

General Nursing Council for Scotland were laid on the table of both Houses of Parliament, by a group of Scottish Members of the House of Commons, to secure the alteration of the Rules so that nurses trained in the nursing of infectious diseases only, should have the right to admission to the General Register. This would have been most unfair to general trained nurses, and both the Scottish Nurses' Association and the Glasgow Royal Infirmary Nurses passed Resolutions supporting the Rules as framed. These Resolutions were read by Captain Elliot, M.P., in the Debate which took place on October 25th, on the motion of Lieut.-Col. Henderson, that a humble Address be presented to His Majesty, praying him to modify the Rules made by the General Nursing Council for Scotland in the above connection.

Captain Elliot, in a brilliant and logical speech, emphasised the views of the nurses, and the question when put was negatived. The Rules thus stand as framed by the Scottish Council, and emphasise the advisability of nurses taking political action on their own behalf.

The standard for admission to the Registers will therefore be the same for England and Wales, Scotland and Ireland, and nothing (now that the financial arrangement is just) should stand in the way of arranging reciprocity between the three parts of the Kingdom. Consultations between the three Councils for the benefit of the nurses and the public should smooth out questions of difficulty.

#### ADMIRABLE WORK DONE.

The following telegram has been received from the Queen of the Hellenes by Mrs. Bedford Fenwick, Hon. Superintendent of the Registered Nurses' Society, 431, Oxford Street, London, W. :—

" Full of gratitude admirable work done by English Sisters. Thank you again most sincerely for all.—SOPHIE."

Thus the old traditions of 1897 are repeated. The Sisters have been treated with the kindest consideration by Queen Sophie, and we feel sure British Sisters will always be only too happy to help Greece to care for sick and wounded whenever necessity arises.

Sisters C. Evans, Oakley Williams, Nunn, Post, Browne, and Baxter may arrive home any day from Greece—greatly to their regret; the eight months' active service has so soon passed away.

Sisters Bellamy and Dumvill remain on duty at the Maraslion Hospital, Athens, until it is closed.

## OUR PRIZE COMPETITION.

WHAT MAY GIVE RISE TO HÆMORRHAGE DURING THE FIRST THREE MONTHS OF PREGNANCY? INDICATE THE TREATMENT.

We have pleasure in awarding the prize this week to Miss Henrietta Ballard, Garrett Anderson Hospital, Euston Road, N.W.1.

#### PRIZE PAPER.

Hæmorrhage during pregnancy either comes from uterus, cervix, or lower genital tract. Bleeding from the uterus is always due to the tearing through of the attachments of ovum to the uterine wall; from the cervix or vagina it may be due to the breaking down of any lacerations of previous pregnancies; and from the vulva it may be due to varicose veins, which cause much trouble in some women.

Early hæmorrhage in pregnancy must never be dealt lightly with; if from the uterus, it may be due to four serious conditions.

*Abortion* is the term used for the expulsion of the ovum from the uterus before the fourth month and before the complete formation of the placenta. It may be just threatened or it may be inevitable, in which case it is either complete, incomplete or missed.

In threatened abortion there is bleeding, with or without dilatation of the cervix; in inevitable abortion there is severe abdominal pain, much bleeding, and the ovum can be felt protruding through the cervix when examination per vaginam is made. Abortion may be due to disease, especially syphilis, Bright's disease, or tuberculosis; or to over-fatigue, drugs, injury, strong aperients, or malformation of uterus.

In threatened abortion, put patient to bed quickly, give hot-water bottles if cold, send for doctor, and do not give aperients or enema until ordered or until pain and hæmorrhage have quite subsided. Give light diet only.

For abortion, send for doctor, put patient to bed, keep everything passed for inspection. If a complete abortion, the whole ovum and its membranes are expelled; if incomplete, parts of same will be retained by uterus and set up dangerous conditions unless quickly got rid of. The doctor will probably give an intra-uterine douche, so plenty of hot water, and apparatus well sterilised, should be ready.

After-treatment of an abortion is just as important as of a normal labour. Patient should be kept in bed at least ten days, and given light diet until bowels have acted well. Castor oil is best given on the second day to ensure an evacuation. Swab vulva and surrounding parts twice daily with lysol or other antiseptics.

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