

THE MANITOBA AND WEST CANADA

# LANCET

*A Journal of Medicine, Surgery, Physiology, Chemistry, Materia Medica and Scientific News, being the journal of the Winnipeg and Manitoba Medical Associations*

Published Monthly. Subscription \$1 per annum in advance.

VOL. 6.

WINNIPEG, AUGUST, 1898.

No. 4.

## ORIGINAL ARTICLES.

### DISCRIMINATION IN METHODS OF GYNÆCOLOGICAL WORK.

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I have chosen what may, at first glance, seem to be a minor subject to discuss; for this is an age of "ectomies" and our medical journals teem with reports of operative daring. It would almost appear hopeless to attract attention with so trite a heading, nevertheless, it may be refreshing and perhaps not unprofitable to wade for awhile in the shallower depths of simpler things. I do not hope to extract therefrom any world-disturbing ideas, but on the contrary abjure any claim for originality other than attaches to the fact of looking at things from one's own standpoint and in the light of one's own experience.

The "ectomist," as a rule, is a radical of the most virulent sort; and nothing short of the complete tearing out of this organ or that satisfies his demands. It is this spirit of all or nothing that seems to me so damaging to the best progress of gynæcology; for it is in that field we meet the most rabid variety of the type. In general surgery conservation of tissue holds as a basal principle and its great aim is the extirpation of injured with the least cost to healthy substance. But in the pelvis it would almost seem as if a malthusian spectre were at work luring on the not unwilling fingers to the destruction

of vital centres. Anyone following the journals and from time to time inspecting the methods of North American workers must note the tornado-like spirit of positiveness that characterizes the teaching of the mass of gynæcological leaders. As a student, in the darkness of undergraduate times, I can recall the bewilderment with which I would rise from reading the discussions in current journals, and as they were then, so are they mainly now, to such a point, that, in my opinion, one of the most unsettling influences that could be placed in the student's way is the average medical journal.

The discussion is retroversion. Dr. A., a gray haired authority rises to advocate local treatment and the pessary as the best agents to remedy posterior displacements. Dr. B., a product of the antiseptic age, denounces the pessary treatment as "pottering therapeutics" and proclaims ventro-fixation as the method to be generally adopted. Dr. C., likewise a pure culture in antiseptic media and a rival of Dr. B's, disposes of ventro-fixation with contumely and places shortening of the round ligaments as being so far ahead of any other method as to make it almost criminal to adopt anything but it. Each of these men is an author, each has treated probably thousands of these malpositions and each is entitled to unquestioned credit for high percentage of cures. What then is the obvious lesson from all this. Why surely, that there is no royal road to the cure of such displacements but each method has its place and that the true gynæcologist is he who adopts the method to