were irregular and of firm consistence. All masses were slightly movable, and palpation did not cause pain. The upper growth did not involve the inferior maxilla. The lowest palpable growth was just above the sternoclavicular articulation. The skin was freely movable over the growths and was of normal color. Pupils were equal and reacted normally. Examination of larynx showed involvement of right recurrent laryngeal. A specimen was removed by Dr. Kinsella and the pathologic department reported the growth to be an endothelioma. Removal was advised.

Operation.—Under ether anesthesia preceded by morphin and atropin, the vessels were exposed just above the sternoclavicular juncture; a Crile clamp was placed on both artery and vein. The usual Z incision was made, the flaps were dissected up and the growths including the sternomastoid muscle, the internal jugular vein and the submaxillary gland were removed *en bloc*. The carotid artery and pneumogastric nerve were more or less adherent to the mass and infiltrated, but owing to the pathologist's report that the growth was not malignant and in consideration of the patient's age, it was deemed advisable not to excise these structures. A small rubber tissue drain was placed in a stab-wound at the lower part of the operative field. The flaps were approximated with catgut.

Postoperative History.—Patient was placed in a sitting posture. On the fourth day he was up and about the ward. The wound had practically healed within a week and the patient was feeling fine, although the hoarseness had not disappeared.

NOTE.—While correcting the proof sheet, I learned that the patient had two lymph-nodes removed from the left side of neck shortly after the first operation, and had developed erysipelas, from which he recovered.

4826 Delmar Avenue.

A NEW CASE OF DUODENAL STENOSIS

JAMES M. ANDERS, M.D., LL.D., PHILADELPHIA

Patient.—Mrs. S. B., aged 56, was admitted to the Medico-Chirurgical Hospital on Jan. 5, 1912, complaining of pain in the right hypochondrium and vomiting. Her family history was negative, excepting death of father from rheumatism. The patient had been in good health prior to four years ago, but since then had had several attacks of illness, which were diagnosticated acute gastritis. Her habits were good, although she had used tea freely. Dec. 21, 1911, following a severe headache and a feeling of weakness, the patient was seized with severe pain in the right hypochondrium, which lasted about three minutes. This pain was not referred, but recurred three or four times daily, apparently without relation to the time of the ingestion of food, until date of admission to the hospital, and was somewhat relieved by vomiting. Following the first attack of pain, jaundice was noticed. After coming to the hospital, her condition showed marked improvement for a time, the attacks of pain and vomiting ceased, and the jaundice diminished considerably.

Examination.—There was some tenderness in the right hypochondrium and a small mass was palpable, which did not move with respiration. An *x*-ray examination did not reveal gallstones, but showed the pylorus to be in relation with the gallbladder region, suggesting adhesions. An examination of the urine revealed a trace of albumin, a small amount of bile, a trace of indican and a few narrow hyaline casts. Cammidge reaction was negative. A blood-count Jan. 6, 1912, showed erythrocytes, 3,860,000; hemoglobin, 80 per cent., and leukocytes, 11,600. Repeated examinations of the feces gave negative results. Jan. 17, 1912, an examination of the gastric contents extracted one hour after a test-breakfast, gave the following result: Reaction, acid; total acidity, 60; free hydrochloric acid, 0.1 per cent.; lactic acid, negative; pepsin, present; starch digestion, stage of erythrodextrin; occult blood, negative; bile, negative; mucus, a small amount.

Up to this time, the patient's condition had been improving, but now vomiting recurred. There was no recurrence of the pain over the gall-bladder region, but the patient vomited frequently large quantities of bile-stained fluid. January 23, there occurred a severe chill, and the pulse became more rapid and feeble. The temperature pursued a very irregular course, varying from a subnormal level to 101.6 F. An examination of the blood at this time showed a leukocytosis of 25,200; the differential leukocyte count resulted as follows: Polymorphonuclear cells, 81 per cent.; small lymphocytes, 7 per cent.; large lymphocytes, 11 per cent., and eosinophils, 1 per cent.

Operation.—January 26, Dr. Ernest Laplace operated and found the duodenum markedly adherent to the under surface of the liver, and kinked at the site of adhesions. Situated between the duodenum and the liver was the much-shriveled gall-bladder. It was necessary to tear away the liver tissue in breaking up the adhesions, leaving an excavation in the liver, considerable hemorrhage resulting. The gall-bladder could not be liberated from the duodenum, and owing to the patient's weakened condition, it was deemed advisable to desist before the operation was completed.

The patient died three days later, and necropsy was refused.

The stenosis of the duodenum in this case was due partly to the constricting cicatrix of an old ulcer and partly to the kinking occasioned by the adhesions. Among other points of interest presented by this case are compression of the gall-bladder and common duct, apparently due to the adhesions either old or recent, accompanied by jaundice, and indications of a secondary acute inflammatory process obviously occasioned by perforation of the duodenum at the site of an old ulcer.

1605 Walnut Street.

SUPERNUMERARY AXILLARY MAMMARY GLANDS

EUGENE G. MATTISON, M.D., PASADENA, CAL.

I have been treating an unusual case for the last three or four weeks. The patient, Mrs. T., was confined May 17, 1912. She was the mother of four children. On the second or third day she complained of severe pain in each axilla and said that she had the same abscess that she had had in previous confinements. As she was having no fever I thought it would be well to make a thorough examination. I found under the right and left axillas three secreting mammary glands and from each of these I was able to obtain milk. There was no apparent nipple on any of the six glands excepting a minute indentation. The milk, however, flowed very freely from all six of them on pressure. I used the old method of massage with camphorated oil and in about two or three weeks the glands lost their fulness and ceased to cause any trouble. Of course, this represents eight mammary glands, three under each axilla and two in their normal position. I would like very much to know if any other case of this kind has been reported.

[COMMENT.—Several reports of similar cases have been published in THE JOURNAL, for example, March 16, 1912, p. 747 (by Dr. J. D. Cantwell); and May 11, 1912, p. 1443 (by Dr. Frank J. Hirschboeck).—ED.]

535 South Pasadena Avenue.

Therapeutics

HEMATURIA

Hematuria means hemorrhage from urethra, bladder, ureter or kidney. It is to be distinguished from urinary conditions due to the presence of blood-pigments in the urine, such as hemoglobinuria, including methemoglobinuria and hematoporphyrinuria. This last condition is of slight clinical significance. Traces of the iron-free blood-pigment, hematoporphyrin, are found in normal