strength, and apparently health, his skin losing its dusky yellow tinge, and becoming clear, and even slightly coloured.

I do not ever remember to have seen so rapid a change for the better in six days, but, on the 12th of June, I was as much grieved as astonished to see my patient walk into my consulting room, leaning upon the arm of his wife. Before, however, I had time to express my displeasure, the poor gentleman sunk into my chair, and the hæmoptysis returned, worse than at the first. Every fifth or sixth inspiration brought on the cough, and every cough was followed by sputa of frothy florid blood. I was seriously alarmed for him, and as soon as possible had him conveyed home, and laid upon the sofa, with the strictest injunctions that he should neither be allowed to speak or to move. I ordered him five grains of gallic acid every second hour, and was pleased to see that the hæmoptysis gradually diminished. He probably had lost half a pint of blood between twelve o'clock at noon—when he called upon me, and nine at night, the intervals between each expectoration being, at the latter hour, about twenty minutes, and the colour still florid, although somewhat less bright. At a quarter past eleven o'clock the same night I was summoned, hurriedly. In undressing the patient, the hæmorrhage had a third time recurred. His breathing was now hurried, every inspiration brought on a cough, and every cough brought up bright arterial-looking blood. He was becoming faint and livid-looking when I arrived, and I really was afraid lest he should have been suffocated. The air passing through the blood already in his throat produced a gurgling sound, which alarmed his wife, to whom it sounded like the "death rattle." I now took a drachm of gallic acid, put it into a six-ounce bottle, dissolved it in hot water, and added rather more than a tablespoonful of brandy. I cooled this mixture in some ice which was in the room, and gave Mr. R. a dessert spoonful of it every three minutes. The pulse, which could not be felt at the wrist, recovered slightly after the third dose. At the end of half an hour the face became less livid, and he seemed much revived; I, however, continued the gallic acid every five minutes until the end of the first hour, and afterwards every ten minutes until nearly two hours had elapsed, when, to my great joy, the expectoration became perfectly inky. After the first inky expectoration the breathing became greatly relieved, and the patient fell into a quiet doze. He had taken the first drachm of gallic acid in one hour and fifty minutes. I then mixed a second drachm, in the same manner as the first, and gave him a tablespoonful of the mixture at half-past one o'clock, after which he fell asleep soundly; I then left him, with orders that the gallic acid should be given him, in five-grain doses, every hour, for six hours, while he was awake, or to be repeated every ten minutes, if the hæmoptysis were to recur. On calling next morning I found he had expectorated but twice, and the sputa were perfectly inky. I kept him under the influence of the gallic acid for three days, gradually diminishing the frequency of the dose. At the end of this time, as he had neither cough nor expectoration, I

changed his medicine to the infusion of roses and sulphate of magnesia, and ordered him also to take five-drop doses of creasote, three times a day, upon sugar; he now went on steadily getting well. I found it rather difficult to prevent his committing indiscretions in exercise and in diet, and therefore curbed him a little, by giving him minute doses of tartarized antimony; and upon the 26th, or fourteen days after his severe attack, he was so far recovered, and had for some days borne exercise in the open air so well, that I allowed him to go home again to London, indeed for the last three days I could scarce persuade him that he was an invalid.

Perhaps one of the most satisfactory results of the large doses of gallic acid, was the entire disappearance of the diabetes, and the simultaneous reappearance of bile and sufficient stools. Another point worthy of notice was, that the patient weighed precisely the same upon the day he left Brighton as he had done one month previously.

There is yet a third point to which I would direct the attention of the reader,—that the dyspnoea was almost completely relieved as soon as the system was well saturated with the gallic acid. The difficulty of breathing was no doubt caused by the gorged state of the vessels of the lungs, which was relieved by the powerful astringent acting upon them from within.

ON MAMMARY ABSCESS.

By ALEX. H. PATERSON, ESQ., ALTRINCHAM.

SEVERAL London surgeons have mentioned that boils, carbuncles, and similar diseases have been very prevalent in the metropolis during the last few months.

These diseases have not been confined to London, but have spread, I believe throughout the country, and in this neighbourhood I have noticed inflammation and suppuration of the breast to be unusually frequent after confinement, in females of all classes. In most of the cases I have seen there has been no cause assigned for an attack of fever, which commonly set in a week or fortnight after delivery, was in many cases very severe and even dangerous, typhoid in character, with disordered secretions and diarrhoea. This was followed by inflammation in one and sometimes in both breasts, terminating in abscess.

Burns and Ryan, in their works on midwifery, tell us that this complaint is very easily induced, and very difficult to check. And we know from experience, that the loose cellular tissue of the gland favours the formation of troublesome sinuses, which give great pain, are very long in healing, and seriously affect the strength. The skin is here thick and loosely attached, and the subcutaneous tissues thickened, pass into a state of sub-acute or chronic inflammation, and remain indolent and painful for a long time. Not unfrequently abscess succeeds abscess, and sinus unites with sinus, until a young and delicate woman is reduced to a shadow, and

the gland so injured that it cannot be used after any succeeding pregnancy.

