

When the fissures have been formed they may be touched with the following solution:

R. Argenti nitratisgr. x 66
 Aq. destil.3i 32

M. Sig.: Apply locally with an applicator once every other day.

The following is of service as a wash:

R. Hydrarg. iodidigr. i 06
 Alcoholis3vi 24
 Glycerin
 Aq. destil. āā3viii 256

M. Sig.: Use as a wash night and morning.

MASTITIS.

Probably the first thing noticed in beginning mastitis is a hard mass, or what is ordinarily called a "cake breast." This may cause, at first, no subjective symptoms except probably when the infant is at the breast. In a short time the hard mass is painful upon pressure, redness may appear superficially, accompanied by swelling. This is followed by fluctuation. As soon as this is detected active procedures should be commenced at once. And at this point we can not speak too strongly against the applications of poultices in any form. On the other hand, when pus is detected it should be evacuated as early as possible. In making an incision it has been dwelt upon by many to make the incision radiating from the nipple toward the periphery as the spokes of a wheel radiate from the hub. In this way the lacteal ducts are not interfered with and the incision is devoid of any great danger. Drainage and thorough cleansing should be subsequently properly carried out.

Puerperal mastitis tends to recur with each confinement. Traumatic lesions also predispose to puerperal mastitis. Infected cracks or fissures of the nipple are by far the most frequent causes of mastitis. Dr. E. P. Davis recommends that the breast and nipple be washed with castile soap and warm water, the nipple drawn out by the thumb and finger and a suitable antiseptic ointment applied. Stasis of milk in the breast must be prevented. He recommends a solution of boracic acid to preserve the nipples in an aseptic condition. He also states that it is better to err on the side of too early incision than to delay too long. Under no circumstances should the child nurse the affected breast. The same germs which infect the breast may infect the gastro-intestinal tract of the infant.

C. S. Bacon, of Chicago, in an article in *New York Med. Jour.*, states that general precautions consist in washing thoroughly the nipple before nursing and bathing thoroughly with a 75 per cent. solution of alcohol, after nursing, to protect the nipple from abrasions and accidental infections from the mouth or skin of the child. He chooses alcohol as a disinfectant, because it is harmless to the child, and at the same time efficient. He also recommends the nipple shield as of great importance in the prevention as well as the cure of nipple wounds. If the nipple wounds do become infected, but no symptoms of general infection or involvement of the deeper breast, the local wound should be treated like wounds in any other part of the body. The application of cotton saturated with alcohol is usually sufficient, but the appearance of chills and fever indicates deeper infection of the breast. When these symptoms appear Dr. Bacon restricts nursing from the affected breast and supports the breast with a proper bandage. With this treatment he states that from 80 to 90 per cent. of the cases will terminate without abscess formation, and if an abscess does form it will be localized to one lobe as a rule. If pus formation is suspected he recommends that the hypodermic needle be used to determine its presence; and if the abscess is present, however small, it should be opened at once. If in doubt, continue the support and ice-bag to the breast. This will limit its formation and the pain. He denounces the treatment by poultices, which allows a considerable portion of the breast to become involved and broken down. He recommends that a few drops of Schleich's solution be injected beneath the skin, making the line of incision anesthetic. The pus should be washed out with sterilized water and small amount of steril-

ized gauze introduced for drainage. This may be covered in twenty-four hours and the wound kept open for one or two days by irrigation, when it will usually close itself.

Dr. Rubeska, in *Centralblatt f. Gynekologie*, states that in 3152 nursing women he has observed 1244 cases of sore nipples. He recommends, as treatment, the use of compresses moistened with a 3 per cent. solution of boric acid and covered with gutta percha. He states that lactation was continued in almost all the cases, the nipple being simply protected with a shield. In three-fourths of the cases the trouble subsided within ten days, and mastitis developed in less than 2 per cent. of the cases. He further states that when mastitis did develop the breast was thoroughly disinfected, and compresses damp with a solution of bichlorid of mercury, one-half per cent. strength, were constantly applied for three hours; the first milk was drawn artificially with the pump and the ice-bag afterwards applied. If the signs of inflammation first developed with a chill followed by a high temperature accompanied with pain he immediately ordered an injection of a 3 per cent. solution of carbolic acid into the affected breast, as much as two or three Pravaz syringefuls being injected at one time. If the trouble began less severely this was not carried out unless the pain and temperature continued longer than forty-eight hours. He states that suppuration took place in only two cases following this treatment, and no harm was done in any case.

