

all smiles, because she now has two stools a day resulting from short circuiting. This short circuiting was properly done. Her bowels had not moved by drugs or enema for six weeks before she came in. An acutely inflamed appendix brings about diminished peristalsis, and, it seems to me, that the chronic appendicitis, of which Dr. Bruce spoke and in which there was no sign of kink, would also diminish peristalsis. A limitation of peristaltic movement gave rise to enough stasis to produce duodenal ulcer. The removal of the appendix cured the ulcer as it was probably a casual factor. It is a long lane that has no turning and it is a long intestinal canal that has no kinks. The quotation from Sherren by Dr. Jones reminds me that unless people are looking for kinks they will not find them. Sherren's findings are contrary to what I find. If he looked carefully and with a decent amount of common sense, he would have found kinks for they are present in 50% of the cases in some shape or form. I am not convinced that short circuiting is an operation to be undertaken lightly. There is more danger in it than there is in circumcision. If we can get paraffin to cure these patients and keep them in good condition, we should not consider operation, because it is a dangerous procedure. But if the patients come to the point where they get no relief and are becoming chronic invalids, let us do something for them if we can benefit them, and I think we can.

A TALE OF TAKA-DIASTASE.

To multiply by two the medical efficacy of a powerful diastasic ferment is a notable accomplishment. And that is what scientific investigation has done for Taka-Diastase. The result, as may be presumed, was not achieved at a single fortunate stroke. It was the culmination of years of study and experimentation. The story is briefly told on another page of this issue of *The Canada Lancet*, over the signature of Parke, Davis & Co. It bears this caption: "We Have Doubled the Strength of Taka-Diastase." The reader is advised to turn to this announcement, which should prove of interest and value to every practitioner who faces the problem of amylaceous dyspepsia.

A word here with reference to the therapeutic application of Taka-Diastase may not be amiss. The product may be prescribed with advantage in the treatment of any pathological condition in which the salivary digestion is inhibited or impaired—in any case of gastric or intestinal disorder in which the starches are digested with apparent difficulty. It is employed with good results in the dietetic treatment of subacute and chronic gastritis; in infantile diarrhoea, especially in cases in which diarrhoea alternates with constipation; in malnutrition or inanition; in the vomiting of pregnancy; in diabetes due to pancreatic disease.