

results obtained by Ponfick, and the direct entrance of the injected blood into the circulation be established by ascertaining the quantity of red corpuscles in the patient's blood before and after the injection, this simple method of transfusion, requiring only ordinary skill for its performance, can be applied to many others than extreme and desperate cases, and defibrinated blood will fulfil an indication not second in importance to that of supplementary retal alimentation, which, until now, it has so admirably served.

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\* Med.-Chir. Rundschau, and Rev. de Med. y Cirugia de Madrid, Dec., 1879.

### THE PREVENTION OF MAMMARY ABSCESS.

In the *Edinburgh Medical Journal*, June, 1879, Dr. W. A. Jamieson, writes:—

When conception has taken place, among the earliest symptoms of its occurrence are those manifested by the mammary glands, evidenced by stinging or pricking sensations, increased fulness and weight, and all those objective alterations in the areola and nipple so often described. These subjective feelings appear to me to be Nature's summons to attention,—a prayer for aid in assisting to prepare the gland for the important office to be discharged by it in furnishing food for the infant after birth. Yet, in most cases, how little note is paid to the warnings thus given! While all sorts of instruments have been devised for drawing out the nipple after parturition, it has been in great measure forgotten that all this painful and troublesome process might have been avoided by systematic regular attention to the nipple during pregnancy. This should consist in washing the nipple once or twice *every day* with soap and warm water, during which ablation the nipple should be pressed and drawn out; and further stimulation should be excited by rubbing rather firmly after drying with *eau de Cologne* or equal parts of brandy and water. It is not often that we have the opportunity granted us of recommending the commencement of this procedure very early in pregnancy, but when we are engaged to attend at the approaching confinement we ought to make a point of giving these directions, which are invariably gratefully received. Though more absolutely necessary in the case of primiparæ, they are almost as valuable in multiparous females, and should also be impressed on them. Besides the mere mechanical influence exerted by friction and manipulation, a further effect is produced by the frequent direction of the thoughts to the breast and nipple. Dr. Carpenter quotes Sir H. Holland's remark, that the "strong and con-

tinued direction of the attention to a part in all probability affects either its innervation, or its circulation, or both." Mr. Heath, in his *Lectures on Diseases of the Breast*, says, "that friction, if prolonged, will induce hypertrophy not merely of the nipple, but of the breast, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover extending over many months had resulted in a veritable hypertrophy of the whole organ." We have ground, then, for believing that this treatment of the breasts during pregnancy seems to afford legitimate scope for the influence of "expectant attention;" to be really useful, however, it must be thoroughly carried out and persevered in daily till labor sets in. When these measures have been faithfully followed, we have a means of judging whether a nipple is hopelessly atrophic, and unfit to nurse with or not, when we examine the breasts after delivery is completed. If no reaction has followed; if the nipple remains flat, and especially if, on pressing our fingers behind it, it conveys the sensation of being firmly bound down, the probability is great that attempts at suckling, at least with that breast, will be fruitless, and if persevered in, will almost certainly end in abscess. Cautious, very cautious, attempts may indeed be made all the more freely if some milk can be squeezed from the nipple, but we must be actively on the alert for a more than possible failure, and be ready to apply cooling lotions—belladonna, perhaps leeches, or gentle elastic pressure to limit the first symptoms of congestion of the organ. I have several times in former years seen abscess result from ill-judged persistence on the part of the nurse to induce a mother with an imperious nipple to continue attempts at suckling. It is good policy, then, to desist in time.

When the nipples have been prepared for the demands of nursing in the mode described, it is seldom that fissures or hacks of any moment arise during its performance. But when such measures have not been adopted during pregnancy, and even in spite of them, when the skin is delicate, or the infant's mouth is affected with aphthæ, cracks and abrasions of the nipple take place, and must be promptly treated, otherwise abscess is very likely to supervene. The remedies for sore nipples are innumerable; having tried most of them with various success, I have for some time employed one only, which has rarely indeed failed to effect a speedy cure, provided the case has not been too long of being attended to. The *collodium flexile* of the Pharmacopœia answers every indication; it forms an efficient protection from the air; by its contraction, tends to draw the margins of the fissure together, and does not injure the infant—a most important point not always regarded in some of the remedies recommended. The collodium flexile may be painted on several