

Selections, Abstracts, Etc.

NOTES ON NON-OPERATIVE GYNECOLOGY.*

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ALTHOUGH the subject of this paper is non-operative gynecological work, I trust that I shall not be suspected therein of desiring to minimize the operative side of such practice. During the twenty-five years of my professional life I have seen much of surgery in diseases of women, and I have always held and taught that where an operative procedure is indicated, and there is neglect to give the patient the benefit of such procedure, the gynecologist in charge is recreant to duty.

In the early days of my practice the operative craze was in the air. To operate with a promise of accomplishing so much at a rapid rate was very attractive, and unless there were decided counter-indications, the patient was urged to accept the radical rather than the conservative method of treatment. The patient was assured that she would avoid a long, tedious experience, and the surgeon was pleased at the prospect of quick work. The routine and unending patience required to restore a gynecological patient to health and comfort had small credit in those days. Many cases gave brilliant results. Many others, although operated upon after the most approved methods and under strict aseptic and antiseptic precautions, were disappointing. Individual idiosyncrasies, unexpected local involvement, and systemic conditions modified the expected result.

The pendulum began to swing back, and each individual case became a law unto itself.

To-day, the most frequent division of gynecological cases that comes to us is those that must be operated upon to save life, and those that may be, to save time and a long disability.

In placing before our patients the question of operative interference, with its probable advantages and possible disadvantages,

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