

standard. There is much more to be done in the health work in Kolar. It is just in its earliest infancy not only here but in the whole of India.

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Ovarian Pregnancy

A Hindu girl aged 17 was admitted into our Hospital on 8-5-46 with a history of full term pregnancy. She was a Primy Gravida. She had her last Menses on 31-8-45.

The Patient complained that days before her admission, there was no foetal movement. Her general condition on admission was fairly good. When she was examined by the Ward Doctor, the foetal heart sound was not audible. Palpation revealed transverse presentation. The abdomen was rather tender. The height of the fundus was that of full term pregnancy. Her pelvic measurements were taken, and the urine tested, nothing abnormal found. Her Bowels moved regularly, B.P. 120 A.P.V. was done by the Doctor, presenting part was too high to be reached. The patient was getting the routine treatment and was kept under observation for the development of natural labour pains. These never developed. After some days she complained of pain and tenderness on the left side of the abdomen above the level of the umbilicus. Since she was in the Hospital for some days and as she did not develop labour pains, suspicion arose whether it could be a case of extra-uterine pregnancy. So the P.V. Examination was again done and the Uterus was felt separately to the right of the tumour containing the foetus. An X-Ray Examination was made:—

1. Without the sound being passed into the Uterine cavity,
2. With the sound passed inside the cavity.
3. About 20 c.c. of Uro Selectin, passed into the Uterus by means of a Catheter.

The diagnosis was that it was a case of extra-Uterine pregnancy, so she was prepared for abdominal operation. At the time of operation, her Pulse and Respiration were normal. The operation was done under C.H.C.L.3. Anaesthesia. The abdominal cavity was opened by medium incision about 6 inches long extending to about 2 inches above the umbilicus, and the Tumour was brought to view.

It was found to be arising from the left ovary, part of which was still visible in the anterior and lower part.

The whole full-term ovum was inside this ovary. It weighed 6½ lbs. The foetus had all the organs well developed.

The condition of the Patient during operation was good. After operation she was quiet and slept without any draught. On the evening after operation, her Temperature was 101. Pulse 116, and Respirations 32. She was put in Fowler's position and rectal saline given 6 hourly. She passed urine and for 3 days she had slight temperature.

On the 3rd day, a soap and water Enema was given with good result. She was given nourishing fluids. The wound was dressed on the 3rd day and afterwards on alternate days. She had no post-operative complications. Gradually she was given semi-solid food and on the 10th day the sutures were removed and the wound healed by first intention. The patient was up and about and discharged on the 20th day.

K.P. Kamalakshy.

4th Year Nursing Student.

Women and Children's Hospital, Trivandrum.

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