prepared by boiling or steaming in the ordinary way with care to obtain a floury potato: the outer floury portion is then scraped off and beaten up thoroughly with enough milk to make a smooth cream, sufficiently thick to pour out of a jug rather heavily—potato 2 heaped teaspoonfuls (with average 2 dram teaspoon) to 1 ounce of milk: 1½ to 2 teaspoonfuls of this potato-cream are given three or four times daily; after two or three weeks the dose of this should be gradually reduced, and omitted altogether within four weeks from the commencement of treatment. The mode of giving the potato-cream is of some importance: most infants take it best mixed up with the ordinary food, but if this is done it should be mixed with a portion only of the food to ensure all of the potato-cream being taken, otherwise if part of the food is left the child does not get the full dose of potato. Occasionally it is taken more readily given separately: in either case it is often disliked at first, but Still has rarely had any serious difficulty in getting a child to take it. In addition, two teaspoonfuls of raw-meat juice may be given three or four times in the twenty-four hours, and sometimes one-half teaspoonful of orange juice two or three times a day, but any looseness of the bowels should make the physician cautious in adding this to the potato-cream, for diarrhea in infantile scurvy is a serious complication, as Glisson seems to have observed. At the same time, the child is placed on a diet of milk which has been heated just short of boiling point and diluted with water; the scurvy-producing "food" is, of course, stopped.—*B. M. J. and J. A. M. A.*

The Coated Tongue.

L. Kast (*Berl. Klin. Wochenschr.*)—The examination of the coated tongue as an index to gastric disorders, upon which formerly so much stress was laid, has now generally fallen into disrepute. This is probably chiefly due to the lack of evidence that the condition of the stomach can affect that of the tongue either by the direct ascent into the mouth of stomach contents to swallow capsules containing lycopodium powder. The mouth was rinsed with water that same evening and again the next morning. In over half the cases the mouth was found to be (in the absence of regurgitation, eructation or vomiting) or otherwise. Kast, however, has shown that such a process actually does take place. A number of patients, all of whom were free from regurgitation, eructation and the like, were made free from lycopodium in the evening but to contain it next morning. The conclusion may fairly be drawn, that in some cases stomach contents may gradually wander up the esophagus