

precautions for cleanliness. In other cases, in spite of the most careful preliminary measures, there will be no end of trouble, especially with the nipples. As a rule, the breasts require no treatment, but where the nipples are tender, or small and undeveloped, much good can be accomplished by proper care, especially during the last few months of pregnancy. In all cases the breasts and nipples should be bathed each day with warm water and castile soap. If the nipples are prominent, and not tender, this will be sufficient. If tender, a small quantity of albolene can be applied each night upon retiring, the ointment being placed upon a small piece of sterile gauze. Where the nipples are small, flat or only slightly protruding, the woman should, with perfectly clean fingers, draw them out by careful manipulation for a period of fifteen minutes each day of the eight weeks immediately preceding the time of confinement. For this purpose a lubricant, such as albolene, is to be used. The nipples can in some cases be made eminently suitable for nursing, where without the use of manipulation it would be impossible for the child to take hold. It seems to me that our purpose in the case of the nipples should be, not to harden them, thus making them more liable to crack, but on the contrary to keep them soft and pliable, in which condition cracking is certainly less likely to occur.

Taking up, now, the consideration of the breasts and nipples during the puerperium, it will be best to commence with the treatment of the nipples, for the reason that, if proper care be given them, serious trouble in the breasts will be of comparatively rare occurrence. The most direct and most common source of infection in the breasts is through imperfect or careless treatment of the nipples. It is my firm conviction that if the nipples are kept absolutely clean there will be no infection in the breasts themselves. The most essential element then in successful treatment of the breasts and nipples is that of strict attention to the details of surgical cleanliness. The nipples themselves, the child's mouth, the applications and the fingers of the nurse must all be kept as nearly sterile as is practicable. The child's mouth and nipples are to be washed both before and after each nursing with a saturated solution of boric acid made in sterile water. Gauze and albolene that are used for the nipples must be sterile, and the fingers of the nurse or attendant must be clean as well. The patient should not be allowed to touch the nipples at all, and she should be instructed that trouble as a rule takes its origin from dirt coming in contact with the nipple. In the intervals between nursing the nipples are kept covered with albolene on small squares of ster-