rise to disturbance, if they are left to nature, and especially if a full vegetable diet is recommended and the use of purgatives is avoided. But it remained for Dr. Cameron, of Glasgow, to propose, for the management of cases of this sort, a formal method which is called the "potato-cure." It consists simply in getting the patient to eat large quantities of potato, which are expected to surround the foreign body and conduct it innocently through the intestines. This plan has worked admirably in a number of cases, and many foreign bodies, both sharp and of irregular form, have been successfully expelled from the alimentary canal under its working.

The subject was brought before the Royal-Imperial Society of Physicians of Vienna, January 11, 1889, and Dr. Cameron's method was warmly endorsed by several distinguished men who had tried it. The general opinion was that it might often obviate the necessity for laparotomy; and a case was reported by Dr. Hochenegg, in which by this means a foreign body had been removed in nine days precisely similar to one which had been removed by laparotomy by Prof. Albert four or five years before.

Such a showing certainly justifies calling attention to this method, although—as stated above—its underlying principles are well enough understood by most medical men.—*Ed. Med. and Surg. Reporter.*

THE DYSPEPSIA OF PHTHISIS.

Ed. Maryland Med. Jour., November 17:—Few text-books and writers on the practice of medicine pay much attention to the dyspepsia accompanying pulmonary consumption; and yet it is so prominent in many cases as to almost mask the fatal disease. Perhaps there is a comfort in the fact that the consumptive thinks he has a dyspepsia, and is not conscious of his real trouble. In fact, in this hopeful disease (for consumptives are notably hopeful), the stomach symptoms are the only ones complained of in many cases; and, indeed, if we can carefully regulate the diet and help on the disordered digestion, we do much more good than in attempting to give tonic and cough medicines, which are often attended with no possible effect.

It is not easy to lay down general rules for all such cases, but the best way in severe cases is to stop all solid food and try a milk diet. Give uniform small quantities frequently repeated, and let the patient feel a little hunger to stimulate the sluggish secretion of the gastric juice, a small quantity of whiskey; or if this is objected to, one of the bitter tonics may be given about three or four times a day, from fifteen to thirty minutes before eating. In case of pain during digestion the milk may be peptonized, but this is not always advisable, as the unpleasant taste is apt to cause an aversion to milk and thus interfere with the important food. A good domestic remedy, which has often proved very effective, is a preparation of sherry and rennet before each meal. Small doses of bismuth and calomel after meals relieve the distress and keep the bowels regular. As the digestion becomes stronger the menu may be enlarged and the drugs cut off, until the patient is able to take a ferruginous tonic. This treatment (like all methods of treatment—not new) in pulmonary consumption, when dyspepsia is a prominent symptom, has met with sufficient success in some cases to deserve recommendation, and has been the means of prolonging life.—*Epitome.*

IMPOSING ON A PHYSICIAN.

It is almost incredible, but what was printed as a joke in the *Reporter* some months ago has been actually put in practice in France. According to the *Gazette Hebdomadaire*, Feb. 1, 1889, a physician in a town in France was called up from his bed on a stormy winter night and implored by a peasant to come to see his child, who was suffering with an affection of the throat which threatened strangulation.

To the hesitation of the doctor to go a distance of five or six miles, he replied that he had come all the way on foot, and it was not too much to ask the doctor to go to such a desperate case. Reluctantly the doctor yielded to his sense of duty, had his carriage made ready, and then, taking his summoner with him, drove to a little village six miles away to see the patient. Arrived here, he gained access to the house with difficulty and found a child with no appearance of illness whatever. The father professed great astonishment, and protested that when he left the child it appeared about to die. With thanks to the doctor, and imitation of the symptoms of the child at an earlier hour, he allowed the physician to make his way home.

A few days later the doctor learned that just before he called him, the man had been on a drinking bout, and had made a bet with a companion that he would not walk home. He won his bet at the expense of the doctor.

It is hard to believe a story of this kind, and yet it is not absolutely beyond belief. The correspondent who communicates it to the *Gazette Hebdomadaire*, couples it with another, to indicate the trials which may meet a physician in the discharge of his duty, and asks what can be done to punish those who could thus impose on the sense of duty and humanity of physicians? Some punishment a wretch of this kind ought to have; but he might better receive it from his fellows than from anyone else, for they would probably find whom the trick hurt most the next time one of them really needed medical aid at night.

The story is mainly interesting as showing that the experience of physicians is pretty much