

CANADA MEDICAL RECORD

APRIL, 1900

Original Communications.

GYNECOLOGICAL NOTES.

By A. LAPHORN SMITH, B.A., M.D., M.R.C.S., England.

Fellow of the British and American 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 Hospital, Montreal.

Abdominal Tumors Complicating Pregnancy.—Several articles have lately appeared on this subject. The question being discussed is this: When an abdominal tumor is discovered during pregnancy, what course should we adopt towards it? This will depend very much upon whether the tumor is giving any trouble or whether it is likely to do so before labor shall have been ended; also, whether the tumor is an ovarian or a fibroid one; and again, whether, if a fibroid, it is interstitial or pedunculated. I have been called quite frequently to advise in each of these cases, and I have found the following procedure to be the best: In all cases of ovarian tumor an operation should be performed at once for two reasons: First, because it is no more dangerous to remove the tumor during pregnancy than at any other time; as a rule its removal has not been followed by a miscarriage, and the patients made excellent recoveries, none having died. And, secondly, because every day that an ovarian tumor remains in the abdomen the woman is running the risk of losing her life, not only by the mere growth of the tumor, but by what is far more serious, namely, from the complications, twisting of the pedicle, hemorrhage into the cyst and the formation of adhesions to the intestines. As a rule, ovarian cysts grow very rapidly during pregnancy on account of the