

the resident physician to determine on the healthiness or unhealthiness of a certain water supply. It is not difficult to detect disgustingly bad water, but I need hardly say that many agreeable and apparently excellent waters are quite unfit for drinking purposes. Should doubt arise, it will be his duty to advise that a chemical analysis be made, but it can seldom be expected that he should perform it; the skilled assistance of an expert should be called in. In a vast majority of cases, however, chemical analysis is not necessary in order to determine the badness or goodness of water. Let him consider well the source from whence a water is drawn, say a well, its liability to contamination, as, for example, from proximity to a source of pollution. Using a little common sense and discretion he will have no difficulty in forming a sound judgment as to the desirability or not of using a particular water. But when large communities are supplied from a source of this kind, it is always best to obtain the opinion of an expert as to the chemical character of the supply.

I must apologize for taking up so much of your valuable time, my only excuse is the importance of my subject. I believe that by seizing the present opportunity and doing our utmost to instruct the 1500 men who will soon be called upon to administer the Public Health Law of this Province, in the discharge of their new duties, and to put them in a position to perform these duties fairly, scientifically, and with public spirit we will confer a lasting benefit on this country. A great chance is now open for them and for us, and we hope ere long to see the day when these studies shall be pursued by far greater numbers, and society, and the people in their homes secure a higher standard of physical as well as moral and mental excellence, and so, both men and women, be better prepared to go forth into the world and battle for the right.

DILATATIO VENTRICULI.

*Notes on a case read before the Nova Scotia Medical Society,
BY DR. PAGE, TRURO.*

[The morbid specimen was exhibited.]

DILATATION of the Stomach is a disease of which we read very little in the medical periodicals of the day. In my own experience I never diagnosed a case. I suspect that many persons are treated for gastric troubles on general principles who are the subjects of stomach enlargement or dilatation without their physicians ever getting a clear appreciation of the fact. The literature of the subject is by no means scanty, both ancient and modern, but the most of it is inaccessible to all but those having access to well stored libraries. My chief and best information is derived from an article in Ziemssen, vol 7, page 309, by Leube.

The principal cause of dilatation is pyloric obstruction. There are other causes, but I feel that

it would be wrong to take up time with details referring to the different causes and pathological changes to which the dilated stomach is liable, for it would only be copying what could be better studied and digested at home.

The treatment of gastric catarrh by the stomach pump or syphon has been a great aid in diagnosing dilatation. Some observers have been able to feel the end of the stomach tube through the abdominal walls at the umbilicus, and some as low as the pubes, thereby getting their first hint of dilatation.

Dilatation has been mistaken for abdominal tumours, pregnancy and ascites. The distension is sometimes enormous. Riverius tells of one containing 90 lbs. of fluid. Spigelius of one holding 13 lbs. Bonet of one that extended to the pubes. The specimen before us holds 20 lbs. of water, nearly a "yankee bucket," and the pylorus was crowded down between the pubes and bladder.

The original owner was a large, muscular, well built man, and when in health must have been powerful. Four or five years before his death he suffered from dyspepsia to a degree which induced him to seek medical aid. He had pain three or four hours after eating, flatulence, vomiting, constipation, cramps, especially of the flexors, loss of strength and flesh. Very early in the history he had hæmatemesis, but that fact was concealed from his physician during his lifetime. He was industrious and continued to work in spite of his weakness and pain. He was a large eater and had much thirst, and often took very large draughts of water. Medicine relieved him only while he continued to take it. It had no curative effect. Salicylic Acid, prescribed by Dr. W. S. Muir, gave him more relief than any other remedy.

He was subject to severe attacks of cramps, during one of which he died. The suddenness of the fatal attack and the character of the cramps, added to some unfriendly gossip, gave rise to a suspicion of poison. Sufficient interest was aroused to induce his relatives to insist on an inquest, and at the coroner's request I made an examination,—post mortem. I found a man of large frame, somewhat muscular, but with scarcely a vestige of adipose tissue. On opening the abdomen the first thing that presented itself was this fully inflated balloon like body lying lengthwise in the body and filling the space between the diaphragm and os pubis. It contained, in addition to an enormous quantity of gas, about three pounds of brown, semi-fluid, yeasty looking substance, which I took to be tolerably well digested food, which had vainly tried to get an exit and failing in that had fermented and filled this immense sac with gas, which pressed upon the lungs and heart and so obstructed the breathing and circulation as to induce the cramp and pain which ended in death. I found the passage at the junction of the stomach and duodenum for two or three inches scarcely larger than an ordinary lead pencil and although it seemed quite unyielding there was no thickening or infiltration, and no tumour. But across this narrow passage was a thin crescent shaped