

position of the heart in pericarditis with effusion, experience in the Urban City Hospital has shown that in a pericardial sac filled with fluid the heart assumes a position against the anterior chest wall unless held in some other position by adhesions. The coronary arteries are therefore in danger of being injured during puncture, but much more frequently the pleura is threatened; in fact, in the majority of cases pericardial paracentesis is made through the healthy pleura. This under certain conditions may lead to pleural effusion. Moreover, a pericardial exudate can rarely be entirely removed through a single puncture. Dr. Brentano has therefore totally discarded this procedure, as well as the operation by simple incision, because in the latter the internal mammary artery and the pleura are apt to be injured, it is difficult to obtain a clear view of the deeper structures, and adhesions cannot be adequately surveyed. On the other hand, the opening of the pericardial sac after resection of a rib is such a simple operation that it may often be attempted without narcosis and carried to completion under local anæsthesia alone. The fifth left costal cartilage is the proper one to be resected, and after being stripped of its intercostal muscles should be separated close to the sternum and at its junction with the rib. The mammary vessels crossing the body of the triangularis sterni muscle are to be doubly ligated and divided. The fibres of the muscle are then separated by blunt dissection, the overlapping pleura is retracted, and an incision made in the whitish, glistening, pericardial membrane. The fluid escapes in spurts, because the heart shows a tendency to close the opening. In purulent exudation, irrigation with sterilized water is recommended. The incised edges of the pericardium should be sutured to the skin incision, and the cavity drained by strips of iodoform gauze. In purulent cases the sac is irrigated daily with sterilized water. According to Brentano, in cases operated upon by this radical method intrapericardial adhesions are less apt to occur. In the five cases thus operated upon, only one recovered, but the others were markedly relieved by the operation and death resulted from the causative disease, and not from pericarditis. Pericardiotomy with resection of the fifth rib in two cases of purulent pericarditis, due to osteomyelitis, did not prevent a lethal termination.—*Medical Record*, Jan. 14th, 1899.

### SWALLOWED A PROBANG.

Dr. Gillette, of Toledo, Ohio, reports in the *New York Medical Journal* for March 25, 1899, a case in which a doctor, while swabbing his own throat, accidentally swallowed a brass wire six inches in length on which he had wound cotton for a swab.