

This association also supplied a clean bed, bedding and night clothes. Others took charge of the patient on the day of the operation. Instead of chemical disinfectants he used distilled water with which he freely floods out the abdominal cavity. The day after my arrival he took me to see some of his cases. One of them, a case of vaginal hysterectomy, performed at a private boarding house, was in charge of a nurse, a bright young girl of nineteen or twenty whom he asked to show me her watch. He had promised to give her a gold watch if she succeeded in nursing forty-five cases of abdominal section in which a drainage tube had been inserted without a death. These were all cases in which there had been serious adhesions and a good deal of oozing, which this faithful girl had removed every half hour with a syringe until the tubes were no longer required. The fact was duly inscribed on her watch of which she was justly proud. Dr. Price tells me that he will have no nurse who was trained before he got her. He wants an intelligent, fairly educated young girl without any professional knowledge, whom he puts to work at once under the direction of a more experienced one whom she relieves at stated intervals. I should say, however, that he presents each with two or three good books on nursing. He never attempts an operation without one or two of these young girls to take the case in hand afterwards. As he performs an operation two or three times a week he must have a number of them on hand. He sends them out to the mining towns around Philadelphia where in the miners' cottages they have often to make their bed on two or three chairs, but they never murmur. It is a pleasure to see him operate for two or three reasons. One is the smallness of the abdominal incision, which is barely large enough to admit two fingers of the left hand. The intestines are never seen. Another pleasure is the rapidity with which he operates, between six and ten

minutes being the average. And the third noticeable feature is the fewness of his tools: the same little scalpel which has done over two hundred sections, three Pean's forceps, one blunt Peaslee's needle armed with a boiled silk ligature for the pedicle, and a triangular needle with the same for the abdominal sutures. I was almost forgetting what in his estimation is one of the most important of all, an enamelled iron funnel with a good-sized tube and a perforated silver-plated round-ended tube with which the cavity is washed out with boiled or distilled water. This irrigator is introduced to the very bottom of Douglas' pouch. Absolutely nothing is given during the first twenty-four hours, no opium, not even a drop of ice-water. If the patient has not passed flatus at the end of that time, small doses of Rochelle salts are given until she does. It may be asked is there not too much of this abdominal section? Assuredly there is. But I must say this, I did not see one case operated on in which there was not grossly evident disease of the tubes or ovaries or else a firm binding down together of these organs by localized peritonitis. Dr. Price insists upon visitors remaining after the operation long enough to see the specimen floated in water, when the long shreds of torn adhesions become strikingly evident. He is a firm believer in gonorrhoeal infection of the tubes and peritoneum, and where this could not be, then a "dirty" confinement is blamed for these cases.

I spent a most profitable day with Dr. Goodell at his private hospital. If I were a sick woman I would sooner trust myself to him than to any gynecologist living. He is so thoroughly safe and conservative. If he decided to operate on me I would know that there was nothing else to be tried and I would submit without a question. He is very much opposed to wholesale laparotomies by general practitioners who will never have occasion to perform more than one or two in a lifetime. In