

of suction excited reflex irritation in the uterus, and promoted (?) contraction. So earnest were some practitioners on this point that if the infant was still-born, or too feeble to suck, they would irritate the nipple artificially, in order to carry out their convictions as to the efficacy of the treatment to the desired end. From clinical observation, I incline to the opinion that we "excite" more "irritation" than "contraction" by these manœuvres, and undoubtedly render "contractions" more painful by them. In face of the magnificent resources that modern Midwifery places at our command to meet every form of puerperal hemorrhage, I deprecate the attempt to rouse a tender sensitive uterus into action by the uncomfortable manipulations I have just mentioned, and I hope they will soon become as obsolete as blunderbusses.

(2) That the sooner the infant was put to the breast the sooner he could "mould" the nipple to suit him and "fetch" the milk. (Some of the "babies," mostly country-born, must have had a long way to go for it, as it took them two or three days to "fetch.")

My own experience goes to show the fallaciousness of both these proceedings—viz., "nipple moulding" and "milk fetching." A good nipple requires no "moulding," and it takes a very clever "baby" to mould a bad one; hence we have to help him out by the mechanical means I have just told you about. I object to breast forcing in any way whatever. Is it good practice? Would you "force" an empty bladder? though even this consummate piece of folly is not unknown in *bad* Midwifery nursing. Let us exercise a little sense and patience in this matter, take care of our patient, and watch events. The milk stream will flow in as surely as the tide, if we will but wait for it; and if *not*, there is some constitutional or extraneous cause for its absence not to be overcome by "forcing."

I have known brain troubles spring from it, the patients getting, especially if primipara, fretful, hysterical, depressed, with loss of appetite, in itself a serious matter. Can it be good for an infant to be put to an empty breast? We know that the art of sucking is an instinctive one, and that the child instinctively expects to get something by it. Can we wonder when we are told he is "cross" if he does not? "A hungry man is an angry man." Can we expect a hungry "baby" to be any better behaved?

On all grounds, then, I deprecate breast forcing as a point of practice, and never countenance it.

There is one aspect of the matter, though, that temporarily baffles us—the wish of the mother herself to *at once* suckle (or try to) her infant, and of course her wishes must be acceded to.

Such instances I find rare, and generally overcome or lessen the evil by gentle persuasion.

I rather dwell upon this matter, because I have seen so much unnecessary pain and discomfort caused by it to *both* my patients, and have had so often to do battle in their cause, that I am anxious to impress upon the minds of my Nursing readers the importance of this portion of their work.

Under favourable conditions lactation is an infinite comfort and relief to the mother, and aids her recovery as nothing else can (*plus corrosive sublimate!*). It affords to the newly-born infant his only *perfect* aliment, of which he shows his appreciation by growing every hour of his life, and earning imperishable fame by being the very best of "babies."

In my next paper we will discuss the multiple breast troubles in multipara, and possibly conclude the subject of lactation.

(To be continued.)

PRACTICAL LESSONS IN ELECTROTHERAPEUTICS.

BY ARTHUR HARRIES, M.D.,

AND
H. NEWMAN LAWRENCE, MEMBER INSTITUTION
ELECTRICAL ENGINEERS.

(Continued from page 233.)

THE magnetism of the earth has, of course, to be taken into account in any instrument which depends upon electro-magnetic action, and many forms of galvanometer have been constructed to reduce this difficulty to a minimum. One of the best of these is known as the astatic galvanometer, in which two magnetic needles of equal strength and size are fixed together, one above the other, in reversed positions, as shown in Fig. 32.

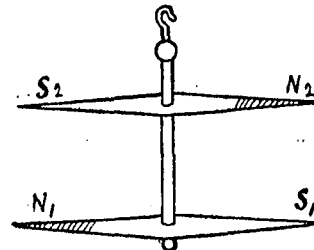


FIG. 32.

The force which urges N₁ S₁ to set itself in the magnetic meridian is exactly counterbalanced by the force which acts upon S₂ N₂. This astatic pair of needles will therefore remain in any posi-

[previous page](#)

[next page](#)