

Division (4)

Open to Student Midwives only.
Midwifery Poster or Model.

Division (5)

Open to Trained Nurses only.
Sketches, Models or Needle-work connected with Nursing.

Division (6)

Open to classes of Student Nurses, Student Health Visitors, or Student Midwives. Sketches, Models or Needle-work connected with their work. Every member of the class, must take some part in a class exhibit.

A prize will be given for each section providing there are twelve or more exhibits in the section.

S.N.A. Unit of the Dufferin Hospital, Calcutta.

Report

Our Student Nurses' Unit was started by Sister Kelly on the 5th October 1935 with 22 members, of whom 8 passed and left the Hospital, one left without finishing her training and one died. When we started we had no fund, for this purpose we held a sale of work on the 14th December, 1935. Sale of work was opened by Miss Abram the President of the T.N.A.I. with a sweet short encouraging lecture. That was our first attempt and was quite successful. We had the following items—Raffle: one camera given by Miss Hutching (our Matron); one celluloid doll dressed in all woollen garments and lucky dips. There were two tea stalls—one European one Indian and two stalls—all handwork things one jumble stall. The Hospital menial staff enjoyed that. We collected Rs. 358, deducting the expenditure we had Rs. 232, of which we contributed Rs. 50 to T.N.A.I. and Rs. 25 to Nightingale Scholarship Fund and we have Rs. 157 in our own fund. This year we are hoping to have a sale of work again. I am sending one of our old programmes. Our success was due to Matron and Sister Kelly, they gave us every help. Now we have

Old members—10.

New members—16. (Joined on 26-8-36). We had several meetings. In our last meeting we resolved to have a meeting once a month. Our unit has—one General Secretary, Nurse Biswas; one Games Secretary, Nurse Khan; and Work Secretary, Nurse Catherine. About the sale of work we are hoping to inform you latter.

S. BISWAS,

General Secretary, S. N. Unit, Dufferin Hospital.

**THE MIDWIVES' UNION SECTION**

Hon. Secretary:—Miss S. M. Round (Sister Sallie), All Saints' Dispensary, Panvel, Dt. Colaba, Bombay.

Members are asked to send any helpful notes of cases, and articles for this Section to the Secretary.

ECTOPIC PREGNANCIES

By D. SCUDDER,

Medical School Hospital, Vellore.

This paper is written primarily because I believe many an ectopic gestation is undiagnosed, and the patient either dies at the time of rupture of the ectopic; or if they recover, become semi-invalids for the rest of their lives unless some other condition necessitates the opening of the abdomen, and the pelvic condition is discovered and operated upon.

According to latest statistics, nearly 6% of the maternal mortality in New York City is due to ectopic gestation. Curtis has a most interesting chapter on ectopic pregnancies from which I shall quote.

History of Ectopic Pregnancies

'The history of ectopic pregnancy parallels the great advances that have been made in the pathology of the female generative organs and in abdominal surgery.'

We get a bird's-eye view of the subject from Schumann. It appears that the first recorded case of extra uterine pregnancy was that of Albacasis, an Arabian physician living in Spain, about the middle of the eleventh century.

The earliest definite surgical interference for the removal of an ectopic foetus was done by Primerose in 1594. Until 1604 all cases on record were examples of full term or long retained secondary abdominal pregnancies. Riolan in 1604 recorded a case of tubal gestation with rupture, and classical symptoms. Mauriceau in 1669 elaborately described a case of extra uterine pregnancy, his deductions giving rise to a bitter controversy.

The first suggestion of a true understanding of the cause and phenomena of extra uterine pregnancy was found in the works of Pierre Dionis published in 1718.

The premier operation for extra uterine pregnancy in

America was that of John Bard a New York surgeon in 1759

The second by Baynham in ... 1791

The third by McKnight of Philadelphia in ... 1795

The fourth again by Baynham in ... 1799

There are no further reports of cases in America until

the fifth was performed by Wishart in ... 1823

The sixth by Stephens in ... 1846

Only six cases in 87 years.

Lawson Lait in 1883 thoroughly established the operative treatment of ectopic pregnancy. He had been urged to operate for this condition in 1881 by a doctor who correctly diagnosed a case of rupture with internal hemorrhage. Lait refused and the patient died. The first patient he did operate on died also but he attributed his failure to faulty technique and having the courage of his conviction he continued to operate and of the next 40 patients operated on for ectopic gestation, only one died.

It is interesting to note that even then there was some disinclination in America to recommend operative treatment. Electricity was advocated, the object being to destroy the life of the ovum by a strong galvanic current. Even as late as 1880 Howard Kelly of Baltimore said 'he found no fault with those who use electricity in the early months, while holding themselves in readiness to perform an abdominal operation, upon the appearance of the first untoward symptoms'.

The first operation for ruptured ectopic in the tragic stage was done in New York by Briddon in 1883. In 1891 a comparison was made demonstrating the beneficent effect of operative treatment—comparing 123 cases operated on with 121 treated palliatively with a mortality of 5.7 against 86.89 per cent. From this time forward surgical intervention became more and more firmly established as the procedure of choice. According to Schumann pregnancy is *extra uterine* in every 300 cases.

Curtis—

Race seems to have no influence on occurrence of ectopics. We find them frequently in India and the East as well as elsewhere.

Age, ectopics occur in all ages with fairly equal frequency but the most frequent is between 25 and 35.