

does not intend to suckle. It may be three or four days before the flow of milk sets in, and we shall have to take repressive measures at once, which I need scarcely tell you are distinctly unfavourable for the patient. Repression of lactation is no part of Nature's plan, as I pointed out to you in my last paper. We take her by the throat, as it were, and immediately or remotely she is apt to resent it.

First, as to what medicines we shall have to give. They must be salines or watery purges that act upon the kidneys as well as the bowels, seidlitz powders being most in favour. Some accoucheurs give as much as *two* of the large powders to one of the effervescing. In my own practice I mostly give what we began with just *before* labour—two compound rhubarb pills at bed-time, and a seidlitz powder first thing in the morning, given in lukewarm water, and in the way I told you in an early paper. Much goes to *how* you administer these powders, and *when*, if you wish to get good results from them. They may be given in these cases *without* the addition of the effervescing powder; but that point, and also whether one or two of the large powders are to be given, will depend upon medical direction, and be governed by the circumstances of the case as to whether the flow of milk be profuse or scanty; but in either case you quite understand we require a watery purge. There are many other medicines besides these I have mentioned, but these are used by most accoucheurs. There is a purging powder of jalap, ginger, and potassa sulphurata, that is useful in these cases, taken in a little warm tea early in the morning; and in this case pills are not required at night.

When we are obliged to do *wrong*, we must try and do it the *right* way. You must take great care of your patient the day these purges are acting on her to avoid chill in every way. There must be no bathing, vaginal nor external, and only the hands and face washed morning and evening. If the feet are at all cold, have the foot-warmer in the bed. Give the patient an egg beaten up in her tea at breakfast (which should not be given for at least an hour after the powders have been taken). At noon, a basin of beef-tea thickened with arrowroot. For dinner, some chicken panada, with some warm brandy and water. For supper, milk, arrowroot, or cornflour. The patient should be encouraged to sleep as much as possible during the day, and no visitors allowed. The aperients I have just indicated are distinctly harmful. We should only give them when we are obliged, and they are, as you can see by referring to it, quite different to those recommended in a recent paper in the *Nursing Record*.

Having briefly pointed out the usual medicinal and dietetic measures taken in these cases, we will

pass on to the topical ones, which are equally necessary to carry out the treatment, and differ from them in having to be more adapted to varying circumstances than the former, which are pretty much the same in all cases—purges. With respect to the case we are now considering—a primipara who does not intend to suckle—there is one point of prime importance in our topical measures to be borne in mind—there must be no *drawing* of the breasts, although it may be necessary to have recourse to *gentle*, well-applied friction. For repressive applications we can resort to cold applications simply, or arterial sedatives. We cannot alter the course of the blood to the breasts any more than we can stem the current of the in-flowing tide; but we may lessen its force.

Let us take a simple case first in which we get fulness of the breasts from the inflowing milk without tension or tenderness to any great extent. Cold applications may be quite sufficient for our purpose, such as the familiar cambric handkerchief dipped into a lotion of eau de Cologne and cold water, and placed all over each breast and left there till it gets dry, and then renewed. After this treatment place soft flannel or white wadding over the breasts to avoid chilling the skin.

Our cases are not always so simple; instead of mere fulness we get extreme engorgement, tenderness and tenderness. Here we must resort to arterial sedatives, *gentle* friction and slinging. With respect to the former, belladonna holds a high place, being more used than any other. We use it in Obstetric Nursing in three forms—plasters, ointment and liniment; the latter being the weakest in belladonna. For continuous use the former are in high favour with most accoucheurs; they are most uncomfortable and disfiguring applications, and in my judgment rarely needed, as the other preparations of belladonna answer almost all purposes, and in my practice I find women dislike them, besides which, you cannot keep the breasts clean (an important point) with plasters over them.

(To be continued.)

TALK about those subjects you have had long in your mind and listen to what others say about subjects you have studied but recently. Knowledge and timber should not be much used till they are seasoned.

IF, in the pursuit of that on which we have set our hearts, we take steps which violate our sense of right and lower our moral tone, to just that extent do we lessen the success of our lives. The temporary gain which may seem to ensue is in reality our worst failure, and will sooner or later manifest itself as such.

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