

OUR PRIZE COMPETITION.

NAME AND DIFFERENTIATE BETWEEN THE DIFFERENT KINDS OF HÆMORRHAGE MET WITH IN PREGNANCY.

We have pleasure in awarding the prize this week to Miss E. O. Walford, 235, Maldon Road, Colchester.

PRIZE PAPER.

The hæmorrhages met with in pregnancy are generally divided into three classes:—

1. Those occurring during the first three months, or before the formation of the placenta;
2. Those occurring in the second three months, or before the child is viable;
3. Those occurring in the last three months, or before the child is born.

1. *Hæmorrhages occurring during the first three months of pregnancy* may be due to:—

(a) *Threatened or inevitable abortion*, either of which is more common towards the end of the third month. In threatened abortion there is pain, slight hæmorrhage, but no dilatation; in inevitable abortion there is pain, hæmorrhage and dilatation, and part of the ovum is protruding into the internal os;

(b) *Vesicular mole*;

(c) *Extra-uterine pregnancy*. In this case the hæmorrhage will take place at about the sixth week of pregnancy, one period having been missed;

(d) *Menstruation*. This is a rare case.

2. *Hæmorrhages during the second three months of pregnancy* may be due to:—

(a) *Extra-uterine pregnancy*, though this very rarely goes on longer than the twelfth week;

(b) *Degeneration of the ovum*, including vesicular mole and carneous mole. In vesicular mole the hæmorrhage may be severe, but is usually slight until the mole is being expelled—this generally takes place not later than the fourth month. The condition is often not suspected previously, though the uterus is usually large, tense and elastic. There is, of course, no quickening, but the breasts are active.

Carneous mole follows missed abortion. It varies from vesicular mole in that the breasts are inactive and the uterus is usually soft and not enlarged. Bleeding is occasionally severe, but more often is small and continuous, or comes in gushes at intervals;

(c) *Detachment of the placenta*, due either to its abnormally low insertion, to nephritis, syphilis, decidual endometritis, or infarction of the placenta.

3. *Hæmorrhage during the last three months of pregnancy* is either:—

(a) *Accidental hæmorrhage* (including traumatic hæmorrhage); or,

(b) *Unavoidable hæmorrhage* or hæmorrhage due to placenta prævia.

(a) *Accidental hæmorrhage* is the name given to hæmorrhage which occurs as the result of the premature separation of a normally situated placenta, that is, a placenta of which no part comes within three inches of the internal os. Ordinarily it does not separate from the wall of the uterus till after the birth of the child; when, however, it separates earlier it is generally due to some disease of the uterus, or a blow or a fall, over-reaching or exertion, violent coughing or vomiting, emotion or shock. Accidental hæmorrhage may be either (i) concealed, or (ii) revealed.

(i) *In concealed or internal hæmorrhage*, which is a very serious condition, the blood is retained in the uterus, which becomes tense, distended and painful. The pain is continuous and of a tearing nature, and there are the usual symptoms of hæmorrhage and collapse.

(ii) *In revealed or external hæmorrhage* the condition is very serious, but not so much so as in concealed. The blood escapes from the vagina either in a large quantity or in a slight trickle.

(b) *Unavoidable hæmorrhage* is the name applied to hæmorrhage due to the partial separation of an abnormally situated placenta, that is, a placenta of which a part is situated within three inches of the internal os. There is generally a history of hæmorrhages during the previous few weeks, the separation being due to the gradual expansion of the lower segment of the uterus. Placenta prævia is more likely to occur in multiparæ than in primiparæ, in whom, indeed, it very rarely occurs. As placenta prævia prevents the head descending easily into the pelvic brim, a mal-presentation may occur.

The treatment of any case of hæmorrhage will vary according to the cause and amount of the hæmorrhage, and the condition of the patient; but in every case the doctor must be summoned immediately.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Gladys Burke, Miss Lena Morley, Mrs. E. J. Gotlob, Mrs. Farthing, Miss P. Thomson, Miss M. James.

QUESTION FOR NEXT WEEK.

How are foods digested? Name the various juices secreted by the different parts of the alimentary canal.

[previous page](#)

[next page](#)