

by the want of relationship between laboratory and clinical work in the London hospitals. He had been studying Dr. Patterson's book lately and found, from the medical and clinical standpoint, outstanding mistakes in every two or three pages. Gastric stasis is often due to the condition of the nervous system. Dr. Chambers had seen cases where the bismuth meal remained in the stomach over six hours, and yet there was no obstruction of the pylorus and, under medical treatment, the symptoms completely disappeared. The fact of bismuth being found in the stomach by X-ray six hours after taking a bismuth meal is not proof that an operation is necessary. One could do any operation one liked, had same patient gone to an osteopath there would have been the same results. Chronic appendicitis leads to intestinal stasis, a condition which causes the gastric stasis and gastric ulcer. There is a direct relationship between gastric ulcer, duodenal ulcer and gall stones. Some think the gall stones is the primary condition, but Dr. Chambers believes the gastric ulcer is primary. There is first a nervous disturbance and, as a result of this, there is hyperchlorhydria followed by intestinal stasis and constipation with putrefactive processes in the small gut, and this may then terminate in gall stones or ulcer. If a patient suffers periodically from hypersecretion they invariably have constipation. But how can this constipation be explained? Possibly it is due to pyloric spasm. As to the good results of surgery in these cases, Mr. Lane operated on them and gave them the cure. Treat the patient by hydrotherapy, electrotherapy, or by surgery, and put him to bed for a few weeks and a cure will be effected.

Dr. Starr closed the discussion. He directed the attention of the chairman and fellows to the fact that he was not discussing Mr. Lane's results, but discussing intestinal stasis and the results in some cases he had had. He was led to think of the superficial way in which some of our physicians listen to and read articles, and consequently get no intelligent idea of what they read. We all know that the nervous condition, whatever it may be, will bring about gastric stasis temporarily, but the same nerve force that brings about that stasis in the stomach is very likely to bring about an intestinal activity. We have all experienced that at examination time. I have both vaunted and have had diarrhoea at that time.

Dr. McKewn's remarks reminded him of a recent advertisement in a Western paper. "Wanted, a salesman to undertake the selling of a patent medicine, a good profit is guaranteed the advertiser by the undertaker." If I have anything wrong with me I want the most modern treatment not the most ancient, unless it be good.

The statement is very commonly made that there is one thing that short circuiting will not do and that is to cure constipation. That has not been my experience. A girl went out of the hospital the other day