the respiration to 43 per minute. There was no vomiting or any sign of convulsion, but unconsciousness had returned. At 10 P.M. breathing became still further embarrassed, and the intercostal muscles, which had previously been inactive, suddenly began to act vigorously. The temperature had risen to just short of 106° and 105° on the left and right side respectively and the respirations to 54 per minute. There was but little change from this condition till 4.25 A.M., when the pulse, which was being taken at the time, gave a bound and stopped suddenly. The respiration continued one minute after cessation of the pulse. The temperature registered 106° and 105° after death on the left and right side respectively.

It seems probable that the course of events in this case was the following. First, the slow development of a simple cyst in the right cerebral hemisphere with increase of intracranial pressure; that this gave way into, or formed a connexion with, the right lateral ventricle on Feb 2nd, occasioning the very severe convulsive seizure accompanied by cyanosis and unconsciousness, &c.; that a communication with the ventricles subsequently existed, keeping up an increased intraventricular pressure, which was present until relieved by the operation; and that the sudden relief of pressure was followed by œdema of the centres located in the floor of the fourth ventricle, with a consequent interference with their action, leading to the fatal result recorded.

Nuneaton, Warwickshire.

Clinical Notes : MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

A CASE OF INSOMNIA.

BY M. CHARTERIS, M.D.,

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS IN THE
UNIVERSITY OF GLASGOW.

A MAN aged thirty years consulted me on Oct. 15th, 1893, suffering from insomnia. He told me that he had always been a light sleeper, but to this he paid no particular attention; but owing to an unhappy circumstance he began to suffer from sleeplessness, which grew upon him to such an extent that it had been common for him, during a period of eight months, to have no sleep for a week at a time. In the month of May, 1892, he was advised to take sulphonal, of which he took in all from thirty to forty capsules of five grains each. His condition did not improve, and, acting on medical advice, he tried, during June, July, and August, bromide of potassium every night in a dose of twenty grains, but obtained only from one to three hours' sleep. The effect of the bromide seemed to be wearing off. He discontinued its use and went to the country for ten days. During these ten days, although free from all business, he had only one night's sleep of four hours' duration, and on returning to business in the beginning of September his condition became very serious. "By this time," he stated, "my head had become strange and work was a matter of difficulty. At night my heart beat so loudly that no matter in what position I lay I could hear it. During the day I was dizzy and full of morbid fears. Something ticked in the left temple and the eyes felt hot and fiery. At the end of September I had sunk into a state of depression, and, dreading to go to bed, wandered about the streets, had lost hope and formed resolutions of which I do not like to think now, and for which I can offer no very satisfactory explanation, yet they were as real and natural as sober and sensible thoughts are to a person in good health." When I saw him he was certainly in a very depressed and morbid state of mind, but he promised to follow my injunctions. These were as follows: to take an alterative pill of mercury and podophyllum at 4 P.M. on one day and on the following night six drachms of chlorobrom at bedtime. He was requested to return at the end of a week and to bring with him notes of his case. This he did, and I found that a six-drachm dose had each night secured a sleep of five hours' duration. He continued to take this dose for five weeks, and each night had the same average amount of sleep. At the end of five weeks I considered it advisable to decrease the dose to four drachms nightly. He took this dose for four weeks, and the average amount of sleep remained the same. Then for four weeks the dose was reduced to one drachm, and with this small dose he had from five to six hours' sleep. On Jan. 19th, 1894, he saw me again, and gave me a tabulated statement of his doses for three months. This, though interesting and instructive, would be too lengthy for insertion, but it bore out completely his verbal statements. In the month of June last he called again. He was then able to secure refreshing sleep without the hypnotic and his physical and mental condition was perfect. Work was again a pleasure to him and life was worth living.

Note.—In a similar way I have treated successfully less pronounced cases of insomnia. The habit of taking the solution does not grow on the patient, and its exhibition is attended by no depression or derangements of digestion.

Glasgow.

POISONING BY EXALGINE.

BY F. GRAHAM CROOKSHANK, M.R.C.S. ENG.,
L.R.C.P. LOND.

A SINGLE woman aged thirty, extremely thin, was under my care for severe asthma and consequent insomnia. On May 3rd of this year she was given by a friend, without my knowledge, five grains of exalgine. Within five minutes "she

screamed out, becoming perfectly stiff." Twenty minutes later, when I saw her, she was profoundly unconscious, her respiration being very shallow and infrequent and rapidly failing. The lips and finger-tips were markedly cyanosed and the extremities were cold; the pupils were widely dilated and fixed; the knee-jerks were absent; the pulse was 95, small and feeble. One-fifth of a grain of apomorphine was given at once, but failed to produce emesis. Free stimulation with brandy and coffee, vigorous flagellation, faradisation, and occasionally artificial respiration were employed for three hours, at the end of which time the cyanosis had nearly disappeared and respiration was fairly well established. The patient, when roused, was incoherent and failed to recognise her surroundings, rapidly relapsing into unconsciousness. About an hour afterwards there was an evident tendency to heart failure, the pulse dropping repeatedly below 50 and becoming irregular and feeble. Ether was given at regular intervals hypodermically. Nine hours after taking the drug the pulse and respiration were both good, the pupils reacted well, and the knee-jerks were present. No urine could be drawn off with a catheter. The next day the patient was perfectly well except for aphonia, which lasted for some hours. The points of interest in the case appear to be the rapidity of the onset of the toxic effects and the evident danger in giving even moderate doses of exalgine—a respiratory poison—to asthmatics.

Leysfield-road, W.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

TUBERCULOUS ULCERATION OF THE BLADDER TREATED BY SUPRA-PUBIC CYSTOTOMY AND CAUTERISATION.

(Under the care of Mr. C. MANSELL MOULLIN.)

