

The old objection to this method was the fear of hæmorrhage, but this fear has, I think, been exaggerated. I would not advise it when the labor has been tedious and exhausting. However, whatever you do in this respect will be governed by the instructions of the attending physician. When the physician makes his first visit, you will have your chart ready, with the temperature, pulse, amount of lochial discharge, whether clots were passed or not, whether urine was passed voluntarily, or the catheter used, and the amount and character of sleep. If the case be a multipara, there will be after-pains, and some women suffer very severely from them, as they disturb sleep and produce exhaustion. In such cases, the physician will leave you an opiate to be given, if required. The after-pains may continue for three or four days, gradually declining as convalescence proceeds. Years ago, it was thought, on the third day a dose of castor oil or some other laxative should be given. I call this dose the military or regulation dose. It is not always necessary, and may in a good many cases be dispensed with, particularly in women who have paid attention to their bowels just before their confinement, or have been under the guidance of their nurse. However, in this, as in all the rest, you will follow your instructions. I am in the habit myself, when it is required, to give a laxative,—castor oil or compound liquorice powder,—just before the lacteal secretion, as I think it prevents too sudden secretion of milk and helps to lessen the distension of the breasts. Milk is secreted about the third day, rarely is it postponed beyond the fourth. With this secretion of milk, there may be some general disturbance, a slight rise of temperature, perhaps slight chilliness, headache, and a pulse somewhat quickened. This does not last long, and will pass away in a day. There may also be some tenderness of the breasts, particularly at their periphery. Excessive distension of the breasts may be prevented or considerably lessened if the child be put to the breasts early,—that is, after the mother is rested by a good sleep, which may be about twelve hours after confinement. This also helps to promote the contractions and involution of the uterus, and assists very much in forming the nipple, particularly if they are flat, or, as is sometimes the case, imbedded in a prominent areola. You can begin with your discipline of the child at once. Do not place it to one breast more than another. Do so alternately, and at the start, every two hours is sufficient during the day; but at night the child should be trained not to nurse more than once, or at the most