OBSTETRIC NURSING.

—— By Obstetrica, M.B.N.A. ——

PART I.—MATERNAL.

Chapter VI.—Lactation (Duties During).

(Continued from page 244.)

IN entering upon the breast management in multipara, we shall find a great difference in the conditions under which we undertake it, and we shall have troubles to meet that do not occur at all in primipara.

Following the same division of the subject as in my previous papers, we will take, first, multipara who do not intend to suckle; and second, those who do.

With respect to the former, the measures taken are identical with those in primipara, but attended with more difficulty and risk; because, as a rule, the milk flow sets in sooner after delivery, and more abundantly than in first cases, hence we have to take repressive measures sooner. Repeated pregnancies also tend to increase the size of the womb, and in consequence a larger quantity of blood is sent to the breast when the great changes coincident with lactation commence in the uterus. I think we may take it as a clinical fact, that the more often we have to take measures for milk repression, the more critical are the *results* of those measures likely to be, and the more apt to be followed by some of the adverse sequelæ of parturition. We also often get in these cases great hypertrophy of the breasts, and we have to relieve them as well as the system and resort to drawing, which, as you may remember, we do not wish to do in primipara, and slinging becomes increasingly important here.

With respect to the second (multipara who intend to suckle), we often have to encounter difficulties from antecedent breast damage or even disease itself, and we have to repress the milk flow in one breast and encourage it in the other. Again, we often get swelling of the axillary glands, and sometimes of the lymphatics of the under part of the upper arm.

I once attended a patient who had what we might call phelgmasia dolens in her right arm, with wedging of the right breast, and who was very ill in consequence. I also attended a patient in several confinements who had a little smithy in her own house, and used to get a good living by small forgings, and as a consequence used her right arm continually. After delivery, when the milk flow set in, the right breast would become immensely hypertrophied, and the upper part of the right arm much swollen. As in the former case, the *left* breast and arm were quite unaffected, and the patient able to suckle. We used to have a good deal of trouble to subdue the engorgement of the breast in the "forger," but were fortunate enough to keep inflammation at bay. Occupational causes will often lead to breast trouble in confinement, but we cannot go into this question just at present.

In multipara instead of mere engorgement with tenderness, we sometimes get a sort of nodulated condition of the mammary glands, so that the breast almost reminds one of a bag of marbles. I have found active friction *lightly* applied, with some stimulating lubricant, such as hartshorn and oil, very serviceable in these cases, and have often rubbed a "knotty" breast smooth with this simple remedy. Slings are not always required here, as there is not much enlargement in the volume of the breast. For swelling of the axillary glands near either breast, I have found warm fomentations and some belladonna ointment smeared over a piece of soft rag (but *no* rubbing), and placed over the swelling, soothing and effectual. For medicinal measures we generally resort to saline purges.

We get nipple troubles too, often the result of neglect and mismanagement in previous confinements; and in some instances the mischief is so serious that one breast will be quite disabled through it, and the patient has only the other to suckle with. Then we have the enlarged nipple, fleshy and spread out. It is too large for the infant's mouth, puts its jaws on the stretch, and renders the act of sucking impossible. This defect may affect *both* nipples. The evil is greatly aggravated, if not very often brought about, by injudicious attempts at "nipple moulding" in previous confinements, by placing the infant to an unprotected nipple, and letting it do its worst with it, the milk secretion at the same time being scanty; and this continued irritation from the infant's mouth injures the nipple, and hence lactation has at last to be abandoned. At the same time this form of nipple defect may be due to natural causes.

The Wandsbrough Metallic Nipple Shield may be of some use to the patient in these cases, but they are none to the infant, and at this point I will just describe them to my young Nursing readers who may not be familiar with them.

These shields are ugly things, circular in shape, about two inches in diameter, with a depression in the centre for the nipple; they are turned up round the edge of the rim, and if you place one on the end of your finger, you will find it bears a close resemblance in form to the round felt hat so dear to the rural heart of Hodge. They are