First states that if the abscess is opened early one incision commonly suffices. If the case is neglected every pocket of pus must be opened and every sinus drained to secure a permanent cure. The incision should radiate from the nipple and the area of pigmentation should be avoided as far as possible or the incision should be confined wholly within this area as the pigmentation will follow the cut, disfiguring the breast. The abscess cavities should be compressed, after being opened, by a firm binder and the wound irrigated daily with sterile water.

In threatened mastitis the following ointment may be of benefit in some cases:

R. Ichthyol3iv 16
 Ung. hydrarg.3iv 16
 Ung. belladonnæ3ss 16
 Cerato plumbi subacetat.3i 32

M. Sig.: Apply locally three times daily.

Proper attention to elimination in such conditions as the foregoing should not be neglected. Elimination should be promoted by the bowels and kidneys. Salines should be administered until free action of the bowels is produced. The following may be used under the same conditions as the above:

R. Zinci oxidi
 Ung. belladonnæ āā3ss 16
 Ichthyoli3ii 8

M. Sig.: Apply locally twice or three times daily.

GALACTORRHEA.

The following is sometimes applied locally in connection with supporting treatment of the breast:

R. Ung. belladonnæ
 Lanolini āā3iv 16

M. Sig.: Apply locally twice daily.

Medicolegal.

Non-Expert Witnesses in Inquiries as to Sanity.—The Supreme Court of Alabama holds, in the murder case of Caddell vs. State, that on an inquiry of sanity or not, the rule applicable to non-expert witnesses is that opinions opposed to sanity are admissible only when stated in connection with the facts respecting the conduct, abnormal or otherwise, of the person whose sanity is questioned; but opinions affirming sanity may be based on a mere negation of unnatural or peculiar conduct, without a specification of facts.

No Damages Recoverable for Injuries to Unborn Child.—The Supreme Court of Rhode Island holds, in the case of

Gorman vs. Budlong, that one can not maintain an action for injuries received by him while in his mother's womb; and that, consequently, his next of kin can not maintain an action, after his death, therefor, under the statute of that state, which provides that whenever the death of a person shall be caused by the wrongful act, neglect, or default of another an action may be maintained for damages if he could have maintained one had death not ensued.

The Testimony of Paid Medical Experts.—The Supreme Court of Tennessee holds, in the case of Bateman vs. Ryder, that there was no error in the trial judge charging the jury that "the testimony of experts introduced for the purpose of establishing insanity or mental unsoundness, if paid for, should be received with great caution and carefully weighed by the jury," the judge charging further, upon this feature of the case, that "it was lawful and proper for an expert physician to charge a reasonable compensation or fee for his professional opinion or services."

Not Required to Refund Cost of Medical Treatment.—Without passing upon the question of whether or not it is necessary, as a condition precedent to the commencement of an action in a personal injury case where a release has been signed, that the money paid therefor should be refunded, it being alleged that the party was in such a condition when he signed it as not to understand what he was doing, the Supreme Court of Colorado holds, in *Town of Colorado City vs. Liae*, that, no money having been received, the only consideration for the release being the furnishing of surgical and medical treatment and care at a hospital, it is not necessary for the injured party to ascertain the amount paid to third parties therefor in his behalf and to refund same before commencing his action. It thinks it enough, as well as proper, that the jury be instructed that if he is given a verdict the amount shown to have been paid for his benefit under the terms of the release should be charged against him.

Mental Injury from Wilful Wrong.—The first appellate division of the Supreme Court of New York holds, in the case of *Williams vs. Underhill*, that the rule that damages resulting from fright alone, or for mental suffering disconnected from other injuries, can not be recovered, applies only to actions based on negligence, and not to cases of wilful tort or wrongful acts. The reason for limiting liability in actions for negligence, it says, is founded in the principle of law governing such actions, namely, that the measure of damage shall be confined to the natural and probable consequences of the act or omission constituting the cause of action, while the distinction between such a case and one founded upon a wilful tort, such as an assault, is very clear. So, evidence having been admitted in this case, without objection, which tended to prove the commission of an assault, and that prior to the same the party suing for damages therefor had been a person of unusual mental strength, the court holds that it was error to exclude testimony offered to show the effect of the assault upon her mental condition, and of the medical treatment received by her therefor, even if she had limited her claim to damages for mental injuries resulting from fright alone.

