

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.,
MEDICAL SUPERINTENDENT, MAVISBANK ASYLUM, EDINBURGH.

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

after the first uneasy signs), never having had any delirium or comatose symptoms.

Necropsy.—This was imperfect, as only the tumour was allowed to be removed. This and the bladder, with some lumbar glands, were removed, and with much difficulty, as the growth was extremely adherent to the adjacent structures. The growth was found on examination after removal to surround all the lower half of the bladder, the ureters, vesiculæ seminales, vasa deferentia, spermatic cord, and the membranous portion of the urethra, and to be pressing on the rectum. The inguinal and lumbar glands were all enlarged and hardened. The growth appeared as an enormous enlargement of the whole of the prostate.

Microscopical examination.—Sections of the tumour, stained with logwood and mounted in Canada balsam, showed as chief characteristics a great growth of fibrous tissue appearing in wavy bundles and running in various directions, whilst at some places there were collections of cells the outlines of which were indefinite, but which were mostly small round cells, and these were commencing to infiltrate the growth.

Remarks.—I have thought it worth while to publish this case, as "malignant disease of the prostate" is a rare affection, especially "primary" malignancy of that organ. I regret that the other organs could not be examined, but the primary character of the case is shown by no symptoms being referable to, and nothing abnormal being detected during life in, any other organ except the prostate. Clinically, the extreme malignancy of the growth is proved by the rapid emaciation of the patient, the quick enlargement of the growth, and the occurrence of metastatic enlargement of the inguinal and lumbar glands; and pathologically it is shown by the great irregularity of the tumour and by its involving and being very adherent to all the adjacent structures, and not merely appearing as a simple hypertrophy of the gland. Microscopically, the fibrous tissue seen is what would occur in a case of simple enlarged prostate, but the infiltrating cells, though indefinite in outline, seemed mostly to tend to a small round type. Whether the growth was scirrhus, encephaloid carcinoma, or sarcoma remains doubtful.

Havelock-road, Hastings.

NEPHRITIS OF OBSCURE ORIGIN IN SEVERAL CHILDREN OF ONE FAMILY.

By A. H. BENSON, L.R.C.P. LOND. &c.

A CHILD aged twelve months was first seen on April 6th, 1889. There was general anasarca. His parents had not noticed that he was ailing till the same morning. The urine, which was of high specific gravity, was almost solid with albumen. The dropsy somewhat decreased under treatment, but convulsions set in which terminated fatally on May 1st. On April 26th, 1890, another child, aged four years, was noticed to be unwell and the urine was tested; again albumen in considerable quantity was detected. No further symptoms developed till the middle of 1891, when dropsy of the scrotum and legs set in. This disappeared under treatment and he remained well to all outward appearance, though there was still a large amount of albumen. In the spring of 1892 the quantity of albumen increased. Sickness and convulsions came on, which proved fatal on May 1st. At the necropsy all the organs were found to be healthy except the kidneys, which were pale and somewhat enlarged. Whilst he was ill, yet another child (born a day or two after the death of the first patient) was found to have a trace of albumen in his urine, which rapidly increased. He also became dropsical and died in convulsions about a year after the albumen was first noticed. And now, to finish the series of cases, the baby, aged thirteen months, is in the same condition. The urine is scanty, of high specific gravity, and simply loaded with albumen. There is no trace of blood or casts. At present there is no dropsy. The parents are first cousins. The mother had post-scarlatinal nephritis when a girl, but recovered completely. There is no other case of kidney trouble on either side. The two eldest children are healthy. There is no history of scarlet fever or diphtheria, nor has there been any in the village, to my knowledge, within the last five years. The house, well built and drained, lies rather low down in a somewhat marshy district, where I believe ague was prevalent

some twenty years ago. The treatment has included rest in bed, milk diet, vapour baths, free purgation, with the various diaphoretics and diuretics, perchloride of iron in full doses, fuchsin, apocynum, diuretin and chloral hydrate. I have had the assistance of Drs. Frederick Roberts Rossiter, Shingleton Smith, and Messrs. Chadwick and Collins. I should be extremely grateful for any help as to treatment for the remaining case, also for any explanations of four children in the same family being affected in the same manner without any apparent reason.

Wrighton, Somerset.

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.

ST. BARTHOLOMEW'S HOSPITAL.

INTESTINAL OBSTRUCTION PRODUCED BY A BAND;
ABSENCE OF MARKED SYMPTOMS FOR FIVE DAYS;
LAPAROTOMY; RECOVERY.

(Under the care of Mr. HOWARD MARSH.)

THIS case is interesting as an example of intestinal obstruction due to a band, in which the symptoms were somewhat modified in character. There was apparently no history of previous abdominal attack, although the constricting band was regarded as probably of inflammatory origin, a history met with in more than half the cases. In other cases the band may be formed by the attachment of the free border of the mesentery, by Meckel's diverticulum or by the abnormal attachment of a normal structure (such as the vermiform appendix), whilst a similar result is effected by the passage of a loop of bowel through a hole in the mesentery or omentum. The usual course of these cases is very acute, with collapse, thirst and diminished urine. In 60 per cent. the vomiting becomes stercoraceous by the forty-fifth day, and the patient quickly sinks unless relieved by operation.

A Blue-coat boy aged fourteen was admitted into the infirmary of Christ's Hospital, under the care of Dr. Alder Smith, on Oct. 24th last, with the history that on the previous day he had been attacked with sickness after eating unripe pears. An aperient was given, but the bowels did not act and he was sick several times during the day. Abdominal pain was slight and there was no distension; nothing abnormal could be felt; the temperature was normal. On the 25th sickness occurred twice or three times during the day and the bowels did not act; an oil injection was given, but it was not retained; the boy felt very little pain. On the following day he was still sick. Small doses of opium and an injection, which, however, brought away no faecal material, were ordered; he took only a little milk and a small quantity of beef-essence. On the 27th nothing could be made out by examination of the abdomen; the temperature was normal, there was no pain, very little distension and no sickness. By the 29th there was no further sickness, distension or pain, but the bowels had not been opened. Later in the day faecal vomiting suddenly commenced, but the boy's condition remained good, and he complained of only slight pain. At 8 P.M. Mr. Marsh saw him for Sir W. Savory, with Dr. Andrew and Dr. Alder Smith. The abdomen was only slightly distended, but coils of intestine could be seen through the abdominal wall. As the bowels had not acted since the commencement of the illness six days before, as faecal vomiting was present and coils could be seen, it was decided to perform laparotomy. When the abdominal cavity was opened by an incision below the umbilicus distended coils of small intestine presented. Two fingers passed through the wound detected nothing abnormal in the right iliac fossa or elsewhere. Two or three ounces of blood-stained serum escaped. Search was now made for the obstruction, starting