

rhœa in course of time changed character, and became transformed into a nervous asthma.—*Brit. Med. Jour.*

OBJECTIVE SIGNS IN GASTRIC DISEASE.—Lion and Hayem, in continuing this subject (*Arch. gén. de Méd.*), make some remarks on the shape of the abdomen under the heading of inspection. (1) Prominence of the abdomen in the upper part is seen in large eaters, such as diabetics. (2) Prominence below may occur in many conditions, as in women who have borne many children, gastroptosis, etc. (3) A central prominence extending from the lower part of the sternum to below the umbilicus is seen after a full meal in patients with pronounced dilatation without ptosis of the stomach. (4) Flattening of the abdomen with hypogastric

prominence occurs in those having dilated stomachs with ptosis. A slight transverse ridge may often be seen corresponding to the lesser curvature of the stomach. The abdomen observed in profile may show: (a) A substernal hollow; this occurs in inanition, frequent vomiting, etc. (b) An abnormal prominence, mostly substernal or epigastric, due to distension of the stomach. (c) A flattening of the epigastric region with hypogastric prominence seen in gastric dilatation with ptosis.—*British Med. Journal.*

A SERIOUS AFFLICTION—"Well, I see old Mithomer has died at last." "Yes; it was a sad loss to me." "I didn't know you were a friend of his." "No; I was his physician."—*Life.*

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