

which the large staff of specialists take in their various departments, and the master minds controlling this huge machine, he can then understand why the hotels and boarding houses of Rochester find it difficult to accommodate those who wish to be relieved from their burden of pain, and those who seek relief from their load of ignorance. Specialization and cooperation, with the best that can be had in each department, is here the motto. Cannot these principles be tried elsewhere?

We are enjoying at the Mayos' clinic the third revelation within the history of the present generation of surgeons. Thirty years ago Birmingham dispelled the fallacy of pelvic cellulitis, and in its place gave us a new pathology of pus tubes. Twenty years ago America put inflammation of the bowels out of business, and gave us the interesting appendix to juggle with; and to-day catarrh of the stomach, and chronic dyspepsia, through the genius of Dr. Will Mayo, is fast becoming a matter of history, and in their place he is giving a pathology of organic stomach, liver and duodenal disease, as definite and accurate as that which we possess of the lower abdomen. What Lawson Tait was to the pelvis, Will Mayo is to the upper abdomen. To those who doubt and to those who cannot afford to linger among the fogs of exploded theories and explanations, that do not explain, who continue to cover their ignorance by terms that are fast losing their meaning, the voice of St. Mary's clinic is "Come and see." The "fairy tale" description of diseases of the stomach as given by many standard authors resembles the "seein' things at night" experience of the Russian admiral, when he fired on the fishing fleet in the North Sea, more than the actual condition revealed by the ante-mortem demonstrations at this clinic.

The experiences of the Mayos shows that the frequent long histories of dyspeptic trouble preceding the development of cancer is probably that of gastric ulcer, and that there is a transition from ulcer to cancer, that is that cancer develops upon the ulcer base. In 1905, 47 or 49 per cent. had long histories. The pathological report was that in 54 per cent. the evidence was definite that the cancer had developed on an old ulcer base, in 26 per cent. the evidence was fair that the same was true, while eight gave no evidence of preceding ulcer irritation.

If this be the case, that over three-fourths of the cancer cases had pathological evidence of pre-existing ulceration, ulcer of the stomach at once assumes a new surgical aspect, and should receive medical treatment.

Dr. Mayo states that acute ulcer, without severe hæmorrhage, is not a surgical disease; and, while he treats the majority of duodenal and gastric ulcers by gastro-enterostomy, the time is fast approaching when he expects that the method of treatment will be excision.