

WHITE OF EGG FOR SORE NIPPLES.—Dr. Frank Van Allan writes to the *New York Medical Journal* that there is a remedy which in his hands has been most successful in that distressing complaint, the sore nipples of nursing women. It is the painting of the nipples several times a day with the white of egg. This soothing albuminous covering forms a delicate film over the abraded nipple and the surface is soon—within a few hours, except in severe cases—entirely healed. He believes that there is no necessity for excoriations or cracks to occur on the nipples of nursing women, if the first tender feeling is met promptly by this application. It is a remedy which can be had at a moment's notice in any household, and easily applied with a camel's-hair brush or a feather. The albumin may best be applied just after nursing, while the nipple is still moist from the baby's mouth. As somewhat of a thick film is formed, it is well for the nipple to be moistened with a soft cloth dipped in water just before the baby is again put to the breast. The efficiency of the albumen is heightened by allowing it to dry on thoroughly before drawing the clothes again over the breast. In some cases it will be found advantageous to combine some remedy with the albumin in order to hasten recovery. When this is done, care should be taken to employ an agent which will be innocuous to the infant.

HUBER (F.) ON ABSCESS OF LUNG ; OPERATION ; RECOVERY.—The disease occurred in a boy aged four. Sick a month before coming under observation. With a septicæmic history. The physical examination was negative, with the exception of an area of flatness, with distinct bronchial breathing in the right infraclavicular and mammary region. Exploratory puncture brought pus, and the diagnosis of localized empyema was made. At the operation (incision with drainage) pleural adhesions were found and the pus was discovered to be in the substance of the lung. The cavity gradually contracted and a small fistula remained, which closed about ten months from the onset of the disease.

The exploring syringe readily detected pus on the day prior to the operation. Rather unwisely the needle was removed and the incision made. When the pleura was opened, the needle was again inserted, and it was only after repeated punctures that the site of the suppurating process was rediscovered. A

severe pneumonia of the upper lobe (laterally and posteriorly) resulted, no doubt caused by the multiple punctures. Gentle irrigation of the cavity or of the fistula later on was not followed by any bad effects ; if forcible injections were resorted to, a severe paroxysmal cough would follow, to terminate when the injected fluid had been expectorated, the fluid having entered a bronchial tube.

Dr. Huber draws the following conclusions from a general survey of the subject :

1. Before operation, the position of the abscess must be determined as accurately as possible, and especially by exploratory puncture.
2. As a rule, a pulmonary abscess should not be opened during the course of an acute pneumonia.
3. Before the abscess is opened, it is well to excite pleuritic adhesions, if these do not already exist. This should be done by resection of a rib and suture of the two pleural surfaces, or by means of the actual cautery.
4. The abscess is best reached by resecting a rib and piercing the lung with a thermo-cautery.
5. Free drainage is essential ; antiseptic injections are best avoided, dry dressings being preferable.—*Phil. Med. News*, Oct. 17, 1891.

If the patient has a great deal of nausea after etherization, what can you do? The books generally discuss it by saying it will pass off. When you have such a case, you will feel like passing off yourself. Iced drinks and carbonic acid water are good. One of the best remedies is chloroform, gtt. iv or v, with gtt. ij or iij of vinegar of opium, given two or three times a day. That will sometimes allay vomiting. Another plan, when you have reason to think there will be great nausea or vomiting, is to put your patient to sleep. A great many surgeons are opposed to morphine or opium after operation. Before the operation I am apt to give a little brandy or whisky and a little morphine hypodermically ; in that way I do away with the necessity for giving a large amount of ether. Usually, after operation, I order a hypodermic, gr. $\frac{1}{4}$, of morphine. It is not only to alleviate pain, but to quiet the patient and the stomach. It controls the nausea and puts the patient to sleep, giving the stomach and nervous system time to recover themselves.—*Brinton*.