

We were most interested to hear that Mrs. Revell of the Mission Hospital, Kadianallur P.O., North Tinnevely District near Tenkasi, has been using it for Indian patients with excellent results. She has a friend in England who sends her dried leaves from her garden (the young ones just before the flowers bloom are best) and she has contributed the following recipe.

RASPBERRY LEAF TEA

Take one ounce dried leaves and over the leaves pour one and a half pints of boiling water. Infuse until cold.

Dose—one ounce three times daily after food. Mrs. Revell says that she has found this beverage of great benefit to pregnant women especially during the last two months of pregnancy.

STUDENT NURSES' ASSOCIATION SECTION

Reports and Articles for this Section will be welcomed by the Hony. Organising Secretary, Miss Atkinson, Hebbron School, Coonoor.

ECTOPIC PREGNANCY

A Hindu lady named Muniammal was admitted in the General Ward of this Hospital (Scudder Memorial Hospital, Ranipet) on the 4th of August, 1938. She was aged about 18 years, and she was from Minnal, a village near Sholinghur. She did not have menstruation for one and a half months, and suddenly she had red discharge, and along with that she was severely constipated for three days. So her parents took her to a hospital in Sholinghur, thinking that she would abort. There she was examined by a lady doctor and they gave her a simple soap enema to relieve her constipation, and then discharged her. As she still had the symptoms as before, she came to this hospital on the 4th of August, 1938.

On admission her temperature, pulse and respiration were 100°F., 132 and 36 respectively. Her symptoms—very grave look, slight external bleeding, skin clean but dusky. Immediately after her arrival Dr. Scudder examined the patient and discovered that she had a ruptured ectopic. So he ordered an operation immediately. The patient was cleaned and shaved well and s. s. enema was given with very good result. She had a slight cough, and her abdomen was slightly distended. She had abdominal colic and tenderness. Her nails were white due to lack of blood. She had suffered from chicken pox and malaria in past years. She was rather pale.

History of the patient. She is a married girl and her husband lives with her in the village Minnal. They are farmers and they weave sometimes. She has two younger brothers. She was married seven years ago, and matured two years ago. This was her first pregnancy. Her parents and her husband's parents are all living. They are rather ignorant people; they did not even understand us talking

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wasting disease. The remarkable value of Marmite in pregnancy has also been amply demonstrated. Spectacular results have followed its administration to expectant mothers. It has helped considerably in decreasing the maternal death rate in districts where it has been given regularly during the last three months of pregnancy.

From Bombay, Calcutta and elsewhere reports have issued proving the dramatic curative effect of Marmite in tropical macrocytic anæmia complicating pregnancy.

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in Tamil, because of their excitement. It was very difficult to explain everything to them on the first night. The patient was in shock, and they worried about their bad luck, for they were wanting to have a baby.

Description of the disease. *Definition:*—Ectopic pregnancy may be defined as a pregnancy which develops outside of the uterus. In normal course of pregnancy the fertilized ovum travels down the tube and becomes attached to the uterine lining, stops and develops. If the foetus develops in the ovary itself it is called ovarian pregnancy, but if the foetus attaches itself and is developed, in the tube it is called a tubal pregnancy or an extra-uterine pregnancy. The wall of the tube is very thin and is not able to meet the strain of a growing mass, such as a foetus. There may be enough space in the first two months, but later rupture of the tube occurs. If there is a tear into a large blood vessel, it will result in a serious haemorrhage, and if the wall of the tube is ruptured the foetus may not be expelled, but a profuse haemorrhage into the peritoneal cavity may follow as a result.

Symptoms. There are apparently few symptoms until the tube ruptures. There is a history of a missed period and slight bleeding with slight abdominal pain. In many cases the first symptoms are sudden excruciating pain in the lower abdomen, on both sides sometimes. Patient feels faint, grows deadly pale, goes into a state of shock and coma, suffers from a haemorrhage into the peritoneal cavity, but has no external bleeding. Enlarged and tender ruptured tube.

