

TREATMENT OF MAMMARY ABSCESS.

In the last number of the *Gazette* we reprinted a very interesting and instructive contribution on this subject, made by Prof. Taylor, of this city, to the late meeting of the Tri-State Society, at Louisville. In the last number of the *American Journal of Obstetrics*, Dr. Hiram Carson of Coshocton, Pa., gives his views and some personal experience that will doubtless prove of value to our readers to give in brief abstract. After alluding to the usual routine of cloths steeped in hot vinegar, plasters and poultices, Dr. Corson states that for the past twenty-seven years he has used no other remedy but cold applications. His method being to fill a bladder part full with cold water and ice in it, and apply to the inflamed part. This application of ice-water affords almost immediate relief, and if suppuration has not taken place will always prevent it. And indeed, in cases which have already "suppurated, been poulticed and broke," or been lanced, this method is "just as applicable, efficient and safe." The following is one of the illustrative cases given:

"Mrs. B—, a few days after confinement, suffered from a chill, followed by pain, heat, redness and swelling in the right breast; the nurse worried with it in the usual way, but the great suffering of the patient induced them to send for me. I had gone away for a week, and a medical friend took charge of her for me. He found her suffering from a large abscess, ready to be opened. It discharged freely, and the poultice which she had on at the time was replaced. He saw her several times before my return, and opened another abscess, and continued the poultice. My first visit to her was with the physician. She was suffering greatly. The breast was much swelled, was solid and heavy in some parts, and a red, highly inflamed surface of several inches, on the under and outer part, gave warning of a third abscess. I advised the use of ice, which greatly surprised both patient and physician. The fact that she had been kept very warm for two weeks for fear of getting more chills, and that she had had warm poultices steadily applied during nearly all that time, was to their minds strong reason for objecting to its application—the change from heat to cold they deemed most hazardous. As the patient was a new comer in the place, and knew nothing of cold treatment, and positively refused to have it applied, the breast was supported, and the poultice continued. She was truly wretched; half sitting up, supporting her suffering side, no good sleep, no appetite, the breast stinging and burning night and day, as those only know who have suffered like torment, she was a picture of distress. . . . In a few days I opened the third abscess; the other openings, too, were still discharging, and had become larger. I then prevailed on her after the most solemn assurance that no harm would come to her, to have the ice applied. A large bladder was partly filled with water and lumps of ice, and applied; two thick-

nesses of wet muslin first being applied to the inflamed breast. The relief was soon apparent to her by the speedy removal of the great heat, which night and day had tortured her. That night she had comfort. There were no more abscesses; the heat, tension, and pain of the inflamed parts subsided, and in a few days the hot, tender, angry breast was so changed that she rapidly regained her cheerfulness and health."

Dr. Corson proceeds to say further: "I have very often been called to women whom I have found with a breast painful, swelled, and red over the swelled part; the result, the patient would tell me, of a "chill," which happened in the night and fell right away on the breast, since which time she had had no rest. I here at once applied the ice, and in no instance, if suppuration had not already taken place, have I failed to disperse the inflammation, at the same time that I brought comfort to the patient. In some cases I have found the suppurating process so far advanced that nothing could prevent it; but even here I apply the ice, knowing that it will give the woman great comfort, by removing the heat, allaying the inflammation and thus preventing any more of the breast from becoming involved in the suppurating process."—*Obstetric Gazette*.

HEMOPTYSIS.

An extract from Lecture II of the Harveian Lectures. By James E. Pollock, M.D., F.R.C.P. (*British Med Journal*):

Hemoptysis has a leading place among the events of chronic disease of the lung; and new doctrines have recently been enunciated about its influence, both as a cause and consequence of such affections.

Hemoptysis is generally a symptom of congestion, which, in such cases, is the real condition to consider and to treat. It is only another word for pulmonary apoplexy of greater or less extent. There is another and very fatal form, which is a mere leakage from a broken vessel, and almost always the result of the rupture of a small aneurism of the pulmonary artery.

There are therefore two kinds of hemorrhage from the lung—the congestive and the passive.

To those who hold that chronic changes in the lung are due to inflammation, a hemorrhage arising from increased afflux of blood to a highly vascular tissue, is no unexpected event. It is in fact a part and a symptom of congestion.

On the other hand, the school who believe in tubercle formation being the essence of lung induration are puzzled to account for it. I would remark that acute tuberculosis—by which I mean an invasion of a large tract of one or both lungs by the gray miliary (millet seed) tubercle—is not accompanied by hemoptysis. The acute croupous pneumonia has its colored sputa (colored, that is