may, and very often does, cripple the heart for life, leaving the patient incapacitated for much of the enjoyment and for all the physical activity which were his birthright, not to speak of the sufferiing and the brevity of such life as remains. If there are any means by which there is even a hope of this great calamity being averted, surely we ought to give it a trial. (2) My own experience has convinced me that in the great majority of cases this calamity can be averted, but only at the cost of a prolonged rest, which in itself is more irksome to the patient than the other details of treatment which accompany it. If, however, the patient is told, in such a manner as not to alarm or distress him, what are the issues involved, he is usually quite willing to give himself a fair So far as I can judge, the treatment is chance of recovery. more efficacious if begun early; if delayed beyond a certain time, it is of no use, at any rate, in the case of adults. In childhood it has seemed to me that the restorative power is I have seen a few cases of restoration of a damaged heart when no treatment but rest was adopted, and even one or two in the absence of a sufficient amount of rest, but my experience tells me these cases are few. children rheumatism is not infrequently devoid of pain. sore throat, a little fever, some aching in limbs, perhaps a few largish spots on the skin, may be all that indicates an attack of theumatism which, if unobserved, may leave the heart crippled. I advise you to examine the heart Lastly, two brief cautions: carefully in all such cases. your patient's heart after rheumatic endocarditis appears to have become normal under treatment, warn him to avoid active or violent exertion for two or three months, and also to take every precaution against another attack of If that recurs within three months, the heart rheumatism. is almost certain to be again involved.

THE TREATMENT OF THE BREASTS AND NIPPLES DURING PREGNANCY AND THE PUERPERIUM.

By GEORGE L. BRODHEAD, M. D.,

Professor of Obstetrics, New York Post-Graduate Medical School and Huspital; Instructor in Obstetrics in the University and Bellevue Hospital Medical College: Assistant Attending Physician to the Mothers' and Babies' Hospital; Fellow of the New York Obstetrical Society, etc.

With reference to the treatment of the breasts and nipples during pregnancy, there is little in my opinion to be said. In most cases the breasts and nipples do well with no preparatory treatment whatsoever beyond the usual