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Messrs. Lewis and Burrows, 22-24, Great Portland Street, W., cordially invite all nurses to use the rooms provided as a "Rendezvous" for their benefit, and supplied with magazines and papers.

Ante-Partum Hæmorrhage.

By MISS GLADYS TATHAM.

Bleeding due to pregnancy may be briefly divided into three classes:—

- (a) Miscarriage or abortion.
- (b) Accidental hæmorrhage.
- (c) Unavoidable hæmorrhage.

The terms miscarriage and abortion include any bleeding due to separation of the ovum, or part of it, up to the seventh month (28th week).

Miscarriage is of four kinds; threatened, inevitable, complete, and incomplete. When the bleeding and pain are slight, and the internal os is closed, timely treatment may prevent a miscarriage. The midwife must send for a medical practitioner; but whilst awaiting his arrival she must put the patient to bed, keeping her completely at rest, and see that her diet is very light. If the bleeding is severe, the pains strong, or the internal os is open the woman will inevitably miscarry. Medical aid must at once be sent for. Should the bleeding be at all serious the midwife cannot wait for help. She must give a vaginal douche at a temperature of 115 degs. Fahr. to 118 degs. Fahr., a suitable antiseptic being added to the water. If the bleeding still continues she must, if necessary, plug the vagina with sterilised gauze or lint. The patient must be kept absolutely quiet, lying on her back; her diet should consist of warm milk, warm bovril, etc., but no stimulants. Everything passed through the vagina must be saved for the doctor's inspection. This is of importance because there are two varieties of inevitable miscarriage, complete, and incomplete or missed.

Complete miscarriage signifies that the whole ovum has come away; missed or incomplete means that some part of the placenta or membranes has been retained after the rest of the ovum was expelled. It is quite likely that a woman who is careless or ignorant about herself will not have sent for the midwife till the decomposition of the retained products has set up blood poisoning (Sep-

ræmia), with a high temperature and an offensive discharge. After sending for the doctor the midwife must prepare the patient for the operation of having the uterus cleared out. If she has time she should wash the woman all over, but in any case the vulva and surrounding parts must be thoroughly cleansed. An enema, and a Cyllin (1-100) douche should be given, the bladder must be kept empty also. She should arrange the room and the bed as well as circumstances permit, and see that plenty of hot and cold boiled water is at hand. No food should be given, as chloroform will probably have to be administered. The patient should be kept in bed quite a week after the last symptoms of miscarriage have disappeared. The treatment for collapse will be the same as after accidental hæmorrhage.

Accidental hæmorrhage occurs after the child is viable, that is, from the 28th week onwards. It is caused by the separation of a normally situated placenta. This may be brought about by constitutional disease in the mother, such as syphilis, severe heart disease or anæmia, albuminuria, or poisons (lead, etc.), by injuries such as a blow or fall, and by strong emotion. Accidental hæmorrhage may be revealed—that is, the blood escapes from the vulva—or it may be concealed by the blood being pent up in the uterus. But whether it be of the revealed or concealed type a woman suffering from it will present the signs and symptoms of loss of blood. The cheeks, lips, and sclerotics will be blanched; her pulse will be weak, rapid, and towards the end uncountable; her respiration will be sighing and irregular; her skin cold and perspiring. If she is not too ill she will probably complain of giddiness, noises in the ears, and want of air. Should the hæmorrhage be concealed by being pent up in the uterus there will be a severe "tearing" pain in the abdomen, which will appear tense and very tender, and uterine contractions will be absent. If the midwife diagnoses this condition before the arrival of the doctor she must, if necessary, puncture the membranes and proceed as for the revealed variety, except that she must use no plugging.

When the hæmorrhage is revealed the blood escapes from the uterus. Having sent for aid without delay the midwife must apply a very tight binder. If the os uteri internum is only slightly dilated, and the bleeding is slight, it may be sufficient for the patient to lie still with the foot of the bed raised and the binder on. But if she begins to show evident signs of loss of blood the midwife cannot wait for the doctor without doing everything in her power to stop the bleeding. She must give a vaginal douche of Cyllin (1-100) at a temperature of 115 degs. Fahr. to 118 degs. Fahr. If the os is only one-quarter dilated she should plug the vagina, if it is wider open she should rupture the membranes and stimulate the uterus by external massage. If necessary a full dose of ergot, ʒi in a little water may be given. Before giving this and rupturing the membranes the midwife should assure herself that the child is in a favourable position to be born, because if it is a mal-presentation the doctor will have greater difficulty in cor-

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