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ORIGINAL COMMUNICATIONS.

Four Successful Cases of Lapar-

SOCIETY PROCEEDINGS.

PROGRESS OF SCIENCE.

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Original Communications.

*FOUR SUCCESSFUL CASES OF LAPAROTOMY.

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Mr. President and Gentlemen :

My object in reading this paper this evening is to perform a duty which is incumbent upon every surgeon, namely, to faithfully report every serious operation he performs, with the results, no matter how good or *bad* they may be; and, secondly, to afford an opportunity for discussing some mooted points which are apt to present themselves any day in the practice of the general practitioner.

CASE I.—Mrs. D., æt. 26. Good family history. Began to menstruate at 13; was always regular till marriage, at 20; first child at 21; second child at 23. Both labors hard; last instrumental. Began three years ago to complain of severe headaches, which prevented her from reading, and almost constant nausea and dizziness. She consulted several oculists about her eyes, and had glasses made to suit her, without relief; and she felt very despondent.

She was then sent to me by Dr. Gaherty, on account of her general bad condition,

*Read before the Medico-Chirurgical Society of Montreal, 2nd May, 1890.

which he believed to depend on a laceration of the cervix. As this was moderate in degree, I hardly thought that it could be the cause of such marked disturbance of the digestive and nervous systems. In spite of my putting her on a very careful regime, and the trial, one after the other, of bromides, quinine and all the analgesics, as well as the application of both faradic and galvanic electricity, she was no better, and as the patient was very despondent and almost desperate about her condition, I decided to operate. I admitted her to a private ward at the Women's Hospital, with the intention of doing Emmet's operation, but when I was examining her I touched the ovary, and a violent attack of retching began. On examining her a couple of days later the same thing occurred, and as she described the pain caused by my touching the left ovary as of the most sickening character, I began to think that the ovary might be the cause of all her intractable symptoms. I had a consultation with Dr. Trenholme, who was attending with me during that term, who was of the opinion that the ovaries were the most at fault, and that if I had only one chance to cure her by operation, I should stake that chance on removing the ovaries and tubes. On placing the matter candidly before her and her physician, she bravely agreed to have