A NOTE ON DEFECTIVE NIPPLES.

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VERY much nowadays is written about excessive infantile mortality, and one of the chief causes alleged is defective artificial feeding. The reasons for the prevalence of artificial feeding have been frequently discussed, but there is one reason on which sufficient stress is not laid—defects in the nipples of nursing mothers. I have seen a number of mothers who, although they had plenty of milk in their breasts, have yet, on this account, been unable to nurse their babies.

The defective nipples present a variety of appearances. In most cases the breasts and areolae are normal, but the nipple is abnormal. There may be an entire absence of any projecting tissue, and it may be replaced by a crack-like depression, or there may be a crack-like depression in the centre of the nipple, although there is some projection of the nipple beyond the surface of the areola. Sometimes the nipple projects somewhat in one part and is retracted in another.

As a rule it will be found that these defects are bilateral, but the character and degree of the defect is not generally the same on both sides. These abnormal conditions of the nipples appear to be common among parish and club patients, but comparatively uncommon among better class mothers.

Where the defect altogether prevents suckling the disadvantage to the baby is obvious, and though in many cases it can eventually obtain milk from one breast in sufficient quantity, there is generally a defective supply at first at any rate. Further, as the nipple does not project properly the normal milking action which comes into play with a well-formed nipple is impossible, and it is only by taking a large grasp of breast tissue and exerting considerably more energy than usual that the baby can get the milk. There is also much difficulty in exerting proper suction, and much air may be drawn into the baby's stomach.

From the mother's point of view, if she cannot nurse her baby at all the drawbacks are obvious, and if she can only use one breast she may have trouble with the other; the side that is used is used twice as frequently as it ought to be, and is treated with more violence than usual, and therefore is much more liable than usual to become tender and sore. This is especially likely to be the case, since artificial means are often used to draw out the nipple to allow the baby to grasp it at all. Some of the forms of suction apparatus used do little harm, but country people are apt to use more violent methods. The method of heating a bottle by putting hot water in it, and then, after applying it to the nipple, rarefying the contained air by pouring cold water over the bottle, may exert too great suction. Recently I was interested to find a common clay pipe with sharp edges being used for suction purposes, and quite successfully.

The retracted nipple is very much more difficult to keep clean and free from external infection than a normal nipple, and it would be interesting to know the proportion of cases of diseases of the breast, such as mastitis, abscess, and even cancer, preceded by a retracted nipple.

I am generally told, and the manuals I have been able to consult agree, that the condition is due to congenital defect or is caused by the pressure of tight corsets. No doubt there is such a condition as congenitally defective nipples, but one would expect it to be as uncommon as congenital defects of other parts of the generative apparatus. I suspect that the absence of any apparent cause and the statement of the mothers, that so far as they can remember the nipples have never been different, are taken as sufficient evidence of the congenital nature of these abnormalities.

The statement as to the effect of the pressure of tight corsets on the nipples seems to be one of those theories which pass from textbook to textbook without criticism or verification. Though the condition is common, it is not so common as would be expected if it were due to such a widely prevailing custom as the wearing of tight corsets.

Again, as the women state that the nipples have always presented the same appearance, the damage, if due to corsets, must be caused before puberty, but until the onset of puberty the female breast remains in a very undeveloped condition, and does not project much. Certainly no damage can be done during the latter part of gestation, as corsets are generally loosened then or so made as not to reach to the level of the nipples; further, corsets worn at other times do not always reach to the nipple level. Again, when I ask why, if the condition is due to pressure from corsets, is it not found more commonly among better-class women, the only answer I can get is that the lower class of people wear commoner, harder, and stiffer corsets. But from what I have observed of the ill-fitting corsets of the lower classes, this does not seem to me convincing.

That corsets have little or nothing to do with the matter is indicated by the condition of the breasts themselves. Pressure of corsets might produce a flattening of the nipples, but it is not easy to see how the crack-like depressions could thus be formed. Again, if the pressure of corsets were the cause, it might be expected to produce symmetrical results, but the defects, although generally bilateral, are seldom alike, or of the same degree on the two sides.

We have therefore to seek for another cause, and I think it is easily found. In various parts of the country where I have worked I have found that it is the custom of the country midwives of the old-fashioned kind to pinch and squeeze the nipples of newborn babies. It is done every day when the baby is washed and is considered most important, and it is continued for weeks; I remember a case where matter was being daily squeezed from the breasts of a 4 weeks old infant.

I have had some difficulty in ascertaining the reasons for this custom, as the old ladies are very reticent, but there would appear to be two distinct ideas. One is the removal of milk from the breasts, and the women who have this idea squeeze the breasts of both male and female infants. The other is that unless squeezed so as "to break the nipple-strings," female children will have no nipples when they grow up, and by those who hold this opinion the practice is confined to female babies. In the few cases in which I have observed this custom critically I have noticed that the pinching is done in no gentle manner; no doubt considerable damage is done to the rudimentary tissues of the nipple and galactophorous ducts. It is probable that scar tissue is formed in the neighbourhood of the nipple; as time goes on this contracts, and as puberty approaches and the breasts begin to develop, the strands of abnormal connective tissue cause retraction of the nipple more or less complete according to the extent of the scar tissue. This would produce the conditions observed; it would account for the bilateral occurrence without absolute symmetry, and would also account for the condition being more frequent among the lower classes who are attended by ignorant midwives. If my explanation be correct this defect should be almost entirely absent wherever the custom of manipulating the breasts of babies is not in vogue. But I can offer no evidence on this point.

It is highly probable that the injury caused to the galactophorous ducts and the pressure of scar tissue upon them produce the obstructions of these ducts giving rise to the frequently non-suppurative mastitis so common in primiparae. I would warn medical men not to judge too hastily that this custom is not practised in their districts, because the old midwives know medical practitioners disapprove of their methods, and therefore the babies' breasts are sometimes pinched surreptitiously.

To sum the matter up, I conclude that the pressure of corsets does not cause these defective nipples, nor is it generally a congenital condition, but that it is probably due to manipulations by ignorant midwives soon after birth. This being so, it is the duty of doctors and nurses alike to teach the women the danger of pinching the breasts of infants, and to see that it is not done. It would be interesting if practitioners would collect evidence concerning the infancy of the mothers whom they attend; in the last case I had I found no difficulty in finding out from the patient's mother that the breasts had been squeezed in infancy.