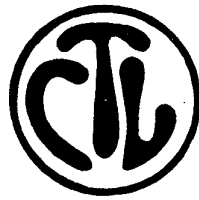
Treatment. Immediate operation. Treat external shock.

After admission. On admission she was examined by Dr. Scudder, who found out that it was a ruptured ectopic and ordered an operation at once. She was given 100 c. c. of 50 % Glucose intravenously as a stimulant. Rightaway she was cleaned and shaved and prepared for the operation and taken to the Operating Theatre. The operation lasted for 55 minutes and it was done under General Anaesthesia.

Pathology seen at operation. The right fallopian tube was ruptured and swollen, and filled with clots. The abdominal cavity contained about 1300 to 1400 c. c. of fluid blood and a large number of blood clots.

Procedure. Right rectus incision from the umbilicus to the pubis. The peritoneum was carefully opened and as blood gushed out it was caught in a sterile glass beaker and poured into sterile flasks which contained 10 c. c. of 3 % Sodii Citras per 100 c. c. of blood. Saved 1100 c. c. of fluid blood in this way. The ruptured tube was found still bleeding, was ligatured at the base and excised. The clots were removed and the abdomen closed. The blood taken from the abdomen was transfused into her right basilic vein.

Post-operative care. Morphia gr. 1/6 with Atropine gr. 1/225 was given hypodermically after the operation. Because she was dehydrated Clysis 2000 c. c. of normal Saline was given hypodermically. She was carefully watched throughout the night, for she



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was restless. She was given 2 ozs. of sterile water every two hours. She took her fluids alright. Daily mouth and back care were taken, and her position changed now and then. She was given Morphia injections for a couple of days.

She had a slight temperature 101.4° F. on the second day of the operation, and congested lungs. So inhalation of Tinct. Benzoin Co., Linseed poultice to the base and Mist. Ammonium Chloride $\frac{1}{2}$ oz. every 4 hours, were given to her. S. U. P. 36 injections of 1 c. c. were given twice. From the fourth day of operation she complained of pain in the lower abdomen. So she was catheterized and a good quantity of urine was withdrawn. She had slight abdominal distention, so two doses of Pituitrin $\frac{1}{2}$ c. c. were given hypodermically to prevent over-distention. Then it was relieved. To keep her bowels clean an enema was given every alternate day with good result. Now and then doctors inspected the wound and it was found clean. From the 9th day of operation Liquid Paraffin $\frac{1}{2}$ oz. was given at bed time to cause free bowel movement. Then she had easy evacuation of bowels. On the thirteenth day alternate sutures were removed by a doctor and the next day the rest of the sutures were removed. On the 17th day she was allowed to sit upon a chair. Two days later she was allowed to walk around her bed. She was allowed to take her ordinary food (Rice and curry) from the 14th day. On the 24th of August she was discharged in good condition.

SCUDDER MEMORIAL HOSPITAL,
RANIPET

D. SOBITHAM,
III Year Student Nurse.

MALE NURSES' SECTION

Anaesthesia is unconsciousness or insensibility produced locally or generally by introducing certain drugs or gases into the body of inhalation or injection or by enemata.

(b) The anaesthesia may be induced in several methods but the most important being by (1) Inhalation, that is **general anaesthesia**. (2) Spinal anaesthesia and (3) Local anaesthesia.

(1) **General Anaesthesia**. This is induced mostly by inhalation of certain drugs or gases such as chloroform, ether and nitrous-oxide.

Chloroform is given by two methods, that is by closed method (Junior's method) and open method (dropping over the mask).

Ether is also given in the same way as chloroform. It may be also given intratracheally. As it is a rapidly volatilizing drug, it is usually given by mixing with chloroform in the ratio of 1 to 2.

Nitrous Oxide or laughing gas. It is given by cylinders. It is almost always given with oxygen. The induction is rapid although of short duration. A general anaesthesia may also be induced by injections intravenously, such as Evipan natrim or sodium evipan.