This is all I have to tell you about breast-drawing, whether by adult, infantile, or mechanical means, but there is one point common to them all, that I must most particularly impress upon your attention. In all cases of engorgement, *before* any efforts at drawing are made, the breasts must be softened and tension relieved in the *first* instance by *gentle* friction and lubricants; a neglect of this precaution has led, and ever will lead, to a frustration of *all* the methods I have described to for giving relief to the breasts, and will in fact aggravate rather than alleviate the distress.

I have fully described to you in a recent paper *how* breast friction should be applied, and I need not repeat the instructions. The only other point to consider is the choice of a lubricant, which, in this case, need not contain an arterial sedative. I prefer the camphorated vaseline of the Chessborough Company to anything else, but camphorated oil and other kinds are used. The object of employing *friction* before applying the breast pump, &c., is to clear the lactiferous ducts of the thick colostric milk that often blocks them. When they are cleared, there is not much difficulty in drawing off the milk by any means you or the doctor may decide to employ.

There is again another difficuly to meet in these cases—nipple troubles, and very tiresome they often are, and in some cases insuperable. I pointed out to you in my introductory chapter on lactation how seriously the nipple may be damaged by *compression* before and during pregnancy, and in a great measure the evil could be wholly prevented by rational precautions beforehand. When we consider how much a defective nipple impairs the beauty and purpose of the breast, I earnestly impress upon young mothers who wish and mean to nurse their children, the necessity of avoiding this common, and may I add *vulgar* error?

There are congenital as well as acquired nipple defects, and these must be regarded in the light of misfortunes, and not faults. However, be our difficulties in this way what they may, we must do our best to surmount them.

We will take the case of a normal nipple. It should be slightly conical, not too large, and sufficiently prominent for the infant to grasp with ease; and here we may have simple excoriation at the apex, or fissures at the base, both of which are frequent and painful conditions, and if not attended to will impede, if they do not altogether prevent suckling. In the former case emollients will be all we require. Some *white* vaseline spread all over the nipple, just *before* the infant is applied to it, and left there, is as good as anything. When the infant is taken from the breast, the nipple must be wiped *perfectly* dry with a soft handkerchief. Never neglect this precaution; to allow the milk to *dry* on the nipple is in itself a source of irritation. When the nipple is wiped, repeat the vaseline, and place a piece of soft rag or lint over it to protect it from the air or chafing against the night-dress.

There is one form of emollient to which I distinctly object—the mucilaginous, usually a solution of gum arabic, that used to be painted over the nipple before the child was applied to the breast, and immediately afterwards. It is most irritating if it dries on, and mixed with the milk turns sour, and is altogether objectionable.

Fissures, which are often the result of mismanagement, are generally situated at the base of the nipple. Astringent applications are the best. The Gallic Acid and Glycerine B.P., applied well *into* the crack with a small camel's-hair brush, nearly always gives relief. The powder dries into the crack and fills it up, and protects it from the air. Wipe the nipple before you put the infant to it, as the lotion is brackish in taste, but otherwise harmless.

Our troubles are not always so easily overcome by the means mentioned, and in order to soothe and heal the nipple we must protect it from the irritating effects of the infant's mouth when sucking, and we must use some kind of shield. I know of nothing in modern Obstetric Nursing that has been of more use and comfort to our patients than the well constructed nipple shields of to-day; it is quite distressing to think of the pain and misery lying-in women had to endure from tender nipples for the want of those simple mechanical contrivances. When I was first in practice they were scarcely known and hard to get. An early patient of mine—in fact I was in the Hospital when I attended her—a lady who had had many children, and suffered tortures from tender nipples and general "muddling" of same, said to me on my first visit after delivery. "There is one thing I dread more than labour itself, and that is the pain I suffer from the nipples." I asked her if she had seen one of the *new* shields, and described them. "No!" "I will bring you one to-morrow from London," I said; "we cannot get them out here, and some lotion. You will be comforted and relieved almost at once." I took the shield and put it on for her, and then brought the baby and placed him. He drew away at the teat as though he had been born to it. His mother was delighted with the new "comforter," and the dreaded nipple trouble was averted. If I say that my patient thanked me with tears in her eyes I speak within *bounds*. I was just as pleased; and you see by this what *little* things knit women together at times like these.

(To be continued.)

previous page next page