

NEURALGIA OF THE BREAST.

This disease, of some practical importance, was known to Astley Cooper under the name of *irritable breast*. Terrillon describes three groups of cases. In the first are found women with full, turgid breasts, unmarried, or married very young, rich in blood, who complain of violent pains coming on in spells, in one breast especially, at the menstrual epoch. The painful breast is sometimes larger and harder than the other, and palpation elicits pain, at the same time revealing certain points sensitive to pressure, which are situated in part in the breast itself, and in part in the immediately surrounding tissues.

In the second group the patients offer a breast full yet not so pendant, are mature women who do not wear stays, or wear them badly applied.

In a third group the women are thin, and the glandular lobules are protuberant between the skin and the thorax.

Again, at the time of menstruation, the glands are swollen, and on palpation reveal the painful points. At the examination the principal question is as to the existence of a tumor. To prevent deception by a gland which may be harder and larger than the other, it is useful not to take the breast in the full hand, but by spreading it out on the thorax palpate it with the point of the finger. It is only, indeed, in certain cases of mammary neuralgia that small tumors are found. These are seldom true neuromata, but more generally are fibromata or myxomata. After removal of the tumors, especially those sensible to pressure, the pain sometimes disappears, but sometimes, in spite of removal, it continues.

The course of this lesion is ordinarily slow, and shows no tendency to spontaneous cessation. Wounds have been considered as causes; pressure from ill-fitting clothes, as in laceration of a heavy, pendant breast, insufficiently supported. General nervous debility gives the necessary preliminary condition.

The distinction from malignant tumors is, for the most part, easy, except when small tumors are found. The carcinomata, as a rule, in the beginning do not give rise to violent

pains, and produce after a time swelling of the lymphatic glands. If this should be wanting, and neuralgia exist, a diagnosis of neurofibroma would be justified. Intercostal neuralgia is distinguished by the fact that the pains occupy the intercostal spaces, and perhaps in the axillary line, and along the vertebral column the painful points of Valleix will be met with. Compression of the breast, for the most part, helps it. A cushion of wadding may be placed firmly against the breast and tightly kept in place by a flannel bandage, which should be renewed every three or four days. Usually three weeks suffice for a cure. Sometimes a well made corset is sufficient, or a suspensory apparatus of flannel or silk. Sometimes cutaneous irritants have been shown to be of advantage. If tumors are present they should be removed with the knife. Quinine and arsenic should not be neglected, and in rheumatic cases the salicylate of soda.—*Rev. Clin.*

Therapeutical Notes.

Dr. Gross recommends diluted vinegar as an injection into the bladder to break up blood-clots.

IVY POISONING.—Dr. McBride, in *Philadelphia Medical Times*, recommends the application of a saturated solution of oxalic acid.

DIABETIC PRURITUS.—Mr. Lawson Tait speaks highly of the unguent potassæ sulphuratæ for vulvar pruritus, due to diabetes.

Biniodide of mercury is insoluble in vaseline, but dissolves in 200 parts of lard, or 50 parts of castor oil—a fact to be remembered when prescribing it for inunction.

Convulsions may be frequently cut short like magic by turning the patient on his left side. Nausea, after ether or chloroform, may generally be controlled in the same manner.

Tenesmus of dysentery, or diarrhœa, or the vesical tenesmus of cystitis, may be very much relieved by placing a pillow under the buttocks, and making the patient lie upon his back.