

Another matter most thoroughly emphasized by the Drs. Mayo, and repeatedly impressed upon their visitors, is the fact that, while it is always desirable to be accurate in diagnosis, there are many cases in which it is not only impossible to determine the actual condition of an organ, but also it is frequently difficult to tell which is the offending organ. Especially is this the case when dealing with the upper abdomen. We must remember that our patients do not come to us for a diagnosis, but for relief, and without relief they will not be satisfied; and, while we should differentiate as much as possible, and in the great majority of cases be able to locate the trouble upon the operating table, if we fail to find sufficient disease in the organ examined to account for the symptoms given by the patient, we should continue our examination until we are satisfied that we have found sufficient cause, or until everything within the reach of the hand within the abdomen has been inspected. A striking example of the application of this method was given us in the case of a lady who recently had her right kidney stitched into place by a celebrated eastern gynæcologist. She still suffered with pain referable to the stomach. Dr. Mayo found cholecystitis, but not being satisfied that this finding was adequate to explain the symptoms, made a searching examination of all organs within his reach, and found, in the recently suspended kidney, a stone completely filling the pelvis. Dr. Mayo says while it is not necessary to be able to determine the definite pathology of a suspected organ, we should always be able to make what he calls a *surgical diagnosis*, which means a certainty upon our part of some definite lesion which demands surgical intervention. The intimate sympathetic connection between the abdominal viscera frequently causes a lesion of one locality to give discomfort in another. Cases were frequently presented with a history of severe and repeated epigastric pain, pointing towards ulcer or gall stones, when the examination upon the operating table showed only pyloric spasm, the result of concretions in the appendix. In all cases in which the abdomen is opened the conditions of the stomach, pylorus, duodenum, gall tract, appendix, kidneys and pelvic organs is determined, and, whenever possible, diseased conditions rectified. Dr. Mayo states that he feels free to do whatever can be done within one hour, but does not care to prolong the anæsthetic or manipulations beyond that limit.

The regulation of the operating rooms is perfect. During my four weeks' visit neither of the operators were known to have spoken harshly to either assistants or nurses, to ask any questions, nor give any advice to the anæsthetists, nor to speak disrespectfully of any other surgeons, while many were highly complimented. In this the Mayos show an example worthy of imitation by many inferior men. They never appear