

green colour to a very deep yellow tint, at the same time as the rays are acting on the hair follicles, then the required dose has been given. This is the only safe method of giving a dose for the cure of ringworm. Time methods give bad results, as everything depends on the tube's "condition" moment by moment, and this can only be measured by something which changes in colour uniformly and rapidly when acted on by the rays. One dose by this method, if properly given, is sufficient for one patch of growth.

Of course, antiseptic ointment must be used at the same time, so as to prevent the spread of spores to healthy tissue as the hairs are shed. It usually takes about a fortnight to three weeks for the scalp to become epilated. The new hairs are generally grown during the next six weeks.

Just a word in passing about the ointments used whilst undergoing treatment by the rays, and for at least three weeks afterwards. The basis must be lanoline, or some such preparation of anhydrous wool-fat. Ointments made with a vaseline or petroleum jelly basis invariably cause burning of the skin, even when only a small dose has been given.

## OUR PRIZE COMPETITION.

### WHAT WOULD YOU DO IN CASE OF HÆMORRHAGE FROM THE UTERUS?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, Surrey, for her paper on the above question.

#### PRIZE PAPER.

1. Hæmorrhage, other than menstruation, occurring in an unpregnant woman, at once suggests a uterine growth, probably cancer or a fibroid tumour. Any nurse meeting this condition would naturally advise the prompt attendance of a doctor. If it is serious in amount, of course the patient must rest in bed and keep quite quiet till the doctor arrives.

2. Uterine hæmorrhage occurring during, and as a result of, pregnancy is known as ante-partum hæmorrhage, and must be distinguished from bleeding associated with pregnancy, which might have quite another cause—*e.g.*, cancer of the uterus.

Ante-partum hæmorrhage may be (1) that caused by miscarriage, (2) accidental hæmorrhage, and (3) unavoidable hæmorrhage.

Miscarriage is due to bleeding owing to separation of the ovum, or part of it, up to the twenty-eighth week of pregnancy. It is of two

kinds—threatened and inevitable. In both cases send at once for a doctor and in the meanwhile keep the patient absolutely at rest in bed. If necessary give a hot vaginal douche, 118 degrees F., of sterile saline, and *save everything* that is passed.

Accidental hæmorrhage may be of the revealed or concealed type. Disease of the uterus or placenta, disease of the mother, or accident are likely causes. In both varieties send for the doctor, keep patient in bed, give a hot douche, put on a tight binder; if the patient is in danger from the continuous loss, rupture the membranes and give a full dose of ergot (1 dram). But the two latter remedies are risky unless you are sure the child is in a good position to be born.

Unavoidable hæmorrhage is caused by the placenta being implanted over some portion of the lower segment of the uterus; the condition is known as placenta prævia. Send at once for medical assistance. Apply a tight binder, give a hot douche, keep patient quite quiet. If necessary plug the vagina tightly with sterilised gauze or strips of linen.

3. Hæmorrhage *during* labour can usually be checked by hastening the delivery of the placenta, and "massaging" the uterus till it contracts vigorously.

4. Hæmorrhage after labour is called post-partum, and may be primary or secondary. The primary occurs within twelve hours of the child's birth; the secondary may occur any time during the puerperium. Send for a doctor. Knead the uterus; if necessary use bi-manual compression. Give an injection of ergotine, or ergot, by mouth. Give a hot sterile douche. Compress the aorta against the spine; this is easy to do in thin women or those with lax abdominal walls. Keep the patient absolutely at rest; never mind about tidying her up before the doctor's arrival.

In all severe cases of hæmorrhage treat the collapse, send immediately for assistance, *don't* get flurried, and *do* remember asepsis.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Williams (Hammer-smith), Miss Mills (Kintbury), Miss A. M. Cameron (Bournemouth), Miss M. Upton (Birkdale), Miss Mackintosh (Perth).

Miss Williams writes:—"For practical purposes in all cases of uterine hæmorrhage the treatment is the same. The first thing to do is to place the patient in bed and keep her calm. Owing to the seriousness of the majority of these cases a doctor should be at once summoned. . . . It will be found advantageous to raise the pelvis by means of a bolster or pillow,

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