My first lesson in home obstetrics

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I had the privilege of learning home obstetrics at home many years ago. I share my experience as I believe it may still be relevant in remote and rural areas of India and abroad.

In 1959, I was on a 2-week holiday at our home at Jorapukur, West Bengal where my father, late Dr Kalidas Bhattacharyya, had a busy solo general practice.¹ It was just before I was to start my first year house-surgeon position at a monthly allowance of ₹75, at the same teaching hospital I graduated from.².3

My late grandfather, Dr Surendranath Bhattacharyya, started his medical practice after obtaining his qualifications from R.G. Kar Medical School* in the vernacular division in 1904. My father took over the practice from my grandfather soon after gaining his qualifications, securing a gold medal in Midwifery from the then Ronladshay Medical School, Burdwan during 1929–30†. Although obstetrics, gynaecology and paediatrics were his more challenging patients, he had to treat a wide range of patients, conduct home deliveries and deal with uncommon injuries.

Home deliveries were common those days as there was no hospital, laboratory or imaging facilities nor were there any specialists. Diseases such as cholera, smallpox, typhoid, dysentery and malaria were rife with no electricity or piped water, and poor transport and roads.

Late one night I heard a man call out to my father that a baby had been born at his home but placenta had not come out. My father asked him a few questions and found out that the mother was a multipara, the baby was born about 12 hours ago, the cord was intact but the placenta had not come out. My father always had his large leather delivery bag with open ether mask, necessary medications including chloroform, ether, forceps, craniotome and the episiotomy suture set ready and packed in the back carrier on his bicycle. My father asked me if I would accompany him. I agreed readily.

With the man leading the way, we travelled on our bicycles for a few miles along a tarred road, then an untarred road along the embankment by the river Kansai and then along a ledge in between green paddy fields to a hamlet of a few thatched roof mud houses and a pond in front. It was around 5 a.m. Our patient was an anaemic young woman with low blood pressure and tachycardia and haemic murmurs. She was lying on the floor with a live baby and the cord still attached. The room had a small window and a kerosene hurricane lantern providing light. She had vomited on the floor next to her and there were flies all around.

My father asked the family members to boil some water, which he poured over his obstetric forceps placed in a flat container. He then poured undiluted Dettol on those instruments. He asked me to get chloroform, ether and the mask out of the bag and ready, but to keep these as far away from the hurricane lamp as possible. He washed his hands with undiluted Dettol, examined the patient and ruptured the membrane. One hand of a second baby prolapsed! At this stage he asked me to induce anaesthesia first using chloroform and then ether. He then delivered the second baby by doing an internal podalic version. Soon after this he did a manual removal of placenta and asked me to give intravenous ergometrine. I

remember I had difficulty in getting venous access but fortunately there was not much delay nor much blood loss.

After about two hours of intense activity we had a live mother and live twin babies. We gave the mother injectable penicillin and antitetanus. We observed our patient for some time and finding her stable, gave detailed instructions to the village compounder about postoperative care.

We were ready to leave after our instruments were cleaned and packed when the man who had requested us to come and see the woman offered my father ₹45. He pleaded that they were very poor and fell to his feet saying they regarded my father as god, and they could never repay god with money. My father accepted the sum.

In the meantime, it started raining heavily. We waited in the house and during this time my father examined a few other children from the household. When the rain stopped, we made our way home reaching past noon. Exhausted, I fell asleep. When I woke up my father had gone to attend to another home delivery.

Many years have passed but I have never forgotten my first lesson in home obstetric care under my father's guidance. My grandfather and father together provided unbroken general practice at Jorapukur from 1904 to 1991. Even in his eighties my father would have patients visit him. His failing vision limited his ability to examine patients but he would listen to their problems and advise them as best as possible. My grandfather breathed his last at Jorapukur on 15 September 1955¹ and my father, known as 'Jorapukurer Kali Dakter', breathed his last on 31 March 1993 in Kolkata.⁴

I write this in the memory of my parents and grandparents and hope the current generation of medical students and doctors, many of whom are providing highly dedicated services to patients in many areas in difficult circumstances, will be encouraged to come up with innovative solutions to provide high-quality obstetric and other services within the resources available to them in present-day India.

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- 4 Dhar SK. Chandannagar, College Street and Jorapukurer Lokera (Bengali). Chapter 3; Kolkata: Sunil Kanti Dhar: 2013.

^{*} R.G. Kar Medical College and Hospital, Kolkata, West Bengal, India. It is among the oldest medical colleges in Asia. It was established in 1886 as the Calcutta School of Medicine. In 1904, it merged with the National College of Physicians and Surgeons of Bengal. In 1916, it became Belgatchia Medical College; from 1918 to 1948, it was known as Carmichael Medical College in honour of Thomas Gibson-Carmichael, then Governor of Bengal when the college was inaugurated in 1916. The institution acquired its current name on 12 May 1948 in honour of Dr Ruth Govinda Kar who first conceived it. † Burdwan Medical College, West Bengal, India was named Ronaldshay Medical School, Byrdwan, 1929-30 as is scripted on the gold medal awarded to Kalidas Bhattacharjee for proficiency in Midwifery session 1929-30; Lawrence John Lumley Dundas, 2nd Marques of Zetland KG, GCSI, GCIE, PC, JP, DL (11 June 1876-6 February 1961), styled Lord Dundas until 1892 and Earl of Ronaldshay between 1892 and 1929, was a British Conservative politician. He was Governor of Bengal between 1917 and 1922 and Secretary of State for India between 1937 and 1940.

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