

which he little suspected before the abdomen was opened.

If the gynecologist confines his work entirely to the pelvis, he will not infrequently overlook lesions in the upper abdomen, and the surgeon in like manner will miss serious pelvic trouble.

When you or I take a watch to the jeweler, we expect him to overhaul it thoroughly, examining all portions of its mechanism. If he returns it saying that the mainspring which was broken has been repaired, but the watch still will not go, we are naturally dissatisfied and will try a more competent man. If we do not carefully explore the abdomen in all cases, we are bound to overlook many little-dreamed-of pathologic conditions—conditions that will still render the patient uncomfortable.

Suppose I have done some pelvic operation and have overlooked gallstones or a duodenal ulcer. The patient will usually be far from well and will in a few weeks or months decide to call in a man capable of properly treating the upper abdominal lesion. What does this lack of preparedness on my part entail for the patient? Twice the length of time in the hospital, twice the amount of pain, twice the amount of hospital expense and two operation fees, not to speak of the added risk of the second operation. This is an age of economy, an age of short cuts, and an age when by-products are utilized to the limit. It will not be long before the laity will demand that any one who enters an abdomen must be capable of doing everything necessary in that abdomen, and in those cases in which, on account of the lesion present, a second operation is required, it will be necessary for us to explain carefully just why the abdomen must be opened again. Some one will say, "This is all very well; you should make an accurate diagnosis beforehand." This might be perfectly plausible if the anterior abdominal wall were made of plate glass, but even then, as we all know, sometimes, when the abdomen has been opened, it requires considerable search to find the exact location of the trouble. Now and then, when visiting the clinics of well-known surgeons, I cannot help feeling a twinge of wicked pleasure on seeing that their diagnoses do not always tally with the findings—it makes me feel thoroughly at home. The only abdomi-