

several years. The only precaution requisite is to apply the pressure on the second day following parturition, before the breasts begin to fill, and to see that the whole of the glands are included.

It is well to elevate the shoulders somewhat more than usual, and not to allow the bed-clothes to cover the upper part of the chest, the sheet alone sufficing to prevent any risk of chill. Restriction as to the amount of fluid for the first few days and attention to the bowels are all that is requisite to insure success. Some little inconvenience—a feeling of tightness or burning pain—is often experienced; but if the pressure be maintained, no harm results, and within the course of a few days the turgescence subsides and the difficulty is at an end. In order to keep the bandage or towel from slipping down, a shoulder-strap from back to front, or merely pinning the bandage to the night dress, suffices.

Where the secretion of milk seems to be unusually abundant, a mixture of bromide and iodide of potassium may be prescribed with benefit. In only a very few instances has it been found requisite to draw off a small quantity of milk by means of a breast-pump or exhausted soda-water bottle, and this only once or twice.—*Therap. Gaz.*

THE TREATMENT OF PELVIC ABSCESS BY INCISION AND DRAINAGE.—Dr. Paul F. Mundé, of New York gives the following conclusions in a recent paper:

1. Pelvic abscess in the female is not very common in proportion to the frequency of pelvic exudations. It probably does not occur in more than ten per cent. of all cases. The majority of cases terminate in spontaneous absorption of the exudate.

2. Pelvic abscess may be extra-peritoneal, most commonly the result of pelvic cellulitis, or it may be intra-peritoneal, the result of pelvic peritonitis. The adhesions in the latter case might make the abscess practically extra-peritoneal. Abscess of the ovary and pyosalpinx did not fall into the division of pelvic abscess proper.

3. In small, deep-seated pelvic abscess, not containing more than two ounces of pus, and in multiple abscesses of the cellular tissue, a permanent cure might be effected by simply evacuating the abscess cavities with the aspirator.

4. About one-half of the abscesses open spontaneously into the vagina, rectum, or pelvic or abdominal wall. These abscesses may heal spontaneously, or they may require surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision, cleared of debris, and drained, if necessary, through a drainage-tube.

6. This incision should be made at the point where pus points most distinctly, usually in the vagina.

7. In a certain number of cases pus points in

the abdominal wall usually at the iliac fossa; and here the drainage-tube would be required.

8. In some cases in which the pus burrowed deeply into the pelvic cavity it would be advantageous to make a counter opening through the vagina, and establish thorough drainage from the abdominal wall into the vagina.

9. Opening a pelvic abscess which points in the abdominal wall does not differ from this procedure in other cases, and is not attended by greater danger when adhesions have taken place.

10. Chronic pelvic abscess—abscess bursting spontaneously and discharging through the vagina, rectum, and elsewhere—might exist many months or years, and prove exceedingly difficult to cure; this is particularly the case when it opens high up in the rectum. A counter-opening should be made in the vagina, for Dr. Mundé doubted the propriety of enlarging the rectal opening even if it were possible to reach it.

11. In doubtful cases, aspirate and establish the diagnosis.

12. The majority of cases of pelvic abscess will recover.

MEDICINES WHICH STIMULATE THE LIVER.—Podophyllin in small doses is a stimulant to the liver. During the increased secretion of bile, the percentage amount of special bile solids is not diminished. If the dose be too large, the secretion of bile is not increased. It is a powerful intestinal irritant.

Enonymin is a powerful hepatic stimulant. It is not nearly so powerful an irritant of the intestine as podophyllin.

Sanguinarin is a powerful hepatic stimulant. It also stimulates the intestine, but not nearly so powerful as podophyllin.

Irisin is a powerful hepatic stimulant. It also stimulates the intestine, but not so powerful as podophyllin.

Leptandrin is a hepatic stimulant of moderate power. It is a feeble intestinal stimulant.

Colocynth is a powerful hepatic, as well as intestinal stimulant. It renders the bile more watery, but increases the secretion of biliary matter.

Jalap is a powerful hepatic, as well as intestinal stimulant.

Menispermmin does not stimulate the liver. It slightly irritates the intestinal glands.

Baptisin is a hepatic, and also an intestinal stimulant of considerable power.

Phytolaccin is a hepatic stimulant of considerable power. It also slightly stimulates the intestinal glands.

Hydrastin is a moderately powerful hepatic stimulant, and a feeble intestinal stimulant.

Juglandin is a moderately powerful hepatic and mild intestinal stimulant.

Chloride of ammonia is credited with chola-