those between the periphery and the cord, or *vice versa*. A reference to previous recorded cases of heavy brain reveals the interesting fact that the heaviest of all was found in an imbecile, while several others of extraordinary weight, including the subject of this paper, have been those of inmates of asylums. Unfortunately in most cases no record of microscopic examination is given, so that it is impossible to say whether the weight was due to such an abnormal condition as has been described or not. That some morbid change would have been found if looked for may, I think, be safely asserted, and the necessity for such an examination in subsequent cases is all the more demonstrated.

Literature of the subject.—There is a reference in Hack Tuke's Dictionary of Psychological Medicine, article "Brain, Anatomy of," to a case recorded by Dr. Levinge. The brain weighed 1993 grammes (70.5 oz.) and belonged to an imbecile, an inmate of Hants County Asylum. The following may also be consulted:—Bergmann: "Einige Bemerkungen über das Gewicht des Gehirns" (*Allgemeine Zeitschrift für Psychiatrie*, 1852, vol. ix., p. 361); Boyd: *Philosophical Transactions*, 1861, cli., p. 241; *Brit. Med. Jour.*, vol. ii., 1876, p. 425; Sir J. Crichton-Browne: *Brain*, vols. i. and ii., 1879; Clapham: *West Riding Asylum Reports*, vols. iii. and iv.; Hills: *Proceedings of the Connecticut Medical Society*, 1878, p. 161; Lawson: *THE LANCET*, vol. ii., 1875, p. 306 (weight of brain of senile dement, 64 oz.); Marshall: *Journal of Anatomy and Physiology*, July, 1892; Morris: *Brit. Med. Jour.*, vol. ii., 1872, p. 464 (weight of brain, 67 oz.); Obersteiner: *Centralblatt für Nervenheilkunde*, 1890, p. 193; and Wilson: *Edinburgh Medical Journal*, January, 1891, p. 650 (weight of brain, 64 oz.).

Morningside, Edinburgh.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

RAILWAY OR TRAIN SICKNESS.

BY J. A. SHAW-MACKENZIE, M.B. LOND., M.R.C.S. ENG.

INQUIRY elicits the fact that there are many who suffer from railway sickness. I am not aware that direct attention has been given to this special cause of megrim; I am satisfied, however, that the inconvenience is real and that there are many who are more or less knocked up by a long journey, and in whom a railway journey of two hours produces as much dread and misery as a sea passage. I venture to draw attention to the value of sulphonal in these cases, and to suggest its further and more extended trial in both railway and sea journeys. In children train sickness is common, while in adults railway megrim varies from undue fatigue and inability to sleep the same night to intense headache, sickness, and prostration coming on after some two hours in the train. The dose of sulphonal would vary, of course, according to the severity of the symptoms and the length of the journey. In my own case I find that ten to fifteen grains are sufficient for the day journey to Edinburgh, while twenty to thirty grains in divided doses are necessary for the night and day journey to the North of Scotland. The following cases are further illustrative. 1. A married woman who generally suffers from headache, nausea, and sleeplessness after a long journey took on starting fifteen grains of the drug. She travelled from London to Newcastle-on-Tyne on a day journey without headache and sickness, while refreshing sleep followed at night. 2. Another married woman who journeyed from Paris to Pau, on taking ten grains, felt well and fresh, while her governess and little boy, who are usually sick, travelled better and were not sick on taking ten and five grains respectively. She thinks a second dose might have been taken by them with advantage. 3. A single woman who journeyed from London to Cannes, after taking fifteen grains, did not feel the journey more than in going from London to York, though usually knocked up. I might say I have tried antipyrin, phenacetin, the bromides, and chloral, but have not experienced the same benefit as with sulphonal. An aperient dose the day before travelling is, I think, advantageous, while facing the engine or lying down is helpful. As to the value of sulphonal in sea-sickness

I can only produce three cases in its favour. Many patients who suffer from railway sickness do not suffer from sea-sickness, or only slightly. 1. A married woman travelling from London to Guernsey, who was usually sea-sick, after taking ten grains had a good journey and was not sick. 2. A single woman travelling from London to Flushing, who was always sea-sick in the calmest weather, after taking fifteen grains slept well and was not sick, arriving fresh. 3. A married woman travelling from London to Dublin, who had always been sick and dreaded the journey, after taking ten grains slept well, was not sick, and arrived altogether fresh and well.

Savile-row, W.

FOREIGN BODY IN THE FOREARM FOR SEVEN YEARS.

BY W. OWEN EVANS, L.R.C.S., L.R.C.P., L.M. EDIN.,
L.F.P.S. GLASG.

THE curious case about to be recorded came under my notice recently; it is that of a man who came to me complaining of most severe pain in his forearm. On examination I found the anterior aspect of the forearm to be very much swollen, livid, and indurated over a great area, at the centre of which was a small pin-head-sized opening, about four inches from the bend of the elbow. Before I proceed further with the case I may say that this man met with a somewhat trivial accident some seven years ago, which resulted from a fall in trying to escape from a shot which was about to be fired down a coal-mine. The result of the accident was that the man had a small wound on the posterior aspect of his forearm, which bled profusely at the time. He immediately proceeded to the colliery surgeon, who dressed the wound, which healed in the course of a few days. After that the man returned to his work; but in about two years he complained of pain at the seat of the old injury, and, becoming unable to work, he again visited the surgeon, who painted the painful spot with various lotions and liniments, but without success. The patient, however, managed to go to work off and on until last September, when he was forced to give up owing to the most excruciating pain, sleeplessness, and anxiety. Up to two months ago he consulted various medical men, who advised rest and poulticing, but without success, and he came to my surgery as a last resource. As he said then, he at first avoided coming to me, being under the odd impression that I was a butcher and that I would remove his whole arm. At last he plucked up sufficient courage to come, with the result that I immediately probed the pin-head-sized opening to the depth of three inches and there detected a foreign body. Needless to say, I had to coax for a long time before I could get consent to make an incision. After great deliberation he gave in, and the result was that I began work and extracted with a slight twist of my dressing forceps an irregular piece of rock, which had become rooted in the depths of the forearm, weighing eleven and a half grains, half an inch long, and three-eighths of an inch broad in its widest dimensions. I dressed the wound with antiseptic dressings for five weeks, when it healed up well. The man has since resumed his duties with no ill effects except that he has had very slightly a peculiar tingling sensation in his little finger and half the next finger, the area which is controlled by the ulnar nerve. I attribute the tingling sensation to a slight twig of that nerve becoming attached to a little puckering at the corner of the wound.

Buckley, near Chester.

TEREBENE CONTRA-INDICATED IN GOUTY KIDNEY.

BY CHARLES W. CHAPMAN, M.D. DURH.,
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TEREBENE is so useful a remedy in some forms of chronic bronchitis that it is important to note any condition in which the exhibition of the drug may be harmful to organs which it is undesirable to stimulate. A man aged fifty-eight years, who had been subject to gout for many years and to bronchitis for the last eight winters, cough and wheezing being nearly always present, sought advice owing to the cooing in his chest disturbing his rest at night while