

ile gauze. 'There is no other treatment which in my experience equals that just described, and, if carefully carried out, no fear need be felt of abscess of the breast. The plan as outlined was first tried by me some years ago, when Resident Physician of the Sloane Maternity Hospital, with such success in a large number of cases that I have used the same method in private practice ever since. If the nipples become cracked or eroded, there is no treatment comparable to that of the application of ten per cent. nitrate of silver solution. After each nursing, when the nipple has been bathed with the boric acid solution, the crack or erosion is carefully and gently exposed with the clean fingers of one hand, while with the other the silver solution is applied to the raw surface by means of the cotton-wrapped end of a match or tooth-pick. Just enough solution is used to coat the raw surface of the crack with its albuminous covering, after which the excess of silver is removed with dry cotton and the albolene applied as usual. After several applications have been made the cracks usually heal. If the lesions are large and the nipples very tender, it is advisable to use a nipple shield, at least until marked improvement has taken place. In using the silver solution great care should be used not to apply it in such amount that the entire nipple is blackened and made ugly looking. It is of no use anywhere except in the crack in the nipple, and with care its application can be confined to that portion alone. Breast cases for treatment may be divided into two classes, the first class being comprised of those women who do not nurse and the second of those who do. For various reasons many women either never nurse or nurse for a variable time, then give it up. But in any case where the breasts are not to be used for nursing, the treatment should be as follows: a tight breast binder should be applied immediately after nursing has ceased (or in case of still-birth, on the second day after labor), the nipples being protected by small pieces of sterile gauze. Cotton should be placed in the axillæ, around and between the breasts, and the binder applied as firmly as the patient can bear it with any degree of comfort. When once the binder has been evenly and carefully put in place, it should not again be removed, except for purposes of cleanliness, until the breasts are soft and painless. If the binder becomes loose it should, of course, be tightened; unless there is good reason for changing the binder, it is much better to leave it in place for the reason that the breasts are often very tender and painful, and manipulation tends to increase the discomfort. The binder should be applied to the breasts with the patient lying in the horizontal position, for the