

The Canada Medical Record.

VOL. XXI.

MONTREAL, JANUARY, 1893.

No. 4.

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Original Communications.

GYNÆCOLOGY AND OBSTETRICS.

By A. Laphorn Smith, M.D., Gynaecologist to the Montreal Dispensary.

Dr. Jos. Price (in *Medical and Surgical Reporter*, 1st Oct., '92) makes a strong plea for earlier diagnosis by the general practitioner in diseases of the uterus and appendages, and in cases where there is any doubt for the calling in of a specialist. "Early operation" is a gynaecological maxim, and makes all the difference between life and death in the result of the operation. As a rule, lacerated cervix is not diagnosed until cancerous degeneration has started in the cicatricial tissue of the angle of the tear. Ovarian and fibroid tumors are not sent to us until they have grown large, and extensive adhesions to the intestines have formed, which conditions change the operation of removal, from a very safe one having only one or two per cent. of mortality to a very difficult and dangerous one having fifteen per cent. of deaths. In every case of pelvic pain a bi-

manual examination after a free purgation should be made, when, if some abnormal growth be present, even the most inexperienced could hardly fail to discover it.

Should we allow a nursing woman coffee? This question is answered in the negative by Dr. Alice McLean of Swatow. She says coffee as a beverage is an agent of considerable potency in drying up the milk of nursing women. In an institution of which she had charge, in which there were over thirty nursing women, coffee was served twice a week. Regularly on these days the nurses in charge reported a scarcity of breast milk, and there was frequently a necessity for resorting to artificial feeding to eke it out. There is every reason why coffee should be an excellent agent in reducing the flow of milk, for caffeine is one of the best known diuretics. It probably reduces the milk because it diminishes the quantity of fluid in the system. When a woman is weaning her baby, and is consequently depriving herself of liquids, she might safely satisfy her great thirst by drinking coffee.

Noble (*Annals of Gynaecology*, Dec., '92) calls attention to the views of Nægerrath,