

should control. Consequently we expect to find that the trouble is not confined to one system or organ, but that the whole body suffers. We thus get such a varied collection of signs and symptoms as headache, giddiness, sleeplessness, constipation, loss of appetite, deficient circulation, with consequent palpitations, and coldness of the hands and feet, pains in the limbs, &c., &c. In women, who frequently become neurasthenic from the exhaustion of repeated child-bearing, pelvic pains, backaches, and neuralgia are common symptoms also.

The main symptoms common to all neurasthenics are loss of appetite and sleeplessness.

OUR PRIZE COMPETITION.

WHAT CARE SHOULD A NURSE GIVE TO ENGORGED BREASTS?

We have pleasure in awarding the prize this week to Miss Elizabeth Douglas, the Maternity Hospital, Belfast Union, Belfast.

PRIZE PAPER.

In the first place a nurse should endeavour not to allow her patient to get engorged breasts.

If the patient is feeding her baby, the nurse must see that the child is put to each breast alternately; and she should also feel round the base of the breasts two or three times daily, for any firmness or hardening of the tissues; in some women the breasts will fill up and get hard in a few hours.

When the breasts get hard, there is usually a rise of temperature and quickening of the pulse, but not such quickening as the rise of temperature would lead you to suspect.

If the child is not able to empty the breasts, the milk must be drawn off with a breast exhauster. Before using the exhauster wash the breasts with soap and water, and then with warm boracic lotion. Have the exhauster washed clean and lying in warm boracic lotion; and draw off a little from each breast, enough to relieve tension.

If the breasts have become painfully engorged, they will have to be treated with evaporating lotion, as ordered by the medical attendant; a piece of lint large enough to cover both breasts is wrung out of lead and spirit lotion, applied to the breasts, and covered with a thick piece of cotton wool: a firm bandage is put on in such a manner that it applies pressure and supports the weight of the breasts, and keeps them from dragging. Before the child is put to the breasts, the nipples must be washed free from lotion, the nurse must watch

carefully for cracked nipples, keep the patient's bowels well open with mag. sulph. and avoid giving her much fluid nourishment.

If the patient is not feeding the child, the nurse should attend to the breasts at once, as the onset of lactation generally begins in about twenty-four hours.

The breasts are usually treated with lead and spirit lotion, as in the other case, or a belladonna plaster may be put on, V-shaped pieces being cut out of the edge of the plaster to allow it to adhere and fit firmly to the breast. A hole should be cut in the centre for the nipple to pass through; or a preparation of belladonna and glycerine may be smeared on the breast. Whichever is used, the nipples must be left free, and protected by a piece of cotton wool or lint.

It is important to keep the patient's bowels open with mist. alb. or some other aperient, and not to let her get much fluid nourishment. See that the milk does not accumulate in the breast: this may be avoided, if necessary, by using the breast exhauster.

If the engorgement and secretion are very persistent, the doctor may order a few doses of iodide of potassium, as this drug quickly lessens the secretion of the milk glands.

HONOURABLE MENTION.

Honourable mention is accorded to Miss H. Scott, Miss D. Evans, Miss M. James, Miss P. Thomas, Miss M. McIntosh, Miss A. O'Donaghue, and Miss Gladys Tatham.

Miss Scott says that with engorgement due to lactation the breasts are very swollen and tender, owing to superabundant secretion. They may be relieved in one of the following ways:—By boracic fomentations, by glycerine and belladonna applied on lint, and by the breast pump.

Miss P. Thomas writes that excess of milk, causing engorgement of the breasts, may be checked to a great extent by the regulation of the diet by the physician. Liquids, gruel, cereal foods, cocoa, and certain vegetables are withheld. Usually the supply of milk diminishes when the patient gets up. Massage is often successful in relieving the condition: it should be done after the breasts have been washed with soap and water; by a nurse with aseptic hands. Warm sterile olive oil is used; the nurse rubbing from below upwards, and from the outer border of the breast towards the nipple. Purgative medicines, usually salines, are generally ordered.

Miss O'Donaghue states that if the breast becomes very inflamed and hard, an abscess

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