

Pains, like labour pains, with hæmorrhage, point to threatened abortion.

In hydatidiform mole the patient passes blood and cysts, has pain in the back, and on external examination the uterus is found to be large and soft.

Tubal gestation is often only detected when the tube ruptures, when there is intense pain, with the usual signs of internal hæmorrhage and collapse.

In the later months, hæmorrhage, with little or no pain, is caused either by placenta prævia or by the detachment of the placenta by a fall or blow or other cause. Or symptoms of collapse, with little apparent hæmorrhage, and a hard, distended uterus, signify intra-uterine bleeding, a condition of grave danger.

There are many lesser disorders, as disturbances of digestion, anorexia, insomnia, depression, etc., which are mostly of nervous origin, and disappear on the termination of pregnancy.

Women suffering from any chronic disease, as of heart, lungs, or kidneys, usually have exaggerated symptoms.

We also highly commend the papers of the following competitors:—Miss E. Islip, Miss G. le Geyt, Miss Gladys Tatham, Miss Robinson, Miss O'Shea, Miss Bleazby, Miss F. Sheppard, Miss M. A. Jacomb Hood, Miss T. Fellows, Miss C. Vane, and Miss S. Macdermott.

Miss Islip mentions chorea (St. Vitus' dance) as not unfrequently met with as a complication of pregnancy. There is nearly always a previous history of chorea, and often of chorea and rheumatism combined. It is more common in a first than in a subsequent pregnancy, and nearly always appears during the first six months of pregnancy. Miscarriage may result or the patient may become exhausted by the violence of the movements, and induction of labour may be required.

Insanity of pregnancy appears, as a rule, after the sixth month. It is more frequent in prima gravidæ, and is, as a rule, melancholic in type. The patient is very depressed and sleeps badly. In some cases there is a marked tendency to suicide. Recovery usually takes place soon after delivery. Insanity of pregnancy is more likely to occur in single women.

Miss le Geyt writes that complications in pregnancy most commonly arise from the pressure of the enlarging uterus on the surrounding organs, and the high state of tension of the nervous system during the nine months.

In cases where heart disease has existed previously the greater strain thrown on the organ may have serious effects.

Nurses and the National Insurance Bill.

No time has been lost by the Committee appointed to deal with the National Insurance Bill at the Nurses' Meeting on the 10th inst. Meetings were held on the 14th and 19th inst, and it was arranged at the first that the Chancellor of the Exchequer should be requested to receive a deputation of nurses to lay their case before him, and specially to urge the omission of the words, Clause 8, Section 7, Sub-section (e), that no insured person shall be entitled "to sickness benefit or disablement benefit during any period when he is provided with board and lodging by his employer." Thus amended the Bill would not deprive nurses of the insurance money due to them when ill if they were cared for in hospitals and convalescent homes.

The question of a Nurses' Friendly Society was also discussed.

The following letter was sent to the Chancellor of the Exchequer:—

*To the Right Hon. David Lloyd George, M.P.,
Chancellor of the Exchequer.*

Sir,—At a public meeting of trained nurses, held in London on July 10th, to consider the National Insurance Bill as it affects hospital nurses, it was unanimously considered that the Bill, as at present framed, would, if it becomes law, affect them most injuriously.

A Committee was therefore appointed by the meeting to take any necessary action for the protection of the nurses' interests.

This Committee would consider it a great privilege if you would receive a small Deputation of experts upon this question, so that we may plead with you for amendments to the Bill which will remove the principal disabilities, feeling sure that you will accord to a class of women, whose work is of such importance to the community, every consideration possible.

Nurses are in a unique position in regard to provision for sickness and invalidity, as, if they become ill while in the service of a hospital, it is customary for them to receive board, lodging, washing, salary, and the very best gratuitous medical treatment and skilled nursing.

There are also free convalescent homes in which they can be received to complete their recovery.

An allowance of 7s. 6d. a week, to which they themselves are compulsory contributors, would be poor compensation for these substantial benefits. Most nurses are dependent on their profession for self-support, and have not homes to which they can return during sickness and invalidity.

Nurses working outside hospitals have also exceptional opportunities at present for free hospital treatment, and generous attention from the medical profession, but it is unlikely these privi-

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