

The perfection of arrangements evince a master hand at the helm. All parts of this vast Mayo machine move with the regularity and precision of well disciplined troops. The pathologist attends all operations, and sections of all tumors, however benign in appearance, are given him, the operation goes on, and in three minutes or less the pathologist's report is given and the course of the operation shaped accordingly. One case is being prepared while the other is in the hands of the operator. There is no loss of time and no fuss, the mass of material has passed through the hands of the most skilful of America's sons, the clock shows five hours spent, and we pass out to our hotel for refreshment, rest, and reflection.

The educative value of this clinic is beyond estimation. With the exhibition of the cases Dr. Mayo teaches independent thinking, a more close observation of each individual symptom, while definite and logical deductions are made. The great mass of stomach cases are those which have passed through the hands of other physicians, as indigestion, returning again and again for stomach tonics, ultimately resulting in some form of invalidism, acute perforating ulcer or malignant disease. The antimortem pathological demonstrations of these cases is possibly the most interesting feature of the clinic. Few of us understood the modern interpretation of stomach symptoms, and fewer still knew how to examine a stomach after having the abdomen opened. The average practitioner has thought that ulceration of the stomach occurred somewhat rarely. When he sees five or six cases of gastric and duodenal ulcer demonstrated weekly in cases whose clinical history presented only symptoms which previously meant indigestion, he is compelled to recast his diagnostic data, and think in terms of organic rather than functional disturbance.

The same may be said with regard to stomach disturbance from gallstones. In fact, it seems that functional dyspepsia is slowly being eliminated by the genius of St. Mary's clinic. It is better for the average man coming here to forget all he thought he knew with regard to the digestive organs, to read carefully their embryological development, then the anatomy of the parts, and then, divested of all previous error and prejudice and with a knowledge of their morphology, build again with material gained at the operating table and from the clinical lectures of Dr. William Mayo. The profession needs a "learn-again" experience in their conception of digestive disturbance. In relation to the stomach, duodenum and liver it stands to-day where it stood twenty-five years ago with regard to the appendix, and thirty years ago with regard to pelvic disease. What Birmingham was to the pelvis, Rochester is to the upper abdomen. It is extremely fortunate that this clinic