have a great patch of caustic, and you may have a large sore on the nipple. The proper way is to take a fine camel-hair brush and wet it with a ten-grain solution, or draw the brush over the stick of nitrate of silver, and having thoroughly dried the nipple, to paint into any little crack that you can see. Some sore nipples evidently depend upon the condition of the child's mouth. A child with an aphthous mouth is apt to produce a sore condition of the nipple. It is difficult to treat, and no doubt it may be communicated from one child to another; for if a healthy child is put to a nipple of that kind, it may possibly get thrush. Borax is the great remedy for the complaint—the old-fashioned borax and honey, or the more modern glycerinum boracis, applied freely to the child's mouth, and also to the nipple of the mother.

These are comparatively simple cases; the com plicated and important one is when syphilis is present in the child's mouth. When you get into practice you cannot be too much on your guard about syphilis; that is to say, you must keep your eyes open but your mouth shut. If you bear it in mind, you will avoid the errors into which practitioners are sometimes led, both as regards the mother and as regards the wet-nurse which is an important point. A woman, we will say, has borne a healthy child, and she is unable to nurse it. A wet nurse is engaged and you find some time afterwards that the child develops a coppery rash upon the body, with all the symptoms of constitutional syphilis, and it becomes clear that the child has been syphilized by the nurse. Such cases have occurred from time to time, and they are extremely serious. It is very important that in selecting a wet-nurse you should go thoroughly into the history of her previous life, and inquire whether she has suffered in any way from sores about the genitals, or whether she has had second ary, or, possibly tertiary symptoms. Generally the wet-nurse is young, and will not be likely to have got so far as tertiary symptoms; but it is not uncommon for a young woman to have unconsciously secondary syphilis from a husband, or in other ways, because wet-nurses are not always married. You find perhaps that there is some evidence of syphilis in the throat, and she may communicate this to the child she suckles by kissing it. I do not think there is any proof that syphilis can be communicated through the milk, but what more often happens is that the woman's nipple becomes a little sore, then you get the child's mouth infected, and all the symptoms of constitutional syphilis develop, and it has sometimes happened in such cases that the syphilized child has been put to the nipple of a healthy woman, and has again communicated syphilis. You cannot be too particular in the choice of a wet-nurse, and you should be most particular in looking at the child that you give to the wet nurse. If you have delivered a woman who is unable to nurse her child, and who is the subject of syphilis, the child will undoubtedly within a month or six weeks after birth develop congenital syphilis; and if you have already put the child to a wet-nurse, the chances are that it will communicate syphilis to her, and then trouble may arise—an action may be brought, or remuneration would have to be made. I draw your attention to these things because mistakes are sometimes made simply through inattention to them.

Now, supposing a patient has a simple ordinary sore nipple, what bad results may result from it? The first thing is that the unfortunate woman with a sore nipple is almost unable to nurse her child. The nipple is so exquisitely tender that when the child is put to it, the woman, whether the mother or not, cannot bear the pain. Under those circumstances, of course you have to do something, and the best thing you can do is to provide an artificial nipple. A glass shield like that which I hold in my hand is the usual thing. Upon it there should be fitted an ordinary india-rubber teat, and if that is placed over the nipple and the nipple is made to go well into it, with a little suction by the child's mouth the milk flows, and there is no irritation of the nipple. You can then proceed with the medication of the nipple, without doing harm to the child. But it often happens that the woman neglects herself. She has got a sore nipple, she cannot nurse the child, and she allows her breast to become gorged with milk, which is the first stage of inflammation of the breast. You will sometimes have a woman come to you with a breast as full of milk as the unfortunate overstocked cows that are sometimes driven to the fair, not having been milked for twenty-four hours before selling, in order to show the purchaser that they have good udders of milk. The woman suffers in the same way as the lower animal; the distension of the breast is extreme, and there is great weight and distress, and if it is not shortly relieved, it soon ends in inflammation. The mode of relieving it is a simple matter. The milk may either be drawn with a pump, or the breast may be relieved very much by gentle pressure of the hands, the operator standing behind the patient and compressing the breast, so that the milk is squeezed out without difficulty. I say gentle pressure, because if you use anything like violent pressure, you may do a great deal of harm. In the case of new-born children, one sometimes sees a foolish old monthly nurse, who observes a little fluid coming away from the breast of a child (which is not at all uncommon), set to work vigorously to squeeze it out, and every now and then you get in such cases an abscess in the breast of a new-born child. If, as I have said, the woman's breast is gently squeezed, the milk exudes, and the trouble may pass off. If it is necessary to