there was a slight diminution of the discharge, the temperature rising at night to 100°. On the 12th the temperature rose from 98·8° in the morning to 102·2° in the evening, on the 13th it rose from 99·6° to 103·4°, while on the 14th it dropped from 104·4° to 103·4°. On the 15th there was still much discharge, the morning temperature being 104·2° and the evening 106·4°. The typhoid character of the temperature continued for the next two days, rising from 104·6° to 106·4° on the 16th, and from 101° to 104·8° on the 17th. On the 18th the morning temperature was 101·4° and the evening temperature was 101·6°. The discharge had diminished. He was dull, stupid, and irritable, and appeared to have difficulty in collecting his thoughts when trying to answer questions. On the 19th the temperature, which was 99·2° in the morning, rose to 104·8° in the evening. On the 20th the morning temperature was 99·6° and the evening temperature was 103·2°. An accumulation of pus was incised and evacuated over the left elbow-joint. On the 21st an abscess over the left metacarpus was opened. The discharge from the ear, which had diminished somewhat, became more copious. Perspiration was very profuse, alternating with rigors. When addressed he "rambled" in an incoherent manner. The morning temperature was 102° and the evening temperature was 101°. On the 22nd the temperature in the morning was 100°. A collection of pus over the right ankle-joint was opened. The condition of the patient was very grave. There was marked pallor of the countenance and he was unable to speak, though able to take fluid nourishment. He died at 12.30 P.M.

Extract from post-mortem book.—The dura mater over both petrous and mastoid portions was unaffected, as were also both anterior and posterior surfaces of the petrous and external surface of the mastoid. There was no change in the lateral sinus. The bone forming the roof of the tympanum was removed and disclosed pus in that cavity. The mastoid antrum was full of thick, cheesy pus; its walls were thin but hard and dense. Free communication existed between this cavity and the tympanum.

Remarks.—It seems reasonable to suppose that the injury inflicted in January, 1893, interfered with the nutrition of the mastoid cells and was the starting-point of the whole train of ill-effects, while the fall on Nov. 16th, 1899, hurried on the process to a fatal termination. Several circumstances in the case strike one as being peculiar: (1) the fact that the disease commenced in the mastoid portion and spread to the middle ear, instead of *vice versa*; (2) the long period of latency during which the only symptoms were deep-seated pain and slight deafness; (3) the rapid progress to a fatal termination when once the process had spread to the tympanum; and (4) the limitation of the disease to the mastoid and tympanic cavity, and the non-implication of the membranes and lateral sinus, although the ultimate cause of death was pyæmia.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

INTESTINAL OBSTRUCTION DUE TO GALL-STONES.

BY E. W. PALIN, M.B. OXON.

THE following notes may be of interest in connexion with the case recorded by Mr. John J. Waddelow in THE LANCET of April 28th (p. 1205). The case occurred in my practice very recently.

A woman, aged 80 years, was suddenly seized with symptoms of acute intestinal obstruction which persisted in spite of treatment until the sixth day, when complete relief followed the passage of a gall-stone measuring a little over one inch in diameter by three-quarters of an inch in thickness, nearly round, and well saturated with fæcal material. Several smaller stones were passed but unfortunately they were lost. There had never at any time in the patient's life been any symptoms pointing definitely to any gall-bladder trouble, but she passed through a very similar attack of obstruction some five or six years ago. Though the obstruction was complete for at least six days her condition never became

extremely bad. Distension slightly progressed from the third to the fifth day, but was never great. She did not suffer from shock. The pulse remained fairly strong for an old woman. The tongue was dry but not brown. Vomiting was never fæcal; incessant at first it latterly diminished in frequency, and she always sat up to vomit. These considerations would probably have induced the most ardent laparotomist to pursue an expectant treatment, even if the age and surroundings of the patient had not been such as to contra-indicate operative interference.

Ryburgh, Fakenham, Norfolk.

A MISHAP WITH CARBOLIC ACID.

BY C. H. L. JOHNSTON, M.D., L.R.C.S. EDIN.

AN inebriate, whose family I have attended for many years, being on one of his periodical outbreaks, returned home in the early afternoon very much intoxicated. After a time, being thirsty, he looked about for something to drink and seeing a bottle filled with what he judged to be lager beer put the bottle to his mouth and drank the contents. The bottle contained an ounce of carbolic acid in liquid form, or 90 per cent. of the pure acid, mixed with several ounces of paraffin oil, such as is used for illuminating purposes and which the women of the family were using in a sanitary way. When it was discovered what he had done his friends gave him mustard and warm water and sent for me. I saw the man soon after, when he was vomiting and had evidently got rid of the poison. There was no erosion of the lips, mouth, or throat, and he recovered without a bad symptom. Possibly the paraffin oil may have modified the effects of the acid.

St. John, New Brunswick.

NOTE ON SIMULTANEOUS EXCISION OF BOTH MAMMÆ, WITH AXILLARY GLANDS, FOR CANCER.

BY HERBERT SNOW, M.D. LOND., &C.,
SENIOR ACTING SURGEON TO THE CANCER HOSPITAL.

A PATIENT, aged 41 years, with one child, consulted me on April 3rd, 1900, for a tumour of the right mamma. She was a spare but very healthy-looking woman who lived in the country and had never previously experienced a day's illness. The organ formed a hard prominent mass as large as an orange; it was freely mobile on the fascia, though becoming adherent to the skin. The axillary glands were slightly enlarged. The usual casual darts of lancinating pain were becoming more frequent. The left breast was not complained of, but examination showed this also to be occupied by a hard atrophic scirrhus deposit around the root of the nipple which was somewhat retracted. The duration-time could not be ascertained. The left axilla contained a cluster of hard glands as large as beans. Both mammæ were removed and both axillæ were completely evacuated on the 7th. No shock or other untoward symptom followed. Perfect union had taken place by the 23rd and the patient went home to all appearance quite well on the 26th. The only suspicious indication then was a slightly enhanced prominence of the sternum in its upper third, suggestive of marrow infection per the residual thymus.

Remarks.—Excision of both mammæ for cancer, even when feasible, is rarely justifiable, whether it be performed at one sitting or in two stages separated by a long interval. The secondarily infected organ hardly ever betrays its condition without concurrent physical signs of extensive visceral deposit due to general blood contamination and negating all operative procedures. An indication of the fact that the second mamma, even after the lapse of years, derives its infection from the first is to be found in the point, not I think generally recognised, that the glands in its corresponding axilla enlarge before and not after the discovery of the mammary "lump." Here, however, the excellent physical health of the patient, the absence of any sign of visceral deposit, the mobility of both the organs, and the differing characteristics of the carcinomatous growths in each—one protuberant, the other shrunken and withered—rendered the case unique in my experience, and seemed to indicate the double operation, though only as a preliminary to medicinal treatment.

Gloucester-place, W.