

hurried nor excited, but cool, calculating, deliberate and exceedingly dexterous. In more than 300 cases which passed through their hands during our visit, the knife was not used without a definite pathological finding, while occasionally a case, thought to be gall stones, was found to be ulcer of the duodenum, or chronic appendicitis, or the reverse. In all this time there was not one mistake in surgical diagnosis. As an indication of the accuracy in diagnosis at this clinic, out of 135 consecutive cases in which gall-bladder disease was found, 4 were called duodenal ulcer, 4 ulcer and gall stones, 6 ulcer of the stomach and gall stones, 12 were called duodenal or stomach ulcer, or appendicitis, while 106 were diagnosed without question as gall-bladder trouble, and proved by operative findings, or nearly 80 per cent. definite diagnosis with 100 per cent. surgical diagnosis. With a record like this, it is not to be wondered at that when the doctors of America require surgical treatment they buy a return railroad ticket to Rochester, in the full expectation of the enjoyment of the return trip.

The teaching at St. Mary's Clinic, with reference to a few of the most important conditions, might not be without interest.

*Goitre.*—The distressing symptoms that these patients complain of are frequently caused by a part of the fibrous capsule passing behind the trachea and œsophagus to connect with the opposite side, and containing a part of the gland. Extension below the sternum is also a frequent cause of obstruction to respiration. Dr. Mayo places great stress upon the retention of the parathyroids, which are situated two on each side, behind or within the capsule. They are small greyish bodies, looking like pieces of fat, about the size of a Lima bean. Their removal is followed by tetany, a frequent result when extirpation is practised. This was the cause of so much tetany following Kocher's early operations.

The parenchymatous enlargements in developing girls are usually best let alone, but if irregular enlargements, cysts, or adenomata are present operation may be considered. Graves' disease is due to excess of gland function, and while there may be little gland hypertrophy, certain areas may be affected. Instead of one row of cells lining the acini there may be three or four rows, giving an excess of cell activity. This excess of gland tissue must be removed, until the cell activity is commensurate with the requirements of the body. If after a part of the gland has been removed, and the symptoms are unabated or return after a few months, it calls for the further removal of gland tissue.

In the severer cases of exophthalmic goitre the patients receive several weeks of preliminary treatment, until the pulse becomes regular. A pulse of 140, if not irregular, is considered a contraindication for opera-