

A NEW PHIMOSIS FORCEPS.

The superiority of the forceps designed by Dr. Briggs of St. Louis, for the operation of circumcision, consists in the simplicity and dexterity of the operation with them; the freedom from hæmorrhage to a great extent, the exactness of the coaptation of the skin with the membrane when sutures are in, which will almost insure healing of the wound by the first intention.

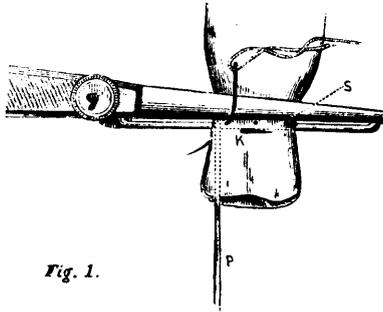


Fig. 1.

Figure 1—Represents the first step of the operation; the forceps in position showing probe within the prepuce laterally, and needle passing to inner side so as to prevent making a suture through the skin only. Any number of sutures desired may be passed, but it is only necessary to have three, which on division of the loop makes six sutures, three on each side.

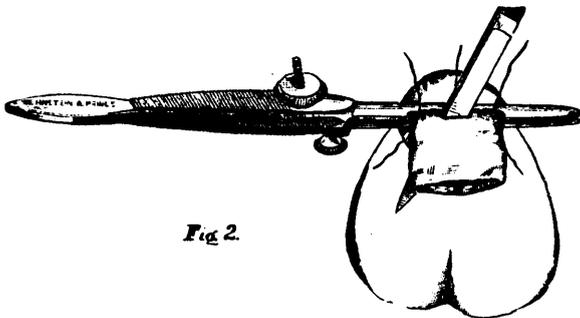


Fig. 2.

Figure 2—Shows sutures in position and fore-skin transfixed above the guide or extra blade.

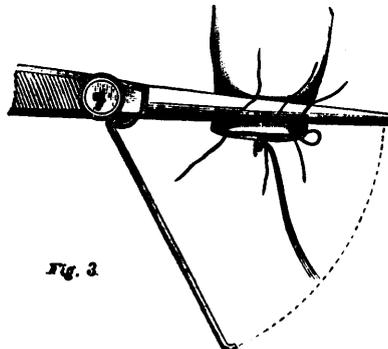


Fig. 3.

Figure 3—Represents the division of the fore-

skin, and hook (a probe or tenaculum may be used) drawing up the loop in the centre or between the membranes. These loops may now be divided and the sutures tied on each side. The forceps being held laterally, obviates any constriction of the membrane in the majority of cases; but should there be any, it can be remedied by dividing the membrane on the dorsum between the sutures.

THE PREVENTION OF MAMMARY ABSCESS.

Instances are not infrequently met with where the function of lactation is either not considered advisable, as in cases of syphilitic taint, marked tendency to phthisis, epilepsy, etc., or where, from the child being still born, or the nipples depressed, subject to cracks, fissures, or erosions, the function of lactation is unnecessary or unable to be persisted in. Apart from these conditions there is unquestionably a growing tendency for mothers to avoid the responsibility of suckling their offspring. Milk is secreted, and if it be not drawn off at appropriate intervals the breasts become engorged, and not unfrequently inflamed, mammary abscess resulting. From whatever cause it may be, we are often obliged to take steps to prevent such a contingency. For many years the old-fashioned methods in general vogue, if not advocated, were at least tacitly acquiesced in, such as rubbing the breasts with sweet oil, oil and extract of belladonna, glycerin and belladonna, belladonna plasters, evaporating lotions, strapping the breasts, and other like expedients.

It being believed that friction of any kind in the large majority of cases rather tended to produce than prevent mammary abscess, it was long since discarded. The application of a long strip of belladonna plaster, sixteen or eighteen inches long and six or eight inches deep, with round apertures, so as to leave the nipples free, tightly across the chest, the breasts being brought well up towards the median line, for many years was the only resource adopted, beyond careful regulation of the diet, abstention from fluids, gentle purgation, etc. This method never failed: but it was often found that the smell of the belladonna produced so much nausea in delicate patients as to preclude the employment of it.

Thinking that in all probability the pressure exerted contributed greatly to the advantages derived, Dr. Arthur W. Edis (*Brit. Med. Journ.*, November 7, 1885) was induced to rely upon a few turns of a rib-bandage, or the application of a thin towel or diaper across the chest, the breasts being brought well towards the sternum. Since adopting this method he has never known it fail. Not a single instance of mammary abscess has occurred in a long series of cases, extending over