

her lochia. She is now on the citrate of iron and quinine, and improving daily.

*Extract of Belladonna.*—To Dr. R. H. Goolden, of St. Thomas' Hospital, the profession is indebted for again bringing into notice the extract of belladonna, as an application to the breasts for the arrest of the secretion of milk, he merely applies it to the areolæ.

*Colchicum internally.*—And having noticed that cows eating the colchicum plant in pastures, immediately became dry, he thought of trying the wine of colchicum, in half-drachm doses at the same time that he was applying the extract of belladonna to the nipples; and in one case, where the breasts were very tumid, tender, painful and hard, within two hours they became perfectly relieved, the milk greatly absorbed, and what is very important, there was no fever or other inconvenience attending the sudden suppression of the milk.

Dr. Burrows, of Liverpool, who likewise has been very successful with the belladonna, gives conjointly with the colchicum, drachm doses of Epsom salts, repeating the mixture every four hours; and finds that in 36 hours, the swollen, hard, tender and red breast, becomes cool, pale and flaccid, being finally reduced smaller even than before pregnancy.

Dr. E. U. Berry, of Covent Garden, mentions two cases where in place of arresting the secretion, the belladonna seemed to merely relax the mouths of the lactiferous tubes, and give relief to the inflamed breasts by causing the milk to flow freely away into a bread poultice, and the suckling was continued afterwards. May it not have been the action of the poultice that produced this effect?

The belladonna does not seem to affect the milk in the breast, and the child may be applied at any time, after washing the nipple carefully.

Dr. A. K. Gardner, of New York, applies a plaster of extract of belladonna spread on kid, and leaves a hole for the nipple when it is desired to remove swelling and decrease the quantity of milk, and the child is allowed to suck without disturbing it.

*Camphor.*—Dr. Harris, of Savannah, who has had much experience, prefers camphor to belladonna, and mixes it with glycerine; and the editor of this paper has long been in the habit of checking a too excessive flow of milk by frictions of camphorated oil, which have never seemed to affect the child in any way although kept constantly at the breast.

*Iodide of Potassium.*—This salt has been strongly recommended by some French and German practitioners. Professor M. Roussel, of Bordeaux, who has employed it in twenty cases of painful engorgement of the breast, finds that the iodide removes it generally in three days, and that the milk will return if desired, by discontinuing the remedy as soon as relief has been obtained; and farther, that six or eight grains in the twenty four hours, taken in divided doses, has proved more successful in his hands than when given in larger quantities.

Dr. Gaillard Thomas applies the belladonna, and gives large doses of the iodide of potassium internally.

*Tobacco.*—Tobacco ointment made by boiling an ounce of fresh tobacco in a pound of lard, is said to act similar to extract belladonna, and never to produce constitutional effects when applied to the breasts.

*Sage.*—Taken in strong infusion, long since recommended by Van Sweiten, has often been resorted to with success to arrest the flow of milk.

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Twenty-five years of ample experience, although placing ovariectomy among the standard operations in surgery, has been far from producing that uniformity, either in the mode of conducting it, or in its subsequent management, that we should have been led to expect. Whilst one celebrated surgeon ties the pedicle of the diseased ovary, and returns the cut end into the abdominal cavity, leaving the ligature only protruding; another brings the ligatured portion out at the lower part of the opening, and pins it with the integument; a third, although healing it externally, does not ligature, but employs a clamp, resembling a carpenter's compasses, allowing the compressed end to slough away. One requires a warm room to operate in, another merely applies hot flannels to the exposed intestines, and a third takes no precautions whatever, but keeps the room warm afterwards. One surgeon, after over a hundred operations, still continues to make long incisions through the abdominal wall, whilst another prefers short exploratory ones. One closes the parts by needles, taking in half an inch of the peritoneum on each side; another warns us particularly from touching this membrane. One sponges out any escaped fluids from among the intestines, another employs flannel, and a third prefers to allow the fluid to remain, unless very acrid, than to so irritate the peritoneum. And in the after treatment, one surgeon directs the patient to be kept constantly under the influence of opium for the first few days, another does not give any opium, and a third gives it carefully when the pain is very severe. One bleeds for the ensuing peritonitis, another refrains from bleeding, although no blood has been previously lost; whilst a third gives brandy constantly. Opinions concerning the nourishment are alike at variance.

And who are these surgeons who differ thus widely? Simpson, Clay, Brown, Smith, Fergusson, Walne, Bird, and a host of others, the stars of our profession: men who, notwithstanding their diversified experience, have done more to alleviate the suffering and save the lives of our fellow creatures of the opposite sex than any for the last two hundred years. But who shall decide on the proper mode of proceeding when such differences and such fatality alike attend all. That we are in our infancy in this matter is certain; but it cannot be long before some master mind will arise, who by some new operation, or the detection of some unnoticed neglect, by obviating the frightful mortality attending peritoneal sections, will confer a still greater boon upon humanity, and decide upon these differences.