

for the treatment and care they have received there. The standing of the hospital is of the highest, and its reputation as a training school for midwives and nurses excelled by none.

### A CASE OF ECTOPIC GESTATION.

Dr. W. Manson Fergusson, Assistant Surgeon to Chalmers Hospital, Banff, reports in *The Lancet* the following interesting case of ectopic gestation which should serve to make midwives chary of making a vaginal examination in cases where they have reason to suspect extra uterine pregnancy. Dr. Fergusson reports:—

"The patient, married, aged 29 years, sent for me on August 29th, 1911, and gave the following history. On August 11th she had not menstruated for seven weeks, and on that date she passed a "fleshy lump," accompanied by a certain amount of blood. She was quite well until the 25th, and on that day was seized with pain in the lower part of the abdomen and severe vomiting. This attack lasted only a few hours and she felt fairly well until the 26th, when what she thought a period started, along with very severe pain in the left iliac region and vomiting. She kept her bed and applied hot fomentations. The pain and vomiting ceased, but the vaginal discharge continued.

"When I saw her for the first time at about 1 p.m. on August 29th she was feeling quite well, but had a little tenderness in the left iliac region, and on vaginal examination a distinct swelling was palpable immediately to the left of the uterus. I suspected that it was a case of tubal pregnancy, told her husband of my suspicions, and advised a consultation the following day. About three hours after my visit she was again seized with pain and vomiting, and fainted. I was sent for and on my arrival found her very collapsed, her pulse running at 130, and her temperature would not rise above 96° F. There was dullness on percussion all over the lower half of the abdomen and up to the left flank.

"As it was a small house in the country I had her taken into hospital, although it was five miles away. She had no radial pulse on arrival at hospital about 10 p.m., but was put on the table immediately and given a rectal saline with brandy and adrenalin. On opening the abdomen I found it almost full of blood and blood clot. The left tube was distended to the size of a hen's egg, and had ruptured on its posterior aspect. The left tube was removed and the abdomen sutured up, after irrigating with saline solution, a quantity of which was left in. Rectal salines containing  $\frac{1}{2}$  oz. of brandy and 1 dr. of liq. adrenalin were given four-hourly for 48 hours, and the patient gradually rallied and made an uninterrupted recovery.

"The case is undoubtedly a very typical case of ectopic gestation ending in primary rupture into the abdominal cavity, and the only rather rare feature is that the attacks of abdominal pain

were accompanied by severe vomiting. The reason why I have reported it is that I consider it a very good example of the harm which may be done by a vaginal examination if the least force is used to determine the pelvic condition. I was extremely careful in my examination, but I am convinced that my examination had something to do with the final rupture."

### MEDICAL FEES IN MIDWIVES' CASES.

The National Insurance Act, Clause 18 (1), Part 2, should do much to settle the vexed question of the payment of medical fees in midwives' cases, to insure to midwives the assistance of a registered medical practitioner if necessary, and to prevent persons who have made due provision for a confinement being compulsorily pauperised by being required to apply for the parish doctor. The clause runs: "Provided always that the mother shall decide whether she shall be attended by a duly qualified medical practitioner or by a duly certified midwife, and shall have free choice in the selection of such practitioner or midwife, but if, in the case of a midwife being selected, a duly qualified medical practitioner is subsequently summoned in pursuance of the rules made under the Midwives Act, 1902, the prescribed fee shall, subject to regulations made by the Insurance Commissioners, be recoverable as part of the maternity benefit."

### CENTRAL MIDWIVES BOARD.

At the December examination of the Central Midwives Board 316 candidates were examined and 254 passed. The percentage of failures was 19.6.

### CHRISTMAS IN THE MATERNITY HOSPITALS.

The maternity hospitals were in no wise behind the general ones in giving the patients a good time at Christmas.

The festivities at the General Lying-in Hospital, S.E., began on Christmas Eve, when the sisters and nurses, carrying coloured lanterns, went the round of the charmingly decorated wards, singing Christmas carols and hymns. Early on Christmas morning there were great rejoicings when each mother found beside her bed parcels containing pretty and useful clothing, while each baby received a woollen jacket and hood.

The Christmas dinner was served by the Matron, sisters and nurses, and in the afternoon Father Christmas (the house surgeon) went his rounds, bearing a fine bran tub. The delight of dipping into this wonderful tub was shared by the fathers, who had been invited to tea, and many were the treasures brought to light.

The Christmas rejoicings were brought to a close on December 30th, when the domestic staff and their friends spent a very happy evening.

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