

demand of the employer to govern the worker—a demand which the well-educated nurse of the present day will decline to admit, and for which Parliament has naturally not provided in a Nurses' Registration Act of 1919.

OUR PRIZE COMPETITION.

WHAT CHANGES TAKE PLACE IN THE NIPPLES:—
(a) DURING THE FIRST THREE MONTHS OF PREGNANCY; (b) IN THE FIRST SEVEN DAYS OF THE PUERPERIUM? NAME THE COMPLICATIONS WHICH MAY OCCUR DURING THE LATTER PERIOD.

We have pleasure in awarding the prize this week to Miss Ména M. G. Bielby, Cranford, Middlesex.

PRIZE PAPER.

During the second month of pregnancy the nipples become tender; the *areolæ* alter in colour from rose to a brownish hue. This change is most marked in women of fair skin, though the pigmentation is more intense in dark-skinned women. About the third month the nipples become fuller and more prominent. The second *areola* appears about the twentieth week. These changes are slighter in the case of a multipara, as the nipples never resume their original appearance. As early as the ninth week milk may be pressed out.

At the second or third day of the puerperium the secretion of milk is established. The child should be put to the breast a few hours after birth, in order to cause contraction of the uterus, to draw out the nipples, to obtain the *colostrum*, and to acquire the habit of sucking.

The complications which may occur are:—

1. *Retracted Nipples*.—These should have been drawn out by gentle massage with cocoa butter during the later months of pregnancy. The child's efforts to suck may cause abrasion of the sensitive skin; the nipples should be closely watched, and drawn out several times a day by the fingers.

2. *Sore Nipples*.—These necessitate the use of a breast-glass. The nipples must be kept sterile and anointed with cocoa butter, or castor oil and bismuth sub-nitrate. Fissures should be guarded against, as they are difficult to heal. If possible restrict the number of feeds to five a day at four-hourly intervals, and never exceed six.

3. *Engorgement*.—This causes hardness of the breasts, pain, and rise of temperature. To prevent this see that the breast is emptied at each feed, and if not the milk must be drawn off with a breast-exhauster. If allowed to get hard, evaporating lotion may be ordered, lint

wrung out in lead and spirit lotion and firmly bandaged on. Care must be taken in washing the nipples before putting the child to the breast. The bowels should be kept well open with mag. sulph., and fluid nourishment reduced to a minimum. When the child is artificially fed a belladonna plaster may be ordered. In persistent engorgement doses of iodide of potassium may be prescribed in order to lessen secretion. A carefully selected diet will assist. This difficulty may be reduced by placing the child on a pillow at the patient's left side in order to empty the right breast, and *vice versa*. Hot stupes alleviate pain. Massage, formerly taught and practised, is painful, and of doubtful benefit in many cases.

4. *Abscess*.—This may result from neglected engorgement. It may be dispersed by hot boracic fomentations, or may have to go on until it can be lanced. When pus forms it usually *points* in one part of the breast, the skin at that spot becoming thin, shiny, and red, then blue, which denotes it is ready to be opened. If not opened, the pus burrows, and may destroy the gland.

5. *Mastitis*.—This may be due to cold, mental excitement, or engorgement. Some nervous patients develop this for no apparent reason. Intense pain and throbbing, involving the axillary glands, accompany the condition. Hot stupes relieve it, or cold application may be ordered. An ice cap over the tenderest spot rapidly relieves the pain, and may cure it in twenty-four to forty-eight hours. An ice poultice may be made by sandwiching a half-inch layer of crushed ice, sprinkled with common salt, between two sprinklings of linseed meal. This should be made on gutta-percha, folded and sealed with turpentine, a layer of lint being placed under it.

6. *Obstructed Lactiferous Duct*.—This yields to hot stupes or ice application. Its symptoms are the appearance of a lump, with pain. Each time the baby is put to the breast the spot should be gently massaged.

7. *Galactorrhœa*.—The diet must be carefully chosen, cutting out vegetables, and reducing fluid. The patient should always lie down to feed the child, as this controls the flow of milk.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Pepper, Miss M. W. Comer, Miss M. James, Miss F. Moore, Miss J. Elliott.

QUESTION FOR NEXT WEEK.

How may the Trained Nurse help in the Sex Education of the Child?

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