

INFLAMMATION OF THE BREAST, AND MILK ABSCESS

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Inflammation of the breast, and milk abscess by Thomas William Nunn

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THOMAS WILLIAM NUNN

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BY

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P R E F A C E.

ANY one taking the pains to look over even a limited number of writers who have a claim to be considered as authorities on the subject of this Essay, will encounter the most contradictory opinions and advice. Certain preconceived ideas seem, in many instances, to have tintured the description given by them of the nature of the disease, while a bias towards some extreme or other has determined their plan of treatment.

To decide whether, in the following pages, conclusions are to be found more consistent with a correct interpretation of clinical facts, and

whether the rationale of the line of practice recommended is satisfactory, the assistance of the Profession is sought.

The author wishes to acknowledge the obligations he is under to Dr. King for his assistance in the discussion of some important points; and to his colleagues, Dr. Frere and Mr. Mitchell Henry, and to Mr. Ure, of St. Mary's Hospital, for their politeness in allowing him to quote the corroborative cases to which their names will be found attached in the text.

INFLAMMATION
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SECTION I.

THE breast forms the last physical link of that chain which connects the mother to her offspring. The series of reproductive organs, the ovaries, uterus, and mammary glands, are respectively eliminative, developing, and perfecting. The latter stand as a non-deciduous placenta to the breathing infant, in the same relation as the uterine or deciduous placenta does to the torpid fetus, and afford the means whereby the future individual, tenderly, and by degrees, is placed in its independent relations with the external world.

The uterine placenta pours its nourishment directly into the vascular system, whereas the

breast yields a fluid, which must pass through the digestive and assimilative organs, previously to its transmission into that centric engine of vitality; thus the externally placed breast is in relation with the stomach or peripheral nutrient apparatus, the internally placed uterus with the heart or central nutrient apparatus.

The breasts appertaining to the thoracic segment of the body, equally, at least in point of time, divide the labour of nutrition of the offspring between the thoracic and pelvic segments. The vascular and nervous supply of the mamma associates it with the upper segment; that of the uterus associates it with the lower segment. Pathognomically, this relation is often demonstrated; the shoulder and arm are sympathetically affected in certain disorders of the breast, while the thigh and hip similarly suffer during the continuance of some abnormal conditions of the uterus.

The same increase of capacity takes place in the mammary vessels during lactation, as occurs in the uterine during gestation. Although the breasts increase towards the close of gestation, the concentrated energy of the organism is not directed to them till after parturition.

At this critical period, there would appear to be, as it were, a metastasis of energy.