OUR PRIZE COMPETITION.

DEFINE AND BRIEFLY INDICATE THE TREATMENT REQUIRED FOR THE FOLLOWING CONDITIONS: (1) VESICULAR MOLE. (2) INCOMPLETE ABORTION. (3) TUBAL PREGNANCY. (4) ACCIDENTAL HÆMORRHAGE. (5) TONIC CONTRACTION OF THE UTERUS.

We have pleasure in awarding the prize this week to Miss A. M. Burns, Parkside Maternity Hospital, Hammersmith, W.6.

PRIZE PAPER.

1. *Vesicular Mole.*—This is also known as cystic or hydatidiform mole and false conception. Its exact cause is not known, but it is associated with degeneration of the chorionic villi. Small cysts, about the size of a small grape, form in the villi in immense quantities. Occasionally one may be passed per vaginam before the mole comes away, and this happening is a valuable aid to diagnosis. Usually all traces of the embryo or fœtus are obliterated before the mole is extruded. The midwife may be able to diagnose a vesicular mole from the following points:—Undue increase in size of uterus, absence of fœtal parts or movements, severe hæmorrhage.

The dangers of a mole are:—(1) Hæmorrhage; (2) sapræmia from incomplete extrudation; (3) a fragment may be nourished and persist as a malignant growth; (4) the uterine wall may be injured, up to the extent of rupture.

Treatment.—The Central Midwives Board enjoins that:—In all cases of abnormality, occurring during pregnancy, labour, or the lying-in, a midwife, as soon as she becomes aware thereof, must call in to her assistance a registered medical practitioner, using and signing the prescribed form.

If, however, the doctor be long in coming, and the hæmorrhage or collapse severe, the midwife should do all in her power to get the uterus emptied. The midwife should resort to hot vaginal douches, a tight binder, and, if there is much dilatation of the cervix, and no obstruction, a dose of ergot. Shock following hæmorrhage will be treated in the usual way with hot bottles, hot blankets, salines and warm drinks.

2. *Incomplete Abortion.*—This term implies that some part of the fœtus or embryo has been retained in utero and some has been expelled.

Treatment.—The doctor will probably order ergot and rest in bed and douches. If the head be the part retained, dilation of the cervix may be necessary before it can be expelled. The after effects are likely to be:—(1) Sepsis; (2) sapræmia; (3) long persisting irritability of the uterus, which may result in the untimely termination of future pregnancies.

3. *Tubal Pregnancy.*—In this condition the fertilized ovum is retained in one of the Fallopian tubes, instead of coming down into the uterus.

The ovum soon bursts the tube and escapes, usually through the fimbriated end of the tube into the abdominal cavity.

The condition is very serious and calls for prompt abdominal operation to save life.

The midwife can only try to lessen the shock.

An alternative condition may come about in which the fœtus dries up in the abdominal cavity and forms a "stone child." It may give rise to no trouble and only be discovered accidentally.

4. *Accidental Hæmorrhage.* — This condition arises when a portion of a normally situated placenta comes away from the uterine wall during pregnancy. It may occur in a healthy woman and without any apparent causation; but it is more common in women with flabby uterine muscle such as a weary multipara, or a woman suffering from serious constitutional disease. A direct blow is often an exciting cause.

The Central Midwives Board rules direct the midwife to summon medical aid.

The condition may settle down with rest in bed for a few days, or the blood clot formed in the maternal sinuses may act as a foreign body and irritate the uterus to contract and expel its contents. Usually the blood escapes per vaginam, but if it be retained in the uterus, the patient will show all the signs of internal hæmorrhages: quick pulse, shallow breathing, pallor, restlessness and fainting. Concealed accidental hæmorrhage may be difficult to recognise, but there is often a slight escape of blood per vaginam. The patient should be kept in the dorsal position, which has the advantage of promoting stimulating pressure on the cervix, and of preventing blood collecting at the fundus.

5. *Tonic Contraction of Uterus.*—This occurs when there is some obstruction to labour, and is very serious. *Treatment.*—Send for doctor or get patient immediately to hospital. Make preparations to treat for shock, collapse, hæmorrhage. Strong sedatives are indicated.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. Ballard, S.R.N., Miss Violet Collingwood, Miss A. S. Dodd, Miss M. Ramsey, S.R.N., Miss S. A. Myers.

QUESTION FOR NEXT WEEK.

Describe the nursing of a case of vesico-vaginal fistula that has had an operation for closure of the fistula.

previous page next page