

**On a new preparation for allaying irritation of the actively secreting mammary glands / by Hugh Miller.**

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ON A  
NEW PREPARATION FOR ALLAYING IRRITATION  
OF THE  
ACTIVELY SECRETING MAMMARY GLANDS.

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(Reprinted from the *Edinburgh Medical Journal* for December 1877.)

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THE treatment of the breasts by an application of the active principle of either the belladonna leaf or root is not a new proposal. As far as I have been able to ascertain, it was introduced to the notice of the profession in the *Dublin Medical Journal* of 1834. Since then, one or two short notices of its value in affection of the mammæ have been contributed to the journals. In 1860, Dr Marley gave a statement of his views on the efficacy of the drug for this purpose to the Obstetrical Society of London. While belladonna was generally recognised by these authors as a reliable local sedative in the treatment of painful affections of these glands, it remained for Dr Fordyce Barker, in his excellent work on *Puerperal Disease*, to point out more clearly its value in acute affections. In his experience, "belladonna not only relieves the pain resulting from the tension of the tissues, but from its power of relaxing muscular fibre, it seems to allow a more free exit of milk by dilating the lactiferous tubes; and within a few years past, it has been believed to possess the property of arresting the lacteal secretion. But of this I am certain, that it is a most valuable application to the breast in glandular mastitis, and I have used it for this purpose for more than twenty years."<sup>1</sup>

The cases in which the preparation has been applied, are those in which acute congestion occurs in the mammary glands when

<sup>1</sup> Page 158.



beginning actively to secrete. The sudden and copious flow of milk is accompanied by the determination of blood to these organs, rendering them peculiarly liable to inflammatory affections; and this condition seems to be more readily induced, when, either through sore nipples or other causes, the female breasts are prevented from efficiently performing their function as excreting glands. With most mothers, on the second or third day at latest after the completion of labour, the breasts are observed to become firmer and sensitive to the touch. It is a condition which may be temporary, or one which a saline draught may readily relieve. Its continuance depends on the activity of the lacteal secretion. Should the flow of milk continue,—and in the majority of cases I have met with it has done so,—the secretion must either be withdrawn by the infant, or in those cases where this means is not available, the plan hitherto has been to continue the saline, and to allow of a certain amount of engorgement taking place in the hope that the secretion will gradually cease in the absence of the stimulus of suction. In my experience, in the majority of such cases, the secretion goes on and the breasts continue to increase in size; when still left alone they become hard, more painful to the touch, and at length the distension is so excessive as to excite inflammation. In the event of suppuration occurring, one gland usually becomes affected in the first instance, and the disposition to congestion generally spreads rapidly, involving the whole of the glands, and often the connective tissue surrounding them.

This condition of the mammary glands was a frequent source of anxiety to me until the perusal of Dr Barker's Lectures—suggesting belladonna—led me to adopt the plan of treatment which I now propose to lay before you. For some time I had been dissatisfied with my management of the breasts where an active treatment of them had to be employed. I had used the various liniments and ointments, and I was satisfied that frequently only an imperfect trial was given to the remedy, since complaints were made that repeated frictions could not be persevered in owing to their increasing instead of relieving the pain; and in those cases where rubbing in the remedy was an essential to the treatment, I thought the objection, when urged, was a reasonable one. With a view to avoid friction and to secure the full therapeutic effect of the belladonna, I had an alcoholic extract prepared of double the strength of the *Emplas. belladonnæ*, but kept fluid by collodion. Camphor was combined with it for the purpose of aiding to arrest the natural mammary secretion. This preparation,<sup>1</sup> now shown, is painted on the breasts much in the same way that you would use

<sup>1</sup> The paper was read before the Medico-Chirurgical Society of Glasgow at their November meeting; and the preparation then exhibited was made for the author by Mr Whyte, of Brown Brothers & Co., pharmaceutical chemists, Glasgow.



blistering fluid. No rubbing in is necessary. The fluid dries quickly, is much more cleanly for the patient, has a less offensive odour than the ointment, and, in my experience, it is more reliable in its action.

This liquid preparation is painted over the affected parts of the breast night and morning, until the acute symptoms give in. Indeed, it can only be of service as a good local sedative when the free and frequent application of it to the affected part has been persevered in until decided results are secured. During the past, I have used this preparation with very satisfactory results. Whether the inflammatory irritation accompanying the onset of the lacteal secretion had for its exciting cause exposure to cold, inflamed nipples, or obstruction in the lacteal ducts, the preparation has always seemed to be of value. I have also used the preparation beneficially, by applying it to both breasts every day when the mother did not intend to suckle her child; and from the frequent opportunities I have had of observing the result, I am satisfied that it may be safely relied upon for restraining the secretion of milk, and acting on the walls of the arterioles so as to prevent engorgement. It has the advantage over the old plan of evaporating lotions, in that it is more cleanly, and is more comfortable to the patient. When the remedy is employed to prevent the secretion of milk forming at all, I have found it best to begin applying the liquid from immediately after the birth of the child. I anticipate the lacteal secretion, and endeavour to prevent its formation. The *Emplastrum belladonnæ liquidum* has hitherto given very satisfactory results in these cases. Whether this result would have been so satisfactorily accomplished had I waited until the breasts began to secrete milk, I am unable to say. When endeavouring to allay any irritation of the glands by the external application of this fluid, I push the remedy until a decided local effect be secured. In such cases I paint the breasts daily or oftener. I also insist upon the patient giving the whole organ rest by remaining in the recumbent position, and having the breast properly bandaged. The milk, when present, should be periodically drawn off until the organ returns to its healthy state. I may add that, should it become necessary to relieve arterial tension, a small dose of aconite frequently repeated will be necessary; and when sympathetic fever accompanies the disorder a saline should be given. With reference to the question of diet, I can only repeat what I have already urged as a rule of practice—"to select her diet as near as possible to the kind of food which she is in the habit of consuming;<sup>1</sup> and whenever the mammary glands become irritable, withdraw as far as practicable the portions of diet which are fluid." Even when this is done, it does not follow that the lacteal secretion would thereby be diminished. When the irritable condition of the glands requires treatment during the first

<sup>1</sup> *Brit. Med. Journal*, 1871, vol. i. p. 446.



few weeks after confinement, the change in diet may produce no effect on the mammary secretion, from the disintegrating uterus supplying a sufficiency of material to the lactiferous ducts. When involution of the uterus is complete, the effect of a liquid diet is very marked on the amount of the milk secreted. In all cases, therefore, where it is desirable to moderate the flow of milk, attention to the kind of diet partaken of will be necessary, and food as far as possible solid will require to be enjoined upon the patient as an essential to successful treatment.