

or escapes into the abdomen, as in cases of fibroid, we get sympathetic enlargement of the breasts, as would be the case in pregnancy. An ignorance of this fact has often led to the most erroneous and painful conclusions, and I just point the matter out to you because, as Obstetric Nurses, you are apt to be brought into contact with this form of error, and I hope you will not hesitate to refute it. With respect to mammary enlargement, then, we cannot regard it as a *positive* sign of pregnancy, unless it be accompanied (which is not invariably the case) by a lacteal secretion, which we can hardly call milk, as it is sometimes a colourless fluid, from the mammary glands.

This is a diagnostic sign of pregnancy ranking in importance with the pulsations of the foetal, when we are able to detect them, with or without the aid of the stethoscope. Next to these are the singular changes that take place in the areolæ, the most noticeable being a discolouration of the disc, and a peculiar enlargement of the small tubercles with which it is studded, and a sort of moisture or dewiness with which the surfaces are imbued. These areolar changes are special to pregnancy, and exist, as far as I am aware, under no other uterine conditions; but their absence would not altogether *negative* pregnancy.

The condition of the nipples in the latter months of gestation often occasions much distress to women: tenderness from excoriation of the cuticle, and sometimes an irritating feeling of dryness, with scaling of the skin, and also a painful cracking at the base of the nipple. The remedies used for these troubles are multiple and conflicting, and many of our patients have pet plans of their own for relieving them, astringent applications being in much favour, though I myself denounce their use. However, there is one point with respect to nipple management that cannot be gainsaid, though, I regret to say, is but too often disregarded—the avoidance of *all* pressure from corsets or anything else. Deformities of the nipples, that lead to so much trouble during lactation, are often due to the amount of compression to which they have been unwisely subjected before or during pregnancy. The enlarging breasts require the support and comfort of well-cut corsets, but no pressure from them. I recommend the knitted one during pregnancy, as they are soft and porous. They should have as few as possible of the “bones,” “steels,” or what-nots that are used to give that delightful (?) appearance of stiffness to womenkind, so artistically (?) in accordance with all that is most beautiful in their form!

With respect to the nipples, for tenderness, dryness, and irritation, glycerine, or Glycerine and Borax B. P., applied with a camel's hair brush, will be found to be cooling and soothing. For

simple excoriation I find “camphor ice,” that is white vaseline (sold in small cakes in tins), very soothing; break off a small piece from the cake, just mould it between your fingers, and smear it rather thickly over the nipples, and protect them with a piece of very soft rag or lint. For fissures Glycerine and Gallic Acid B. P., applied well into the crack with a small camel's hair brush, is often serviceable; the preparation stains the linen, but it washes out; you require to use very little of it. A piece of soft rag placed round the nipple prevents a good deal of staining.

Before quitting the subject of the management of the breasts during pregnancy, I need scarcely say how carefully they should be guarded from injury, such as *compression* or blows; these latter especially often lead to serious trouble from breast inflammation due to that cause, and are only found out when lactation sets in.

Having briefly pointed out the mammary changes due to gestation, we will pass on to the consideration of those greater changes, that commence at its termination, and which are so intimately associated with that singular process called the involution of the uterus; and again we shall find how close is the sympathy that exists between the breasts and the womb.

I must refer my readers to my Introductory Paper (No. 78, *Nursing Record*), where I briefly outlined the remarkable uterine phenomena that follow after delivery, and remarked, “The atrophy of the proper uterine tissue commences about the fourth or sixth day from delivery,” and is coincident with lactation. What is the meaning of the term “atrophy” as applied to any organ or limb of the body? Wasting. From what cause? Defective nutrition, due to a cutting off of the arterial blood supply that is the life of every organ of the body.

I have told you in a previous paper in the *Nursing Record* that the blood demands of the gravid uterus were enormous, not only for its own needs, but for the growth and maturation of the foetus. If you refer to your text books you will see that the distribution of the arterial blood to every organ and part of the body is overhauled and directed by the vasa mola nerves that accompany the arteries in all directions, and wherever arterial blood is wanted arterial blood is sent. During gestation the uterus requires and receives an immense supply. After parturition the occasion for it ceases, the needs of the unborn child have been fulfilled, and Nature diverts the nutrient stream to the breasts, and provides for the sustenance of the infant in its new and separate existence. The uterus atrophies, the breasts enlarge, lactation completes the cycle of gestation. Thus we see that the sexual life of

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