OBSTETRICS.

SORE NIPPLES.

Dr. Fordyce Barker, in an instructive lecture on this subject, says:—

"The forms of sore nipples are, first, inflammation. This generally occurs in those cases where the nipple is naturally contracted, or in those cases, which are not at all infrequent, where the nipple is almost completely absent. The child when placed at the breast has great difficulty in getting hold of the nipple, especially when the breast is distended, which renders the nipple still more retracted; it pulls away at it, and as a result of the irritation to the breast an inflammation of the nipple takes place. This inflammation of the nipple may by propagation pass into the lacteal ducts, and we may have mammary abscess as a consequence of that. Second, fissure or erosion of the nipple. These fissures of the nipple are of two forms. One comes from inflammation of the nipple; but there is another form which exists just at the base of the nipple, and gives the most intense pain and suffering, the patient perhaps bursting out into a profuse perspiration as the child is placed at the breast. The next form of sore nipple is where the surface of the nipple is red and denuded of its cuticle. The nipple is very much retracted, and in this case there is a fissure at the top. The pain is very intense, and it may be that the woman experiences as much suffering from this as from anything else during the entire puerperal period. The process does not generally confine itself to the nipple alone, but the areolar tissue around the nipple becomes inflamed, and as the inflammation becomes more intense perhaps one-half or two-thirds of the nipple becomes entirely destroyed in the process. These three forms are distinctly and readily recognized; and now a few words with regard to the treatment of them.

"In the first place, for drawing the nipple out, there is a great difference among authors as regards the propriety of applying the child to the breast immediately after the confinement had been completed, and also to the proper time when it should be done. Some writers recommend that it must be done as soon as possible after delivery. The reason given for this early application of the child to the breast is that the child by nursing stimulates the breasts, which excites reflex action in the uterus, thereby producing uterine contraction, which renders the woman less liable to post-partum hæmorrhage.

"With reference to that point, I can say I do not consider it to be sound practice. I adopted it for some years, but have given it up entirely. You can procure uterine contraction, which will place the woman out of all danger from post-partum hæmorrhage, by means which are far less exhausting for the patient than the resort to the troublesome efforts of the child at nursing. I will now advise to get the woman completely restored after the fatigue of confinement before applying the child to the nipple. The first stage after parturition is that of exhaustion. The whole effort of the system has been used to accomplish this result, and so complete is the exhaustion that it is very commonly manifested by nervous chills. If the woman is permitted to get a few hours of sleep, her exhausted nerve-power will be restored, and *then* is the time to direct that the child should be placed to the breast. The main reason for this is that the breast is not now distended, and the nipple is easier drawn out. The traction excites the more rapid secretion from the breast, and the first secretions from the breast are of great benefit to the child as a laxative, being its first proper food. It is then that the nipple can be more readily grasped by the child, and properly formed. If, however, you wait until the secretion of milk has taken place, and the breast has become distended, before applying the child, the distension itself causes obstruction to a free flow through the ducts, and the nipple and breasts may become a very great source of irritation.

"There are some cases in which the nipple congenitally is so short that the child can not get hold, and it must be drawn out by some mechanical appliance. The most common method resorted to for accomplishing this is the old-fashioned application of a bottle, which has been filled with hot water and emptied, and the use of the breast-pump.

"A few words with regard to breast-pumps. Most of them are constructed upon principles utterly devoid of common-sense. Most of them have so small an opening in the part applied to the breast that the nipple is constricted, and the milk can not flow at all after the first two or three exhaustions of the instrument. The essential requisite for an efficient breast-pump is a large bell-shaped extremity, so that the nipple is not at all constricted by the narrow diameter which is applied over it. The pump which meets the indications most satisfactorily, and which has come to my notice, is what is called Mattson's breast-pump, and it is a most excellent instrument.

"With regard to treatment of sore nipples, the following are the rules which chiefly govern me in the management of these cases. If the nipple is inflamed, apply a poultice until the inflammation is subdued, and then apply a solution of nitrate of lead in glycerine, ten grains to the ounce. This is also the most complete and perfect prophylactic against the occurrence of sore nipples that I know of. This solution should be applied immediately after nursing, having first washed the nipple perfectly clean. The application must also be washed off every time before the child nurses. It is almost a specific, when properly used, against excoriations and ulcerations. If the tendency is quite strong to sore nipples, the solution may be used of the strength of fifteen grains to the ounce, or even one scruple; but as a rule the ten-grain solution is sufficient. Next, where the cuticle is denuded and we have a raw surface, or it becomes so irritated that there is a tendency to an abrasion, the indication is to form an artificial cuticle, which will entirely protect the parts and yet permit the milk to pass through it. For this purpose collodion has been extensively used. The objection to collodion is this, that it contracts as it dries, and thus itself becomes a source of superficial irritation, and discomfort, and does not readily permit the flow of the milk. I have used for this purpose, and with the most satisfactory results, the compound tincture of benzoin. Wipe the nipple dry after the child has nursed, and with a camel's-hair brush apply four or five coats of this tincture. The first application may produce some burning, but when once applied this will be overlooked, and the woman will desire its re-application. This forms a most excellent artificial cuticle, and at the same time permits the flow of milk without obstruction. Cicatrization will take place under this coating, and the patient will thank you for the benefit received. When the fissure is at the base of the nipple—very small it may be, but accompanied by the most severe and agonizing pain—the most satisfactory method of management is to touch the fissure with a fine point of nitrate of silver, and apply over this the compound tincture of benzoin as before.

"When the ulceration and inflammation have gone to such an extent as to destroy the surface of the nipple, and there is danger of the inflammation extending back to the mammary gland, do not allow your patient to torture herself by allowing the child to nurse. Remove the child entirely, and empty the breasts by the breast-pump or by rubbing. I then use as an application in these cases the following:—

℞ Rose ointment, . . ℥j;
Carbonate magnesia, ℈j;
Calomel, ... gr. xxx. M.

These ingredients should be rubbed together very carefully, and it should be freshly prepared, perhaps every twenty-four or thirty-six hours. If the child is permitted to nurse at all, it shoud be done entirely through an artificial shield, and the best shield is one made of the cow's teat. The objection the india-rubber shield is that there is an offensive odour emitted from them, that they are very apt to make the child's mouth sore. If, however, it becomes necessary to use the shields which are in the market, in selecting them get a broad base, what is called the L-shaped glass in in the same manner as in the selection of the breast-pump. The ordinary nipple-shields seen in the stores are simply abominable."

EXCESSIVE VOMITING DURING PREGNANCY.

Dr. M. A. Pallen, formerly Prof. of Obstetrics in the St. Louis Medical College, relates (*St. Louis Medical and Surgical Journal*, September, 1873) an interesting case of this in a patient whom he was called, July 16th, by Dr. Alleyne to see in consultation. Dr. A. stated that the lady was in the sixth month of pregnancy and would not retain anything on her stomach—no food, no drink. He stated that unless she was relieved she would die for want of nourishment, and that the induction of abortion was the remedy. Dr. P. found her with a pulse of 96, incessant nausea, vomiting whenever anything was taken into the stomach; sleeplessness at night or during the day, no delirium, no tinnitus aurium; no dimness of vision. I claimed a delay of twenty-four hours to try two remedies heretofore un-