Authority Required for Compulsory Vaccination.—As a question never before raised in that state, the Supreme Court of Michigan takes up, in the case of *Mathews vs. Board of Education*, that of the validity of compulsory vaccination of school children. It appears that in 1894 this Kalamazoo school-district board enacted the following rule: "No pupil shall be admitted into any public school who can not furnish satisfactory evidence that he or she has been vaccinated or otherwise secured against smallpox, and no pupil affected with any contagious disease, or coming from a house where such a disease exists, shall be allowed to remain in any public school." This rule continuing in force, a Christian Scientist brought this suit, denying its validity. The court, however, does not feel called upon to discuss the question of his religious scruples. It points out that, inasmuch as the law of the state makes it the duty of the child to attend school, and of the parent to send him, under penalty of fine or imprisonment, or

both, the effect of the rule referred to would be to compel the vaccination of the child, or subject him and the parents to the penalties of the law, the practical result of which would be to give the board of education the right to compel compulsory vaccination, if the rule could be sustained. Wherefore, the legislature not having undertaken to give the board the power, when no epidemic of contagious disease exists or is imminent in the district, to pass a general, continuing rule which would have the effect of a general law excluding all pupils who will not submit to vaccination, the court, divided three to two on the proposition, holds that the school board exceeded its power. At the same time, it does not mean to intimate that during the prevalence of diphtheria or smallpox, or any other epidemic of contagious disease, in a school district, the board may not, under its general powers, temporarily close the schools, or temporarily say who shall be excluded from the schools until the epidemic has passed. Again, it says that in the absence of any statute authorizing compulsory vaccination, or which requires vaccination as one of the conditions of the right or privilege of attending the public schools, it thinks it can not be maintained that the rule relied upon was a valid exercise of the rightful powers of the State Board of Health. Its powers, though quite general in terms, must be held to be limited to the enforcement of some statute relating to some particular condition or emergency in respect to the public health; and, although they are to be fairly and liberally construed, yet the statute does not, either expressly or by fair implication, authorize the board to enact a rule or regulation which would have the force of a law changing the statute in relation to the admission, and right of pupils of a proper school age to attend the public schools. It is not a question, the court continues, as to what the legislature might do, under the police power, about requiring vaccination as a prerequisite to attending school; nor is it a question of whether the legislature could confer this power upon the school board. To lawfully exclude children from the public schools for the cause relied on requires such a change in the existing law as the legislature alone can make.

Current Medical Literature.

Titles marked with an asterisk (*) are noted below.

Philadelphia Medical Journal, September 14.

- 1 The Employment of the Recuperative Power of the Heart as an Estimate of Its Functional Ability. Martin Mendelsohn.
- 2 *The Principles of Treatment of Tuberculous Laryngitis. St. Clair Thomson.
- 3 *The Treatment of Tuberculosis with Urea. Arthur H. Buch.
- 4 Undiluted Milk in the Chronic Gastroenteritis of Rachitic Infants. Maurice Ostheimer.
- 5 Unusual After-Effects of Snake Bite. Lawrence E. Holmes.

Medical Record (N. Y.), September 14.

- 6 The Origin and Formation of Fibroid Tumors of the Uterus. Mary A. Dixon Jones.
 - 7 Some Observations on Modern Cardio-therapy. Homer Wakefield.
 - 8 *The Functions of the Tonsils, with a Few Suggestions Regarding the Differential Diagnosis of Tonsillar Affections. R. C. Matheny.
 - 9 A Unique Specimen of Vesical Calculi. F. C. Larimore.
- American Medicine (Philadelphia), September 14.
- 10 Wounds of the Thoracic Duct Occurring in the Neck; Report of Two Cases; Résumé of Seventeen Cases. Dudley P. Allen and C. E. Briggs.
 - 11 The Practical and Scientific Value of the Blood Examination to the Medical Man and Surgeon. (To be concluded.) Robert N. Willson.
 - 12 Condition of Epileptics in Pennsylvania. Wharton Sinkler.
 - 13 *Modern Experience vs. Ancient Tradition Concerning Alcohol as a Beverage and Medicine. H. D. Didama.
 - 14 *Atropia as an Efficient Aid in Relieving Acute Pulmonary Edema. Charles O'Donovan.
 - 15 A Note on Bacillus Coli Communis in a Possibly New Rôle as an Inhibitor of HCl in the Stomach. G. W. McCaskey.
 - 16 The Eye Complications in a Case of Ankylostomiasis. Howard F. Hansell.
 - 17 The Lane Lectures on the Social Aspects of Dermatology. Malcolm Morris.