During the next two days the temperature did not exceed 99.5°. On the morning of May 14th it was 99°, but there was a very severe urticarial rash all over the body. The irritation was intense. In the afternoon the patient had a rigor, followed by acute pain in the abdomen and sickness. The temperature was 104°, pulse 120. Three 6-gr. doses of quinine were given at two hours' interval.

On May 15th the morning temperature was 98.5°, the pulse 84. She had passed a good night; the rash was much better and the pain practically gone. The evening temperature was 100° and the pulse 90.

On May 16th the morning temperature was 101° and the pulse 106. She complained of pain and tenderness over the left hip-joint. In the evening the temperature was 102°, the pulse 110, and the left hip, ankle, and right wrist-joints swollen and very tender.

On May 17th the morning temperature was 103°, and several of the other joints were swollen and tender. The evening temperature was 104°, and the pulse was 140. The heart and lungs were apparently healthy.

On May 18th the morning temperature was 103.5°, the pulse 140, and almost every joint was affected. The evening temperature was 104°, the pulse 140. There was thrombosis of the right femoral vein.

On May 19th the temperature was 103.5, the pulse 140. The right femoral vein was very tender and painful. Dr. T. Stevens, who saw the patient with me, agreed to the injection of 20 c.cm. of the serum, and at 6 P.M. this was given.

On May 20th the morning temperature was 104°, the pulse 145. For about 12 inches on either side of the site of the last injection the skin was hard and infiltrated, and presented the signs of phlegmonous erysipelas. In the evening the temperature was 104.5°, the pulse 140. She complained of much pain in the inflamed wall of the abdomen, and great tympanites and sickness.

On May 22nd the temperature was 101°, the pulse 108, and the general condition was greatly improved.

On May 25th a large abscess in the wall of the abdomen was opened, and the patient continued to make a splendid recovery.

REMARKS.

Although no culture was made I think the virulence of the symptoms left little doubt as to the presence of streptococci. The cause has not to be far sought for. The nurse in attendance, though provided with a new syringe, preferred to use an old one, the gift of some kind friend, and with a history of having been used for washing out an abscess some twelve months previously.

It was not till two days after 70 c.cm. of the serum had been injected that any uncomfortable symptom was noticed. This was a very severe attack of urticaria, which rapidly disappeared after two or three large doses of quinine.

The abscess which followed the injection of 20 c.cm. I am quite unable to explain. The same strict antiseptic precautions were taken as on the seven previous occasions. The cause, I think, must be sought for either in some default of the serum itself or from the fact that the tissues under the skin were already too much taxed, as all the injections were made within 1 inch of the same spot. Altogether 90 c.cm. were injected. The serum was supplied by Burroughs, Wellcome and Co.

CASES OF OBSTRUCTION OF THE SMALL INTESTINE BY GALL-STONES.

By W. J. CANT, L.R.C.P., M.R.C.S.,

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IN THE BRITISH MEDICAL JOURNAL of September 25th Dr. Bradbury records two interesting cases of intestinal obstruction from gall stones, and remarks on the rarity of this cause of obstruction. Since December, 1894, I have seen three such cases, and as I have heard of others it seems to me probable the disease is not so uncommon as is generally supposed. The following is a short record of the three cases.

CASE I.—On December 5th, 1894, I was called in consultation to see a woman of about 65 years of age, suffering from intestinal obstruction of some

days' duration. She had stercoraceous vomiting, and was suffering great pain with exhaustion. I decided to perform laparotomy. On examining the intestine I found a hard concretion low down in the ileum. I brought this to the surface, made a longitudinal incision in the intestine, and removed a large gall stone. The wound in the intestine was united by Czerny-Lembert sutures, the intestine returned, and the operation completed. The sickness stopped, and for some days the patient seemed to be going on favourably; but her strength gradually failed, and she died in about a week after the operation. A post-mortem examination was not granted, but as there was no peritonitis, vomiting, or pain it seems probable the wound of the intestine had healed and death was caused by the bruising and distension of the bowel by the passage of the gall stone.

CASE II.—On August 13th, 1897, I saw in consultation a man, aged about 48. He was collapsed, and his condition almost hopeless, having had complete obstruction for some days, with stercoraceous vomiting. At the urgent request of the patient I performed laparotomy, and removed a large gall stone from the intestine. The operation was completed as before, but the man died shortly after.

CASE III.—On March 1st, 1897, I saw a woman, aged about 50. She had had obstruction for a few days with severe vomiting, but its stercoraceous character was doubtful. The patient was in a fair condition. Laparotomy was performed, and the operation completed as in the other cases. She made an uninterrupted recovery, the temperature never rising above the normal, and all symptoms disappearing after the operation.

Case III.—Photograph of stone in two positions.

In two of these cases I attempted to break up the concretion with a needle as suggested by Mr. Teale, of Leeds, but this I failed to effect. None of these patients had previous symptoms of gall stones but only bilious attacks, nor had they previous to the obstruction suffered, so far as I could ascertain, from severe pain. The vomiting at first was markedly of a bilious character, and gradually became stercoraceous.

In my opinion in these, as in most cases of acute intestinal obstruction, it is advisable to operate as soon as obstruction is diagnosed. By waiting, the condition of the patient becomes worse, and the rough stone being forced down by peristaltic action causes damage to the intestine, and so very much diminishes the chances of recovery. As the intestine diminishes in size towards the ileo-cæcal valve the obstruction only increases as the stone advances.

THE SUSPENSION OF A POOR-LAW MEDICAL OFFICER.—The Local Government Board of Ireland, having received the report of their inspector, have removed the suspension of Dr. Robert Cochrane, medical officer of the Longford Workhouse hospital.