

all cases of puerperal fever the culture method of diagnosis was much to be preferred to all others. In the diagnosis a mixture of germ infection in a case was of serious import, as there was then increased virulence. The treatment of these cases could only be scientifically met by previous culture diagnosis to detect which toxin was the main cause of the disease. For preventive treatment Dr. Haultain strongly urged the necessity of using a douche after labor in every case, and recommended 1 in 40 carbolic lotion, which had been found more efficient in experimental research than sublimate lotion.

PRIMARY TUBERCULOSIS OF THE BREAST OCCURRING DURING PREGNANCY.

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DR. EDWARD P. DAVIS (*Medical News*, June 12th, 1897) reports a case of this uncommon condition. The patient, aged seventeen years, was admitted to the Jefferson Maternity, November 18th, 1896, being pregnant seven and a half months. Her family history was negative; her own health had been fairly good before pregnancy occurred. On admission she complained of pain in the right breast sufficiently severe to cause loss of sleep at times. The breast was found to be swollen firm and indurated in its outer and lower quadrant; the gland was freely movable upon the pectoral muscle, the induration being confined exclusively to the parenchyma of the breast. No evidence of fluctuation could be obtained, nor could the axillary lymphatics be detected. There was no evidence of heat in the affected breast, the skin was slightly discolored, and the pain was described as cutting rather than throbbing. The patient stated that she first noticed the swelling a month before admission. There was no history of violence. The breast was thoroughly cleansed with an antiseptic solution, a breast binder applied, and the patient put to bed. A week's rest in bed was followed by a slight diminution in the size of the breast, but no essential change occurred.

The secretion pressed from the breast was thoroughly stained, and an examination showed tubercle bacilli. The question of immediate operation was discussed, but as the patient was anæmic and could not afford the loss of blood, and no abscess could be