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By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S., Eng.

Fellow of the American and British Gynecological Societies; Professor of Clinical Gynecology in Bishop's University; Gynecologist to the Montreal Dispensary; Surgeon-in-Chief of the Samaritan Hospital for Women; Surgeon to the Western General Hospital.

Gynecology at the Edinburgh Meeting of the British Medical Association. On the way to the meeting I had the pleasure of hearing an address by Martin, of Berlin, on the Progress of Ovariectomy in the last twenty years. It was a remarkable paper by a remarkable man. He has adopted the vaginal route to a great extent, and he closed his paper by giving the results of 131 vaginal laparotomies for diseased ovaries and tubes and for retroversion, ovarian cysts and small fibroids, etc. Out of these 131 cases he lost 2. Since my return from Berlin I have performed a number of these cases at the Samaritan, Western and at my private hospital, with the most gratifying results. They will be reported in full later on, but in the meantime it is of interest to note that all the patients operated by the vaginal route made a much quicker recovery than those by the abdomen. Although they included pus tubes, tubal pregnancies, retroversion with fixation, cystic ovaries, and closed tubes which were opened, yet not one of the patients died. Another striking advantage was the absence of the abdominal scar; and the pain from the incision which these patients generally suffer from very acutely was entirely absent. In fact, most of these patients did not require any anodyne whatever.