

(d) *Secondary Uterine Inertia*.—In this case the contractions may have been of normal strength from the commencement of labour, but gradually diminish in strength as labour proceeds, and the patient becomes exhausted. The condition often arises from the same causes as primary, or from any factor which obstructs the progress of the foetus and gives the uterus more work to do, such as distended bladder or loaded rectum, large foetal head, pendulous abdomen, rigid soft parts, weakness or collapse of the patient.

In the first two cases secure relief of the conditions above described, with due regard to asepsis; in the case of large foetal head, send for doctor. To rectify obliquity in the case of pendulous abdomen, bring into position, and keep there by means of a tight binder. Encourage the patient to sleep, and in case of a collapse deal with this condition and summon medical help. In any case of primary uterine inertia, if after sleep the child is not born soon, send for the medical officer, and have all ready for his use, as he will probably have to deliver the woman at once. Always be prepared for hæmorrhage and collapse.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss S. Simpson, Miss Nora Conboy, Miss E. James, Miss M. Robinson, Miss P. Matthews.

Miss Simpson writes:—Secondary uterine inertia is exhaustion of the uterus. The pains which at the beginning of labour were normal in strength and rhythm, gradually decrease in frequency and effectiveness, and the labour comes to a standstill. The patient's general condition is tired, but otherwise good. The only treatment in the first and second stages is rest. The midwife should try to discover if there is any condition likely to cause obstruction. The exhaustion of the uterus may be due to the ineffectual attempts to overcome this. If the conditions are normal, after rest the pains return and effect delivery. If the patient is delivered when there is secondary uterine inertia, post-partum hæmorrhage is inevitable. In secondary uterine inertia in the third stage of labour there is delay and grave danger of hæmorrhage; the uterus must be stimulated, and a dose of ergot may be given. A hot antiseptic douche, 118° F., should be in readiness. It is important to see that the bladder is not distended.

#### QUESTION FOR NEXT WEEK.

Describe in detail the methods for the nursing of a severe case of delirium tremens.

### JOINT WAR COMMITTEE.

The following Sisters have been deputed for duty in Home Hospitals:—

- Dane John Hosp., Canterbury*.—Miss E. D. Dixon.  
*Hosp. for Officers, Berkhamstead*.—Mrs. E. T. Barclay.  
*Hosp. for Officers, 16, Bruton Street*.—Mrs. A. L. S. Lovell.  
*Red Cross Hosp., Wilmstow, Cheshire*.—Miss M. M. Knox.  
*The Highlands Hosp., Shortheath, Farnham*.—Miss J. Croyford.  
*Broadwater Hosp., Ipswich*.—Miss C. Geoghan.  
*Aux. Home Hosp., Calverley, Tarporley, Cheshire*.—Miss M. M. Winthrop.  
*Red Cross Hosp., Henley-on-Thames*.—Miss M. M. Doyle, Mrs. G. Miller.  
*Red Cross Hosp., Gray Road, Sunderland*.—Miss M. Turtle.  
*Swanton House, Melton Constable*.—Miss L. E. Hopcroft.  
*Longleat Mil. Hosp., Warminster*.—Miss M. Brown.  
*V.A.D. Hosp., Filey, Yorkshire*.—Miss E. A. Hextall.  
*V.A.D. Hosp., Higham, near Rochester*.—Miss F. M. Johnson.  
*Vickers Hosp., Dartford, Kent*.—Miss L. Bunce.  
*Hillfield V.A.D. Hosp., Gloucester*.—Miss A. M. Phipps.  
*V.A.D. Hosp., West Bridgford, Notts*.—Miss A. R. Greig.  
*Inniscarra, Reading*.—Miss K. M. Thomas.  
*V.A.D. Hosp., New Court, Cheltenham*.—Miss M. Crocker.  
*V.A.D. Hosp., Burnham-on-Couch*.—Miss B. Calders.  
*Hill House Hosp., Warwick*.—Miss M. E. Leatherdale.  
*Rhydd Court V.A.D. Hosp., Hanley Castle, Worcester*.—Mrs. M. E. Glen-Clarke.  
*Red Cross Hosp., New Malden*.—Miss I. Smith.  
*Minley Mil. Hosp., Farnborough*.—Miss F. E. McCormick.  
*Coombe Lodge, Great Warley*.—Mrs. T. Brotchie.  
*Mil. Hosp., Moorfield, Glossop*.—Mrs. M. A. Humphries.  
*Elloch Aux. Hosp., Sanquhar, Dumfriesshire*.—Miss E. Cooke.  
*Red Cross Hosp., Highfield Hall, Southampton*.—Miss H. Fisher.  
*Aux. Hosp., Nethercourt, Ramsgate*.—Miss C. Addison.  
*Aux. Mil. Hosp., Garden Suburb, Golders Green*.—Mrs. G. Ainsworth.  
*St. John's Hosp., Abbots Barton, Canterbury*.—Miss M. T. O'Neill.  
*V.A.D. Hosp., Massandra, Weymouth*.—Miss S. E. Hutton.

#### ABROAD.

*Calais*.—Miss L. F. Lovejoy.

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