The authors I have mentioned recommend warm applications at first, and the gentle use of mild liniments, the laying open of sinuses, (which Dr. Burns says truly, is very painful,) and simulating embrocations to remove any swelling that may remain.

I doubt not all my readers have had ample opportunities of trying and being disappointed by these remedies; and finding in some of the cases before alluded to, their inefficiency, either in arresting suppuration, or after that was established, in preventing the formation of sinuses, I resolved to change my treatment. The chief causes of sinuses—prolonged suppuration, swelling and consolidation, are undoubtedly the structure of the part in which the inflammation arises, and its loose pendant position obstructing the return of venous blood, and favouring infiltration of lymph, and the burrowing of matter.

My first principle in the treatment was to support the breast by a handkerchief placed beneath it and brought round the neck; then, if suppuration had not commenced, I covered the whole breast with strips of adhesive plaster, an inch wide and from nine to six inches long; the strapping commenced below, and extended from the arm pit, beneath the breast to the upper part of the sternum, successive strips were applied as high up as the nipple, leaving it uncovered, and then, in the same manner over the upper part of the gland, commencing at the top. The plaster was so applied as particularly to press on the indurated inflamed portion, and support the parts below it, but not to give pain by being too tight. It was removed when it became loose, and generally worn for a week or fortnight, until all swelling and hardness had disappeared. When suppuration had commenced, the breast was supported and a poultice applied till the abscess burst spontaneously or the matter was evacuated by the bistoury, and the strapping applied as above, a small hole being cut to allow the escape of the pus. The plaster was reapplied as often as the discharge rendered necessary, but not more often than I could avoid, as I preferred replacing a saturated or loose strip, to removing the whole oftener than every second day. This plan proved eminently successful, the formation of matter was arrested, old sinuses closed and healed, and no new ones formed; and under steady equable pressure, chronic indurations rapidly melted away. I should add, that the strapping used by me is composed of *emplastrum saponis* and *emplastrum plumbi*, spread on unglazed calico, and prepared by Messrs. Palmer and Palmer, druggists, of Birmingham, according to a form of Mr. Hodgson's.

It is, I think, much less irritating, more elastic, and less apt to cut at the edges than common adhesive plaster, and when good and fresh, at least as adhesive. I will, in conclusion, give the outlines of two cases, exemplifying the treatment.

Mrs. P., aged 27. This lady was confined for the third time early in May last. Breasts small; milk scanty and not sufficient to support her healthy infant.

At the end of a month she had in a great measure recovered her health, when, without any apparent cause, she was seized with headache, giddiness, thirst, and rigors, and the right breast became painful, hard, and marked with red lines beneath the axilla. The treatment was aperients, and fomentations to the breast; the next day three leeches were applied, with partial relief; on the day following the tenderness was still great with much hardness, the general symptoms much improved. The strapping was now applied, and remained on a week, when the breast was well. The supply of milk failed for three days, but afterwards returned. This lady had never before anything amiss with her breasts.

Mrs. B., aged 37. Has had four children. This woman was attended by a midwife at her confinement, which occurred early in May last. About a week afterwards I was sent for, and found her suffering from fever, of a morbid type, inclining to typhus; great constipation, succeeded by diarrhoea, &c. These symptoms yielded, and at the end of a week I left her convalescent, though much reduced, and with inflammation of the right breast, which the friends of the patient thought themselves competent to treat, as they had some years before cured an abscess of the other breast after it had lasted three months, and had left the gland useless, and indeed without the power of secreting milk, so that the woman nursed entirely by the right breast. About a fortnight afterwards I was again sent for. My patient was weaker than ever, and one or two abscesses were forming on the right side, and one on the left. I ordered nourishing diet, the breasts to be supported by handkerchiefs, and poulticed; they went on, however, badly; abscess after abscess formed and broke, or were lanced, on both sides; the breasts were riddled by sinuses, and much substance was lost in the right one from sloughing; the discharge was profuse, and the patient scarcely able to sit up in bed. On the right side there were, probably, eight or ten openings, from the size of a crown piece to a pin's head, most of them connected. On the left there was great induration, and more matter evidently forming, and four openings communicating with the sinuses. I applied the strapping on both sides, removing it for the first week every second day, afterwards every third. The induration, which had been accompanied by throbbing, shooting, and burning, disappeared from the left mamma, and the sinuses rapidly healed. On the right side the improvement was equally rapid, and in less than three weeks from the application of the plaster, the woman was pretty well, and the breasts perfectly and soundly healed, with very little contraction of the nipple on the right side.