

MAMMARY COMPLICATIONS AND THEIR TREATMENT

THE management of the breasts during pregnancy and the puerperium is receiving more and more attention these days, owing to the emphasis pediatricians now place on the importance of breast feeding as one of the best safeguards against disease in infancy.

Alfred C. Beck, M. D. ("Care of the Breast during Pregnancy and the Puerperium," American Journal of Nursing, August 1928), points out that the underlying factors in the failure of lactation usually are: (1) tender and fissured nipples (2) painful engorgement of the breasts (3) the anxiety of the mother concerning her inability to nurse her child (4) the supplementary feeding, and concludes that a proper routine must aim to avoid or relieve these conditions. The management of the breasts must also include every possible means of preventing infection, since mastitis is not only a serious maternal complication but its treatment requires the discontinuance of nursing and thereby it becomes an additional factor in the loss of breast secretion.

The treatment of *fissures*, which are the usual forerunners of *mastitis*, is similar to the treatment of small wounds in other parts of the body. Under a routine of cleanliness, rest and the antiphlogistine treatment, this troublesome complication rapidly disappears. Absolute rest can be obtained only by discontinuing the nursing on the affected breast. Schreiner, ("Shall the child nurse in the presence of mastitis?"—Zentralblatt für Gynäkologie Vol. 48, 1924), after observing cases of mastitis among 5,252 patients in the Cassel Hospital, concludes that at the first clinical appearance of mastitis, nursing should be interrupted, and the breast placed absolutely at rest and treated with antiphlogistics. This gives satisfactory results in 90 per cent of the cases, and the temporary removal of the child until the disappearance of inflammation, is followed by permanent loss of secretion in only a very small percentage of cases.

Painful engorgement of the breasts call for a breast sling, so adjusted as to give support without compression. During the intervals between nursings, applications of hot antiphlogistine will serve to deplete the engorged areas and induce relaxation of the inflamed tissue.

To sum up, the rules laid down for the treatment of inflammatory processes in general have the same application to inflammatory disease of the breasts.