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## Original Communications.

### GYNECOLOGY IN GENERAL PRACTICE.

By A LAPHORN SMITH, B. A., M. D., Gynecologist to the Montreal Dispensary, Surgeon to the Women's Hospital, Montreal.

This important department of medicine has made such wonderful and rapid progress and has extended its domain indirectly so much in the human body that the general practitioner must have great difficulty in keeping up with its advances. No sooner is one book out than another is announced to appear, and when it is purchased, a method of treatment in the first is considerably altered and modified in the second. I purpose, therefore, to write a paper on this subject which I hope will contain some useful information, and especially, which shall be up to date. A great many of the most important cases which come into the hands of the specialists might be just as well attended by the family physician, if he but recognized them in the earliest stages, while many others which require the most anxious attention of the specialist might be easily attended to and cured if they had been sent to him sooner. A great many of the diseases from which women suffer began as simple congestion while they were girls, and were due to well-

known and remediable causes, such as, for instance, chronic inflammation and benign tumors of the uterus, tubes and ovaries. This congestion is sometimes passive in its nature, due to mechanical obstruction of the pelvic circulation; which obstruction may have been located in a tight corset pressing upon the inferior vena cava which receives the blood from the pelvis, or it may be due to the tight corset pressing the liver against the main venous trunk, and thus impeding the return of blood to the heart, or the obstruction may be due to overloaded intestines pressing upon the delicate veins which carry the blood from the pelvis into the common iliac veins. All these causes are, of course, remediable, and yet the majority of patients with diseases of the pelvic organs come under my care with these causes operating in full force, and it is my first duty, if I wish to treat them rationally, to remove the causes before attempting to remove the effects. It is hardly credible, but it is my daily experience, both at my clinic and at my office, to have patients reply that their bowels are regular every week or every ten days. Many women consider the question somewhat impertinent, and answer that their bowels are regular when they are not so, either wilfully or from motives of delicacy; but I can give my word for this, that we cannot expect to