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