

abortion there is usually some endometritis, followed by some exciting cause, a fall or blow or overstrain, as in lifting some heavy weight, and in some cases a fright would cause a contraction of the uterus strong enough to cause some of the placenta to become detached, and hæmorrhage to occur. In some cases the blood escapes from the uterus as quickly as it flows from the ruptured blood vessels. On the other hand, there may be a certain amount of concealed hæmorrhage, which changes into external hæmorrhage as soon as the intra-uterine pressure becomes strong enough to overcome the resistance to the escape of blood, then dilatation of the cervix takes place, and the foetus is expelled, with the placenta following, just as in a full term labour.

Examine the placenta carefully, as it is very closely adherent to the uterus during second three months, and some small pieces might be left behind and set up Sapræmia.

PREMATURE LABOUR.

Premature labour may come from the detachment of a normally situated placenta, as in the case of a miscarriage, or it may be brought about by placenta prævia. In the case of placenta prævia, pains and hæmorrhage start about the seventh month. This is a very serious condition both for mother and child, and the nurse should at once advise the relatives to have a doctor called in.

There is usually a good deal of ante-partum hæmorrhage, and serious danger to life of both mother and child.

The detachment of a placenta prævia may be brought about by the cause which detaches a normally situated placenta; or the presence of painless contraction in the latter months of pregnancy, causing an increase of tension in the uterus, and probably accompanied by some dilatation of the internal os, may cause detachment of the margin of the placenta, which will be followed by dilatation of the cervix and premature labour, and expulsion of a premature foetus.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Helen Cynthia Ashley, Miss Jessie J. Jackson, Miss H. Scott, Miss Gladys Tatham, Miss Jean Mackenzie, Miss M. E. Stewart, Miss O'Donoghue.

Miss Ashley points out that there are women who are said to have the "habit of aborting," that is, when the ovum is expelled about the same time during each pregnancy without any apparent cause. In this case the patient must consult a medical practitioner. Some authorities consider that the term abortion should only

be used when pregnancy has been terminated criminally.

Miss Jackson writes:—

The term abortion means the premature separation and expulsion of the contents of the uterus, occurring in the early months of pregnancy, ending at the fourth month.

There are several other terms in connection with abortions, some of which are:—

Threatened abortion, in which the symptoms occur, but pass away under careful treatment.

Inevitable abortion, which is the reverse, and cannot be averted by treatment.

Complete abortion, in which the entire ovum is passed, whereas in incomplete abortion a portion is retained, probably the placenta.

Induced abortion is an operation performed when it is considered that for some reason the continuation of pregnancy will endanger the mother's life.

Criminal abortion is a term used for any attempt made to shorten pregnancy for an insufficient reason.

Abortion is far from uncommon, and may be induced by numerous causes, both of a local and general nature. Malformation of the pelvis, accidental injuries, and diseases and displacements to which the uterus is liable on the one hand, and on the other various morbid conditions of the ovum or placenta, leading to the death of the foetus, are among the direct local causes of abortion. If alive at birth, the foetus may survive a few hours at the end of fourth month.

It is very usual for some portion of the placenta and membranes to be retained, when curettage is advisable.

Miss Gladys Tatham points out that miscarriage may be of two varieties: threatened and inevitable. The principal signs and symptoms of the latter are severe hæmorrhage, regular uterine contractions, and dilation of the cervical canal. It is not necessary that all these conditions are present together.

While waiting for the doctor, the midwife must put the patient to bed. If the bleeding is severe, she can give a hot vaginal douche (115° F.). She must avoid anything likely to excite the patient: give no alcohol or hot drinks. *Everything* that is passed from the vagina must be saved for the doctor's inspection, or he cannot possibly decide whether the miscarriage is complete (the whole ovum having come away) or incomplete (some part of the placenta or membranes retained).

QUESTION FOR NEXT WEEK.

Describe the best method of flushing the bowel.

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