

means should be employed before operation to determine the pathological condition that causes the symptoms, but when the abdomen is opened a thorough and complete examination should be made of all the various organs. The obvious cause is not always the real cause of indigestion. A provisional diagnosis of gall bladder disease may apparently be confirmed by finding the presence of gall stones and yet the actual trouble may be really in the appendix. Here the removal of the gall stones will do little good unless the appendix is also taken out.

A more frequent cause of failure is to remove a chronically inflamed appendix and leave other diseased conditions uncorrected. This is especially liable to occur when an appendectomy is done through a small split muscle incision. Except in children and in acute cases of appendicitis in adults an appendectomy should be done through a midright rectus incision which gives sufficient room to completely explore the abdomen and which by extension up or down will permit the correction of any diseased condition found in the pelvis or upper abdominal region.

2—Failure of the operator to apply the proper technique to meet the indications:

The pathological changes found in the abdomen vary so greatly that great wisdom is often necessary to deal with them properly. A standard method to meet different indications has not been adopted and much is left to the theoretical views or the practical experience of the individual operator. Errors of judgment are frequently made by two classes of

surgeons and many patients are made worse and not better by unnecessary or illogical abdominal operations. These surgeons are those who are untrained and those who although experienced are prejudiced for or against certain procedures. In former days untrained surgeons were barred from work by high mortality. The modern technique, which is easily acquired, has removed this obstacle and they now operate without loss of life but frequently without relief of symptoms. Well known and experienced surgeons are sometimes so biased by their personal views that they do a pyloroplasty when a gastroenterostomy would be better, or drain a gall bladder which should be removed or remove a gall bladder which should be drained. All this will be corrected in time. Untrained surgeons will learn by experience or be restricted by law, and dogmatic surgeons prejudiced by the part they have taken in evolving certain operations, will die and be replaced by men with open minds, who will impartially weigh all the evidence and adopt the true and discard the false teachings of the past.

3—Failure of surgery up to the present time to develop a satisfactory operation to correct certain conditions.

Surgery of the stomach and associated viscera is comparatively new. Much has been done but much remains to be accomplished. Only a generation ago the causative relation of appendicitis and other diseases to dyspepsia was not recognized, Murphy's button was generally employed as the accepted method of forming an anastomosis and the X-ray had not