THE number of cases in which it is necessary to perform supra-pubic cystotomy for the treatment of tuberculous disease of the bladder is limited. Usually it is possible to deal satisfactorily with the condition without operation, especially by means of iodoform emulsion or perchloride of mercury and other injections, or in the female by the application of solutions of lactic acid applied through the urethra. The operation has been carried out for two conditions—(1) tuberculous disease of the mucous membrane of the bladder of unknown extent associated with signs of tubercle elsewhere; and (2) tuberculous disease occurring in the form of a single large ulcer or of several ulcers, the disease being apparently limited to the interior of the bladder, and there being no manifestations elsewhere. In the first of these groups the operation could not be expected to prove curative, yet the record of a case given by Reverdin is very encouraging; both testes and cords were affected, the prostate was diseased, and a perinephritic abscess subsequently developed. The supra-pubic fistula was difficult to close, yet at the end of two years the patient could retain urine for from one hour and a half to two hours, and passed urine which was quite clear without pain. The second group gives a better prospect of cure, but the rarity of the condition is proved by the fact that Mr. Moullin's case affords the second example only of this operation that has been published in this country since Mr. Battle's successful case in 1890. That cauterisation is not essential is evident, as the case under the care of the former surgeon, we learn, continues in good health, but it has been generally used after the cystotomy. Cases which may be added to the list of those given by Mr. Moullin are mentioned by Reverdin,¹ Ivesen (1), Schatz (1), Trendelenburg (3), Guyon (2), Poncet (1), and Roux (1). Dr. L. Bolton Bangs² has also written on the subject.

¹ Sajous' Annual of the Universal Medical Sciences. 1893, vol. iii., E 19.

² Journal of Cutaneous and Genito-urinary Surgery. May, 1892, New York.

A woman twenty-two years of age was admitted into the London Hospital in January, 1894, suffering from cystitis. Her illness began three years before with an attack of hæmaturia which lasted upwards of six weeks. Apparently it was caused by lifting a heavy weight. At the same time micturition became more frequent. There was no pain, but she grew weak and ill and was unable to continue at work as a domestic servant. A few months later, after resting at home, she began to suffer from pain shooting down the right leg from the loin. Micturition became more and more frequent, until at last it took place nearly every hour. Each act was attended by intense smarting, felt chiefly at the neck of the bladder and continuing for some time after the bladder was emptied. Blood made its appearance again. The urine became foul and loaded with mucus; and for the six months previous to admission the suffering was so great that she was almost confined to bed, any attempt at walking causing intense dragging pain over the pubes. The patient was slightly built, but fairly well nourished. There was no history of previous illness of any importance. The lymphatic glands were not enlarged, the heart and lungs were normal, and there was no history of phthisis in the family. The hypogastric region was very sensitive to pressure, but there was no tenderness over the kidneys on either side. Micturition was exceedingly frequent, night and day, and was accompanied by the greatest suffering. The average amount of urine passed in twenty-four hours was only twenty-five ounces of 1015 specific gravity. It was alkaline in reaction, always contained a large amount of blood intimately mixed with it, and threw down a heavy precipitate of blood, mucus, pus, and phosphates. Microscopic examination showed the presence of tubercle bacilli upon one occasion. Benzoate of ammonia was given internally and the bladder was washed out at regular intervals with boracic acid and lactic acid, but without result. No improvement followed, and as the patient, who had been under treatment for many months, was beginning to lose weight, it was determined to explore the bladder under an anæsthetic. A number of ulcers coated over with an adherent, bloodstained, caseous deposit were found just inside the orifice. A week later supra-pubic cystotomy was performed. The sides of the bladder were held apart with sutures passed through the edges of the muscular coat; a Ferguson's speculum was introduced through the wound, and all the ulcers that were accessible were scraped and cauterised with Paquelin's cautery. Those that were situated on the anterior surface of the bladder, and which could not be reached in this way were scraped with a Volkmann's spoon, and then iodoform was thoroughly rubbed in. All the ulcers were situated near the orifice of the bladder; there were none to be seen or felt on the fundus. The lower angle of the wound was left open and a drainage-tube introduced into the bladder; the rest was sutured and dressings of sal alembroth gauze and wool applied. The tube was shortened on the third day and removed a few days later. Urine, acid in reaction, was passed naturally on the fifteenth day, and at the end of three weeks the wound was soundly healed and the patient was allowed to get up. At first there was considerable pain on micturition, but this soon wore off. Five weeks after the operation the patient passed urine four times during the day and twice at night. Six months later, when she was seen again, the frequency during the day remained the same, but she had to rise only occasionally at night. The urine was acid and contained only a little mucus, and the patient had gained flesh and strength.

Remarks by Mr. MANSELL MOULLIN.—The number of cases in which supra-pubic cystotomy and cauterisation have been performed for tuberculous disease of the bladder is not very large. Guyon³ has recorded two; Reverdin⁴ one; Battle⁵ one, in which owing to the size of the ulcer, chloride of zinc was used instead of the actual cautery; Pilcher⁶ four; and Bell⁷ three. In three cases Bardenheuer⁸ has dissected away the entire mucous membrane, practically abolishing the bladder, for very little of the lining was reproduced. In nearly every case of cauterisation the results as reported were good, and there can be little doubt that in many instances this operation might be resorted to with advantage at a much

³ Leçons Cliniques sur les Affections Chirurgicales de la Vessie.

⁴ Annales des Maladies des Organes Génito-urinaires, January, 1888.

⁵ Transactions of the Clinical Society of London, 1890.

⁶ New York Medical Journal, March, 1892.

⁷ Journal of Cutaneous and Genito-urinary Disease, August, 1892.

⁸ Centralblatt für Gynäkologie, No. 14, 1894.