

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XIX. TORONTO, DEC., 1886. No. 4.

Original Communications.

REPORT ON OBSTETRICS.*

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Obstetrics has, during the past year, engaged its full quota of enthusiastic and active workers. And while there has been no specially marked departure by way of new discovery, a great deal of earnest and thorough work, in investigating and discussing the old landmarks, has taken place.

The subjects receiving the greatest prominence were the various operations in the abdominal cavity, for diseased ovaries, Fallopian tubes, pelvic abscess, extra-uterine pregnancy, Cæsarean section, hysterectomy, and Alexander's operation. Albuminuria of pregnancy, placenta previa, and puerperal fever have also claimed their share of attention.

To open the abdominal cavity is now considered so trivial and easy an operation, that the surgeon who is not able to report a series of such cases in his practice, is in danger of being rated as very commonplace. The particular organ upon which the greatest amount of tender solicitude has been expended, of late, is the ovary, which is either an oft-offending or a much-maligned member of the female anatomy, and occupies at present a somewhat precarious place. With the tendency to so frequently, associate the ovaries as a chief factorial cause in so many female diseases, there is, undoubtedly, danger that they may, at times, be unwarrantably sacrificed; and it is scarcely to be wondered at if we now and again meet with protests against a too great readiness, verging on recklessness in "performing capital operations on the possibility of relieving diseases not necessarily fatal

in themselves." And it is quite possible that, occasionally, cases supposed to have been improved by the removal of an ovary or ovaries, have derived from the operation but the benefit of reflex sympathy, that might have been equally marked had a finger or an ear been removed instead. Nevertheless, there is no doubt but oophorectomy is now established, as an important and successful advance, in obstetric surgery; and though not originating during the past year, it has been on trial, and its claims vindicated as the best, and indeed the only, recourse in many cases where other treatment holds out not even a ray of hope to the patient. The same remarks apply to the removal of the Fallopian tubes.

Ovariectomy, as an operation, has reached such perfection, as scarcely to admit of further improvement.

Cæsarean Section, until recently regarded as a desperate alternative, is now, in view of the confidence with which laparotomy is undertaken, considered an ordinary operation, and recommended to take the place of craniotomy. This is approved of by many authorities. In Crede's clinic, three women are reported as having been subjected to that ordeal, when the indication was merely relative, and delivery would have been easy with craniotomy.

Extra-uterine pregnancy has come in for a good share of attention, and the following opinions have been emphasized: That the disease is not so rare, nor necessarily so fatal, as is generally supposed; that the diagnosis is at times most difficult, as shown by failure at the hands of the some of the most experienced diagnosticians; that early diagnosis is most important. In differential diagnosis the most reliable signs are the absence of the placental souffle and uterine contractions—both well-marked symptoms in uterine gestation. The treatment most in favor is to destroy the fœtus early, by electricity or puncture, and then leave the case to nature, long enough for placental vessels to atrophy, before resorting to further operative procedure, when laparotomy is recommended.

Alexander's operation, for misplacements of the uterus, has been tested and its merits discussed at the obstetric and gynecological societies. From these the inference is that the operation has not yet met with a favorable reception.

Albuminuria of pregnancy: The consensus of

*Read before the Can. Medical Association, Aug., 1886.