

man is seen again, there is still urgent vomiting and no relief of the other symptoms. Explain the view you take of the probable nature of the case, and the treatment you would adopt.

ATMOSPHERIC PRESSURE ON THE JOINTS.—

The current opinion has hitherto been that the influence of atmospheric pressure in retaining the two surfaces of a joint in contact is, with the exception of the hip-joint, only exerted on the joints as long as the soft parts, especially the capsule, remain intact, and that a simple opening in the latter is sufficient to destroy it entirely. Prof. Ch. Aeby, of Berne, however, in a preliminary communication to the *Centralblatt*, March 27, 1875, p. 228, announces the startling fact that, according to experiments which he has lately instituted, in the greater number and the most important of the joints in the human body the atmospheric pressure is fully adequate to retain the surfaces of their constituent bones in contact, even after the division of all the soft parts, including the capsule. This statement is true of the shoulder-, elbow-, and wrist-, as well as of the hip-, knee-, and ankle-joints, and the experiment succeeds in nearly every natural position of the joint, so that the extremity below any particular articulation can be made to swing within its normal limits of flexion, supported by the pressure of the air alone. Thus, as Prof. Aeby expresses it, "when it is found that the arm will hang completely disarticulated in the shoulder-joint, the forearm in the elbow-joint, or the hand and fingers in their respective joints, no further proof is required that the ordinary teaching with regard to the relation of air-pressure to the joints is completely erroneous." Prof. Aeby will shortly publish his experiments and deductions made from them *in extenso*. We may here add that Dr. Fr. Schmid (*Deutsche Zeitschrift für Chirurgie*, v. 1874), has lately found by experiment that the atmospheric pressure which retains the surfaces of the hip-joint in contact is not only sufficient to support the lower extremity unaided by muscles or ligaments, but even to carry an additional burden equal to a third part of the weight of the leg.—*Med. Times and Gazette*.

PUNCTURE OF THE PERICARDIUM.—The following case is reported in the *Archives Médicales Belges* by Dr. Villeneuve: A child five years old, was suffering from pericarditis with effusion. According to the statements of the parents, the trouble dated from a fall two months before, soon after which the breathing began to be affected, the legs swelled, and the condition grew gradually worse. When the patient was seen by V. the symptoms had become very alarming. The face was swollen and mottled, the eyelids were œdematous, the lips cold and livid. There was also considerable œdema of the legs and scrotum. The pulse was too feeble to be counted, and auscultation failed to discover any cardiac sounds whatever. A fluctuating swelling, which undulated synchronously with the respiration, occupied the precordial region. Respiration was short, labored, whistling, and accompanied with pulsation of the jugulars. The case appeared desperate, and no medical treatment offering any prospect of success, it was resolved to interfere surgically. A Dieulafoy's aspirator was procured, and the tumor having been punctured at its most prominent part, two syringefuls of clear, yellowish fluid were withdrawn. The fluid continued to flow in a stream after the canula was removed, owing to the fact that the repeated application of blisters to the part had so thinned the skin as to prevent the edges of the wound from closing. With the aid of plasters, compresses and bandages, however, the aperture was finally closed. The result of the operation was a very marked relief of the child's asphyxiated condition; the heart-sounds could be heard again, and the pulse could be counted. The wound continued open and discharging for six months. The discharge was at first clear, and afterwards became purulent. The fistula finally healed, and the patient made a complete recovery.—*Journal de Médecine*.

CARCINOMA OF THE STOMACH.—A patient complained chiefly of pain in the hip and back, until her attention was drawn to other symptoms, when she admitted that she vomited quite regularly about an hour after each meal, if she ate anything besides gruel and whey. She was