

that method of management. He had recommended that method in the Infant Asylum, where most of the mothers were not disposed to nurse their children. He was at first opposed by his colleagues, but finally they consented to give the plan a trial, and during his entire connection with that institution there was not a mammary abscess formed. The method, however, wherever recommended, met with opposition from nurses and friends, and it was with the greatest difficulty that the physician could prevent drawing milk from the breast. The pain in the breasts, if any was present, as a rule subsided within twenty-four or forty-eight hours, and no further trouble was experienced if no attempt whatever was made to draw the milk. If the milk was drawn only once, the character of the case was entirely changed.

Dr. Ward remarked that it had been his practice in such cases not to draw the milk at all, and he had found that the pain ceased within one or two days.

Dr. O'Sullivan said that it had been his practice not to interfere with the breast under the circumstances mentioned. He had seen only the most favorable results follow, when a rigid adherence was given to the method.

Dr. Purdy remarked that his experience had been in accord with Dr. Hubbard's. If the condition of the patient warranted it, he usually administered a brisk cathartic—indeed, kept up a slight diarrhoea for a few days—and thought it caused the milk to disappear more rapidly than it otherwise would.

Dr. Hubbard thought that in accordance with a somewhat late suggestion, a bandage could, with advantage, be applied with the view of preventing the formation of the milk.

Dr. Munde referred to suppurative mastitis which had occurred in cases in which the bandage was used. His general practice was to let the breasts entirely alone. He had used belladonna, but did not think it necessary. It was soothing however, and was not specially objectionable.

Dr. Caro believed that where the woman proposed not to nurse, it was the best treatment to let the breasts alone. But suppose the woman wished to nurse, and did nurse the child from one breast, and was unable to nurse from the other breast, what should be done? For example, a woman came under his care who had had the right nipple completely destroyed by a burn when a girl. She nursed her child from the left breast, and after three or four days there was considerable fever, and she complained of considerable pain over the right breast. Upon examination, it was evident that secretion of milk had begun in the right breast, and he thought it necessary to resort to some means for its arrest. He applied fluid extract of belladonna twice a day for five

or six days, and all evidence of milk disappeared. Whether the result was due to the belladonna or not he was unable to say.—*N. Y. Medical Record.*

OBSTETRIC SECTION.

Stated Meeting, Sept. 16, 1878.

SORE NIPPLES.

Dr. F. V. White read a paper upon the above subject. Preparatory to a proper understanding of the pathology and the therapeutics of this morbid condition, he referred to the anatomy of the part as given by Astley Cooper and some more modern authors. According to the authorities consulted, the doctor stated that there was no erectile tissue in the nipple, such as was found in the penis. The most common varieties of sore nipples were abrasion, fissures, and ulcerations, and their occurrence was most frequent in primiparous women.

PROPHYLACTIC TREATMENT.

With reference to prophylactic treatment, such as bathing the nipples prior to confinement, with alcohol, astringent lotions, etc., Dr. White had great doubt concerning its actual value.

He regarded sore nipples as the most frequent cause of the superficial and the deeper-seated mammary abscesses which occurred during lactation.

The doctor did not discuss the therapeutics of this subject further than to re-affirm his confidence in the use of the nipple-glass, which protected the nipple from irritation, from variations in temperature, and from engorgement by milk. It should be applied as soon as the nipple commenced to be tender.

Dr. Hubbard regarded it as a point well taken, that mammary abscess very seldom occurred unless preceded by sore nipple. He had been inclined to the belief that constantly bathing the nipple with milk, as was the case when the nipple-glass was worn, was injurious rather than beneficial. In that respect, however, he might be in error, and was willing to give the glass a trial.

DOES THE NIPPLE POSSESS ERECTILE TISSUE?

Dr. A. C. Post remarked that, while there might be some histological difference between the nipple and the penis with reference to the erectile tissue, at the same time there was present in the nipple a tissue which rendered it capable of becoming erect. He regarded it as an error to say that the nipple did not contain erectile tissue, and, in that particular, he thought the language of the paper should be corrected.

Dr. White remarked that Cooper did not regard it as erectile tissue proper, and that the same view was held by Flint, as stated in his work on physiology.