OBSTETRICS.

Mammary Abscess.

Dr. Henry T. Bahnson, in the New Orleans medical and surgical journal, recommends the following method of treating a mammary abscess, or an inflamed breast liable to terminate in an abscess:—He applies a square piece of rubber tissue such as is used by dentists, sufficiently large to cover the whole breast, by tying a tape to each corner. Two of these tapes are passed round the waist and tied at the back, the two upper ones are passed, one under the axilla on the same side as the affected breast, the other over the opposite shoulder and also tied at the back. A small opening may be made for the nipple and the milk drawn off by the breast pump or the child. He concludes as follows:—"I have applied the tissue after the establishment of suppuration and seen the pus absorbed. Abscesses threatening to involve the whole breast, have contracted to such an extent, that when opened a day or two after the application they discharged perhaps a teaspoonful, and the cavities healed by first intention. No form of support is so comfortable to the patient by thoroughly relieving the dragging weight of the inflamed breasts, while its equal pressure promotes absorption and prevents extension of inflammation or burrowing of pus. The tapes may be tied to the corners of the tissue. The gathering at its corners assists in adapting it to the contour of the breast, and, besides, the tissue is easily torn if punctured by a pin or needle. Care must be taken to remove the rubber as soon as the signs of inflammation disappear, or the secretion of milk will be permanently arrested."

[We have recently tried the above plan of treatment with marked success. Mrs. F. first seen on Oct. 6th, arrived in Toronto the previous day. She had just crossed the Atlantic and while on board ship caught cold and had one or more marked rigors. When first seen she presented the following symptoms:—Pulse, 130; temperature 103.2 F.; the breast immediately above the nipple was swollen, inflamed and painful and a large abscess pointed markedly at this spot. This was freely incised and poultices to be changed every two hours ordered. She was seen on the three subsequent days and appeared to be progressing favourably, the breast had assumed a more healthy look and the discharge lessened very much in quantity. As their means was limited they requested that the visits be discontinued and promised to send at once if any unfavorable symptoms developed. For eleven days nothing more was heard of he On the twelfth day she sent and asked for further attention. Her appearance when seen was a pitiable one. Pulse very weak and rapid, temperature high, face pinched, cheeks flushed, and every appearance of blood-poisoning. On examination of the breast it was seen that pus had burrowed through three-fourths of the whole organ and thirteen discharging openings were counted. Three of these were enlarged and the rubber tissue applied having first covered the breast thickly with tarred jute or tow.

This dressing was changed at first twice a day, later, daily. She was also ordered to take three grains of quinine every three hours, one ounce of whiskey every two hours and a milk diet. Within the first 24 hours she began to improve and the progress towards recovery was steady and uninterrupted until at the present time (just three weeks and three days from the first application of the pressure) her pulse and temperature are normal, 12 of the 13 openings have not discharged any pus for four or five days, though a small quantity still exudes through the original incision.

The mistake made in the treatment of this case was in not applying the pressure at the time of incising the abscess, even though the latter was circumscribed and pointed plainly at one spot, and apparently progressed favorably for the first few days after being opened.—Ed.]

NEUROLOGY.

What is Nervous Irritability.

In the last issue of Medical Science were summarized the results of the existing views regarding the nature of *Nerve Force*. In these days, however, when the term *neurasthenia* has become as common a term almost as its popular equivalent nervousness, it is of great importance for the clinician to be able to apprehend with some degree of clearness what are its physio-pathological relationships. It has been shown that while nerve force is not an electrical phenomenon, yet everyday experience in practice makes evident the point that the degree of conductibility in nerve tissue varies greatly according to the general *tone* of the system. This