produces a crop of pin-head blisters with very little annoyance. When absorption does not occur, this has seemed in many cases to become stimulated by aspiration, a few drachms of liquid being removed by means of a hypodermic syringe, this often rendering paracentesis unnecessary.—*Therap. Gaz.*

NEW SIGN OF TRICUSPID REGURGITATION.—Dr. Pasteur, of the Middlesex Hospital, writes:—In several cases in which there was reason to suspect functional incompetence of the tricuspid valve, which have recently come under my observation, a physical sign has been present to which I believe attention has not been drawn, and of which I have been unable to find any mention either in the standard text-books or in the best known monographs on the subject of cardiac disease. This sign consists in a distension—with or without pulsation—of the superficial veins of the neck, occurring when firm pressure is exerted over the liver in the direction of the spinal column, and independent of the movements of respiration. A little consideration of the anatomical relations of the parts concerned will suggest the facility with which an impediment may be created to the flow of blood, in either direction, through the vena cava inferior by such a manœuvre, especially when the liver is obviously enlarged. It seems to me that the state thus produced is virtually that which obtains as a chronic condition in long-standing and severe cases of tricuspid incompetence as far as regards the tension in the systemic venous system in the immediate vicinity of the heart. Assuming the existence of tricuspid regurgitation and of a source of compression of the vena cava inferior, it is obvious that with each systole an excessive reflux of blood must take place into the vena cava superior and its tributary veins. It may be noted that the question of pulsation, as compared with distension or undulation, is merely one of degree of morbid venous tension. Although the number of cases in which I have observed this phenomenon is certainly limited, I have never failed to elicit it when there was indubitable evidence of tricuspid incompetence; on the other hand, I have hitherto invariably failed to obtain it in other forms of cardiac valvular disease, and in various cases of hepatic enlargement from causes other than passive congestion. I cannot but think that this sign may furnish an important aid to diagnosis in cases where the usual signs of tricuspid regurgitation are ill-developed or in abeyance, and that it may prove a valuable factor in the difficult general problem of prognosis in cases of cardiac disease My chief object in making this short communication is to draw attention to a point which I believe to be of some importance, with a view to stimulate observation, and it may be to elicit further facts.—*Lancet.*

ELEVATION OF THE ARMS AS A SYMPTOM OF PERITONITIS.—Dr. Lediard calls to mind that there are various circumstances rendering the attitudes assumed by the sick of great diagnostic value. It may be that extreme restlessness, delirium, or fear, may prevent accurate noting of the pulse, temperature, respiration, or even physical examination of diseased organs. Again, deaf-mutism, malingering, a foreign language, etc, may further entail difficulties in diagnosis which might be in some measure overcome by the observance of a well established position pathognomonic of a disease. He then alludes to one disease and one posture, which seem to be rarely dissociated, at least in the adult. Many years have passed since he was first struck with a posture which he has generally found to be a truthful indication. On November 19th, 1871, a waiter, aged twenty-two, was brought into the Edinburgh Infirmary, under the care of the late Professor Spence, whose house-surgeon he then was The patient had been stabbed in the abdomen, and a foot of small intestine was protruding. On the day following admission the patient was noticed to keep his hands above his head with the elbows out—*i.e.*, in a position often assumed when one is lying on the grass in summer enjoying the sounds of nature. Subsequently, but within twenty-four hours, he was observed to raise the left thigh; finally, the hands were constantly behind the head and the knees completely drawn up. Death occurred on the fourth day from general peritonitis. In peritonitis following the operations for hernia, gastrotomy, ovariotomy, ruptures of the bowels following violence without external mark, and in puerperal peritonitis, the author has constantly observed the position taken by the patient to be similar to that described The raising of the arms is, in his belief, coincident with the commencement of peritonitis, and when the inflammation is at its height the hands will be clasped behind the occiput The explanation is simple enough; the object being to lift all pressure from the distended bowels, the respiration becomes thoracic and the diaphragm fixed; by raising the arms the pectoral muscles elevate the ribs, and more room is thereby allowed for lung expansion; the raising of the arms moves the scapula upward and forward, and the serratus magnus being drawn upon still further tends to relieve the thorax from pressure, while the dorsal position of the trunk with an extended spine favors respiratory movement.—*Lancet.*

THERAPEUTIC NOTES.—Dr. Yeo, of King's College Hospital, in his opening lecture in the course of clinical therapeutics, is reported by *The Lancet* as having made the following practical observations:

1. That in order to derive the full beneficial effect from iodide of potassium in cases of aneur-