A Case Study

Bel Fruit In The Vagina

By **Miss N. D. Remoney***

Mrs. X—62 was admitted to the hospital with major complaints of white, thick, offensive discharge per vagina since two months. The patient gave history of having got inserted in the vagina a "Bel" fruit by a *Dai* after her last delivery 20 years ago to reduce proplapse of the uterus.

Previous History : Patient started menstruation at the age of 14 and never had dysmenorrhoea. Attained menopause since ten years. She gave birth to five children at home, all conducted by *ayahas*. The youngest child is 20 years old.

During the last pregnancy 20 years ago the patient had hyperemesis. At the latter stage of pregnancy she noticed, that the uterus was descending, during defecation and micturition. At that time nothing was done to reduce it. After the child was born she had a complete prolapse of uterus and had difficulty in walking and sitting.

The patient consulted a *Dai* who gave her assurance of a successful treatment. When the bleeding P.V. was stopped after the delivery the—patient got a "Bel" fruit inserted to reduce the prolapse of the uterus. Since then she had no difficulty in defecation and micturition. There was no abnormal discharge P.V. The patient had normal menstrual periods with the "fruit" in place. Before attaining menopause patient had periods every fifteen days for four months.

General Examination : Pulse 100 per minute ; heart, lungs and abdomen—N.A.D. ; general condition—fair ; B.P. 190/110 mm of Hg. Anaemia—slight.

P.V. Examination : On P.V. examination the doctor could feel the medium size "Bel" fruit which had turned black. The "fruit was felt on the upper and middle 3rd of vagina and lower third of vagina has undergone menopause atrophy and shortening with the result that the "fruit" could not be taken out. It was just rotating inside and slipping up.

Investigation : H.B. 10 gms%, total W.B.C. Count ; 6800—Diff count—Neutrophils 60% ; Lymphoeytes 35% Esinophils 5%. Urine Reaction—Acid : Albumin —nil : Sugar—nil.

The patient's relatives were advised about the condition. It was decided with their consent to take out the "fruit" under general anaesthesia on the following day. Early morning the patient had soap water enema with good result. She was prepared for vaginal examination and removal of the "fruit". At 11 A. M. Injection pethedine 100 mg. was given and she was taken to the labour room.

Procedure : Under general anaestesia the "fruit" was crushed into pieces and removed completely. No injury to the vagina and cervix was found. There was no prolapse of the uterus after the operation. Pad and bandage was applied after the vagina was cleaned with antiseptic lotion. She was treated wtih sulphadizine, vitamin C ; and dettol Douche twice daily. On the 4th day the patient was discharged from the hospital as there was no further complication with advice to attend O.P.D. for follow up.

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Abortion Care—

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INSTRUCTOR : How do the rest of you feel about what happened ? *(I purposely do not guide them into any specific areas as I am not sure what they want to talk about now. I will let them perceive what happened.)*

CAROL : After what happened yesterday I only feel more strongly about abortions being wrong, but I would take care of an abortion patient. They need you very badly almost more than the regular labour and delivery patients.

JOAN : It really makes you feel as though you have helped someone.

ESTHER : Yes, it does.

JOAN : It's interesting how you ended up crying last night and I had the giggles. This must be my way of reacting to stress-funny, huh ? *(She looks to the group for reassurance.)*

ESTHER : I guess so. I always end up crying when horrible things happen to me, like yesterday. I didn't have a chance to stop untill last night. I feel good now ; it was good for me to cry. Now I know what my feelings are and I don't think I'd react the same way the next time. I've been through it now.

INSTRUCTOR : That's truc, and you certainly have been through quite a bit—both of you.

JOAN : I guess anyone who would go through taking care of abortive deliveries all the time would have to have some sort of emotional reaction.

INSTRUCTOR : I wonder what it is like for the nurses who work there all the time.

Preparation for life

Nursing education has as its prime obligation to prepare students for life in society today and in the future. Abortions will be a very vital part of this society, and highly significant in population control. Illegal abortions are a thing of the past and will be so in other states when the laws change. Rather than being spoken of in whispers, abortions are now a part of reputable maternal health services. That is why the care of the patient undergoing abortion belongs in every nursing curriculum today.

(Courtesy Nursing Outlook)