

sews up the abdomen with three layers, this will be her first, last and only operation, and the chances are that she will be well. During a recent visit to the Mayo brothers at Rochester, Dr. Willie Mayo told me of a case where even he had nearly lost a patient by committing the following blunder: He had removed a pair of pus tubes in a satisfactory manner, and all went well for nearly a week, when the case went wrong, pain, temperature and vomiting. He thought there must be adhesions and obstruction of the bowel, so he reopened, but could find nothing of the kind. He was about to close in a hurry, when it suddenly occurred to him to look at the appendix. On doing so he found it hanging down in the pelvis, gangrenous and almost perforated, with a stone in the end of it and bathed in pus. He removed the offending organ and the patient promptly recovered. In spite of that lesson he had another and a final one a year later, when, after removing a large and difficult tumor, he was about to close when Ochsner, of Chicago, who was standing beside him, asked if he had not better look to the appendix. He replied: "That is not necessary; she has never complained of it." However, to please his guest, he dragged it up out of a bed of adhesions, and found to his mortification a large stone in the end of it. The woman afterwards remembered that she had had a severe attack of pain in that side when a child. Ever since that second lesson he has never failed to look at the appendix, and in most cases to remove it.

Another day, when I asked him if he ever did conservative work on the ovaries, he said most emphatically, "No. I only do two things to the ovaries—either take them out or leave them severely alone." I actually saw him put back two large cystic ovaries after a myomectomy without even emptying the cysts. He said that some of his most difficult laparotomies had been for the removal of ovaries which had been tinkered with at a previous operation.

About fifteen years ago I had the good fortune to hear a paper at the American Gynecological Society by Edebohls, of New York, advocating more thorough work, after which I began to do six or seven operations at one sitting of sixty or seventy minutes, and the results have been most satisfactory. At that time we did not know much about the appendix, so it was not included in the list of combined operations. But a few years ago I read a paper entitled "Should the Appendix be removed in every case in which the abdomen is opened for other reasons?" before the American Gynecological Society, Niagara Falls meeting, and the discussion which ensued so thoroughly endorsed the affirmative view which I took that I have ever since carried out this plan, except in a few cases