

# THE ADDRESS IN GYNÆCOLOGY.

BY

WILLIAM GARDNER, M.D.,

Professor of Gynæcology in McGill University and Gynæcologist to the Royal Victoria Hospital, Montreal.

*Delivered before the Canadian Medical Association, Ottawa Meeting, 1900.*

## MISTAKES IN DIAGNOSIS AND TREATMENT.

From the standpoint of a consultant of over twenty years standing, I have learned something of the mistakes in diagnosis and treatment made by myself and others. I have conceived the idea that some consideration of this subject might not be unprofitable before a meeting mainly of general practitioners.

It is a trite saying, that we learn more from our failures than our successes. It is, perhaps, equally true that we learn more from our mistaken than correct diagnosis. The lessons we thus learn are often painful and the experience bitter, but they are not likely to be forgotten.

Accuracy in the diagnosis of pelvic conditions depends mainly on education of the sense of touch. This can only be obtained by long and patient practice and much opportunity for making examinations. All teachers of practical gynæcology will bear me out when I speak of the difficulty in giving to the medical student more than a few opportunities on the patient. It is far other with the teacher of clinical medicine, who can in most cases allow an unlimited number of students to examine a chest or lung case.

Nevertheless, many fewer mistakes would be made if attention were given to a few simple details. In this, as in everything else in medicine, the grand safeguards against mistakes are system and method in case-taking and examination. As a rule a woman's pelvic organs cannot be satisfactorily examined if she lie on a bed or couch. The many advantages of a table, a firm surface, for the physician's comfort, have only to be experienced to be realized. I am well aware of the difficulty in getting many women to consent to this, especially if the practitioner be young. Suitable personality and tactful manners will, in most cases, lead to success.

The condition of the adjacent viscera, the bladder and rectum, is all important. The rectum must have been emptied before the patient comes to the examining table. With reference to the bladder, my own practice, learnt by personal experience, is to empty the bladder by