

the child should discontinue nursing, but, if not, nursing should continue. I have repeatedly seen recovery follow this plan of treatment, in one case inflammation having occurred in both breasts. One point must be emphasized, and that is, treatment must be commenced immediately upon the appearance of suspicious symptoms and kept up continuously until all danger has passed. I know of no greater satisfaction than to save a woman from operation in case of abscess of the breast by careful systematic treatment. Where treatment fails, the area of inflammation increases and the skin becomes reddened, there is, of course, the necessity of free incision, curettage and the usual treatment for abscess in any other part of the body. The incision should be in a line radiating from the nipple so as to cut as few ducts as possible, and should be extensive enough to open up all the pockets which may exist in the inflamed area. After hemorrhage has been checked by packing the wound with iodoform gauze, a wet one per cent. carbolic acid dressing is applied. On the following day the wound should be lightly packed with a strip of wet carbolic gauze (one per cent.) and the wet dressing changed each day until the wound is ready for a dry dressing. Breasts treated in this way heal in the course of several weeks, and in subsequent puerperiums nursing may go on in a natural way unless too much of the glandular tissue has been destroyed by the inflammatory process.

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## TYPHLITIS: EXTREME CASE OF BLOOD CURED.

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Henry S., aged 39; American; admitted June 2nd, 1900. Diagnosis: Typhlitis.

The patient had been suffering for a week prior to entering the hospital. It appeared that his condition began with pain and tenderness in the right iliac fossa, and along the ascending colon. An examination at the time of his entering the hospital revealed a slight prominence in this region. At first the bowels had been constipated, but now small liquid stools occurred every two or three hours. This was due to accumulation of the hardened fæces in the sacculated periphery of the cæcum. He also suffered with much local pain and tenderness. Temperature was  $103\frac{1}{2}$ ; he was very restless and had occasional attacks of vomiting, and almost constant nausea. The vomited matter at first contained the contents of the stomach, but in 24 hours the con-