

LAVAGE.—To introduce the tube to lavage the stomach in a bed-ridden patient, who is unable to sit up, the *Philadelphia Polyclinic* says it is better to turn the patient slightly on the side, so that if there is vomiting the fluids may readily run out of the mouth. The tube should never be retained in position while the patient is vomiting, as it may cause the entrance of the vomited material into the larynx.

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CHYLOUS AND ADIPOSE ASCITIS.—Dr. A. E. Edwards, Chicago, in his paper in *Medicine* for August, thinks that many of the cases recorded in the older works of lymphorrhœa were of a pyogenic or tubercular nature. The milk-like discharges in puerperal women are most likely of pyæmic origin. The causes for dilated lymph vessels are filaria, adenitis, lymphatic obstruction. Lymphocele is increasing in frequency. The existence of chyle in the pericardium is very rare. Chylothorax is more frequent. Of this condition about twenty cases are known, and some sixteen of these arose from direct trauma to the thoracic duct. The peritoneal cavity is more frequently than any other serous cavity the seat of chylous effusion, chyliform, oily, lactiform or adipose ascitis. There have been about ninety such cases placed upon record. The rupture that causes some of these cases may occur in any part of the lymphatic system, as the thoracic duct, receptaculum, lacteal vessels, lymph gland chylous cysts. Chylous ascitis means effusions chyle. Adipose ascitis means effusions with a considerable percentage of fat and no chyle.

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CANCER OF THE BREAST.—Dr. Herman Mynter, Buffalo, in *Buffalo Medical Journal* for August, remarks that much improvement has taken place in the operations for cancer of the breast. Grass and Agnew taught that they had never cured a case, but Halstead claims a cure in 94 per cent. The main advance is in the direction of early operation. When the lymphatics are affected the cancer elements soon extend into the pectoral muscles. It is a mistake to suppose that all the lymphatics pass through the axillary glands. There is a net-work of lymphatics over the pectoral muscles. It is not sufficient to remove the tumor and the glands in the axilla. Kuster then advocated cleaning out the axilla in all cases. Volkmann thought the fascia ought to be removed from the pectoral muscle. Halstead and Willy Meyer now advise that the tumor, the pectoralis, major and minor, and the glands in the axilla be removed. By this means the disease is often eradicated. In all cases recurrence should be operated upon early with the knife, provided the constitution has not become tainted.