

GALACTOPHORITIS.

Boissard (*Semaine Médical*, October 11th, 1893) draws a distinction between galactophoritis, which is an inflammation of the mammary ducts and acini, and lymphangitis, which attacks the connective tissue around the gland. Frequently the two forms are mixed, and some of the worst cases of fistulous tracts and frequent repetitions of acute inflammation are the result. Galactophoritis uncomplicated may arise from a very slight abrasion near the orifice of a duct, or it is possible that it may follow the entrance of streptococci or staphylococci into a healthy duct. The disease causes but little pain, slight feverishness, is seldom ushered in with rigors, and is attended with the discharge of free pus from the nipple. Milk containing pus, as compared with pure milk, is of a grayer or greener hue, and is not so quickly absorbed by wool kept against the nipple. It does not trickle freely from the nipple, but tends to clot around the part, being less fluid than pure milk. The child invariably suffers, rapidly losing weight, and developing diarrhea with green-colored stools. Death is almost certain. Boissard insists upon immediate cessation of lactation from the affected breast, or, when both glands are affected, altogether. He recommends that the patient be anesthetized, and pressure applied to the breast until every drop of pus is squeezed out. The pressure is applied from circumference to centre. When no more of the pus-charged milk escapes, the nipple and breast must be freely sprayed for half an hour with a solution of bichloride of mercury or naphthol. Then a compress must be applied and kept on until the next manipulations. Only three or four applications of this method are needed, and the disease is eradicated in a week. Any mere palliative treatment will certainly kill the child, and place the mother in great danger of suppuration of the breast.—*University Medical Magazine*.

PUERPERAL SEPTICEMIA CURED BY HYPODERMIC ABSCESS.

Thierry, of Rouen (*Nouvelles Archives d'Obstét. et de Gynéc.*), observed a case in which a rigor occurred on the second day after labor. The curette was applied on the seventh, and one gramme of essence of turpentine was injected hypodermically. This was repeated twice on the eighth day. By the tenth day a phlegmon developed at the seat of the punctures. It was freely opened, and suppurated. On the nineteenth day the temperature, which had fallen, rose again, as the pus in the artificially provoked abscesses was pent up for awhile. On setting it free the fever disappeared, and the patient recovered. The injections were made into the extensive connective tissue behind the great trochanter on the right side. The site of puncture became indurated within a few hours. The