

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Extract from the proceedings of meeting held on Jan. 12th, 1893.

The President, Dr. N. A. Powell, in the chair.

Dr. Adam Wright read a paper, "The preventive treatment of puerperal mastitis." (See page 97 in this issue.)

Dr. Machell said that as to prophylaxis he has his patients wash the nipples every morning with soap and water, after which some such application as cocoa butter, or it combined with lanolin, is used for a month or two before the expected confinement. Virginiak Davis, of ———, recommends highly the use of the following: Tinct. benzoin co., mxx.; olive oil, ℥ii.; with lanolin, ℥ii. With these precautions, and the use of the binder, one is not likely to have mastitis. Should it occur, there are three periods at which it is most likely to happen: (1) From three to twelve days after labor. (2) At the cutting of the first teeth. (3) At the time of weaning. When it does occur, however, he resorts to pressure by means of an ordinary "over-waist," under which a towel may be placed on each side just behind the base of the breast. If need be, an ice bag may be used as well, and will be found comforting. Free doses of Epsom salts should be given, so as to produce two or three motions daily.

Dr. A. Primrose: Dr. Primrose spoke concerning the operative treatment of mammary abscess. There are certain anatomical peculiarities to be recognized in operating for the relief of suppuration in the breast. The breast lies in the superficial fascia, which is condensed into a membranous layer which forms a complete capsule for the gland, investing it in front and behind. A layer of lax areolar tissue lies behind it, separating it from the deep fascia over the great pectoral muscle. We have to deal with a compound racemose gland of fifteen to twenty-four lobes arranged in series, their longitudinal axes having a similar direction to that of their ducts, which run in a radial direction towards the nipple; the ducts opening by separate apertures on the apex of the nipple.

Operative treatment is modified according to the site of the pus collection, which may be (1) in the subcutaneous tissue superficial to the true gland structure; (2) in the submammary tissue; (3) in the gland proper.

When the pus has collected in the last-named locality (*parenchymatous variety* of abscess), the indications are to open freely and to drain thor-