

thousands of cases with the result that gall-stones were found in 3 per cent. of all the men, women and children who died there. Now, to apply that figure to the adults only in the United States, of whom there are sixteen million families, or thirty-two million adults, three per cent. of whom would be nine hundred and sixty thousand. Most of these people, Dr. Mayo says, are taking lactopeptine and pepsine for stomach trouble prescribed by regular doctors who have not diagnosed, or even suspected the condition, or phosphate of soda for liver trouble; or else these patients are taking patent medicines for dyspepsia in such enormous quantities as to make multi-millionaires of the vendors of them. Many of these patients get over their attacks of gall-stones and remain partly well for from five to ten years, and whatever treatment they were taking last gets the credit of curing them. One of them will make the reputation of a Christian Scientist or an Osteopath.

But sooner or later the gall-bladder becomes infected with colon bacilli, or the cystic duct or common duct becomes obstructed and the patient suffers severely from local peritonitis, which binds down the pylorus and duodenum, and he dies from starvation or jaundice, or, in a certain proportion of the cases, from cancer. During the first week of my visit the only death in the hospital while I was there was a man of seventy with cancer of the gall bladder. There would have been another death from cancer of the pylorus, but in this case Dr. Mayo opened the abdomen and verified the diagnosis but declined to do even a gastro-enterostomy, saying that he could not do enough good to warrant him in running the risk. He was sorry that he had even made the exploratory incision, because all the suitable operable cases in that man's neighbourhood would be influenced against being operated on early because that man was operated on too late. Dr. W. Mayo is one of the few doctors who realizes our responsibility towards the public when we operate on hopeless cases, or when a bad operator operates on a good case.

What impressed me most favourably about the Mayos was their perfect frankness. On the list of operations you see constantly "Explore gall-bladder, duodenum and appendix." After having taken precautions to make an accurate diagnosis by every means known to science, they frankly admit that they have not been able to make a pathological diagnosis, but they are quite satisfied to operate if they are sure that the patient has one of these things, any one of which demands surgical intervention. Dr. William Mayo said he did not feel at all ashamed to admit ignorance because it is sometimes impossible to make an exact diagnosis, and very often, if the symptoms were obscure, it was because there were several conditions present.