how a carefully restricted diet, and a daily washing out of the stomach and intestines with large quantities of warm, alkaline, aperient fluid should have the effect.

The hypodermic injection of morphia doubtless also contributed much to the patient's comparative comfort, although it at last lulled him into a false sense of security, masked important symptoms, and induced the most careful clinical observers (who had not the same advantages that I had of watching him from day to day) to hesitate to give an entirely unfavourable prognosis of the case.

The immediate cessation of the gastric irritation and vomiting on the change from farinaceous food to animal fluids and jellies which could be absorbed in the stomach, was a strong indication of the existence of obstructive disease at the pylorus, and it points to a fact that is often overlooked in practice—viz., that in some conditions of gastric and intestinal disorder, soft farinaceous foods are by no means easy of digestion.

Another point of interest in this case was the supposed existence of gall-stones as the original and sole cause of the symptoms. This opinion was put before us with so much circumstantial detail by the patient and his friends, and the success which had followed the treatment based on this opinion was pointed to as so evident; the actual passage of what were supposed to be biliary calculi; the long periods of freedom from suffering; the absence throughout the whole case of any local tumor or evident tenderness; all these facts naturally led us to give great weight to the considerations whether or not the symptoms could be thus satisfactorily accounted for.

When, however, I observed the other obvious features of the case, at the time when I had the opportunity of seeing the patient daily, the constancy of the pain, except when under the influence of morphia, coming on the instant the effect of the morphia passed off, the striking change in the symptoms produced by the change of diet, the persistent appearance of black stools, and, above all, the presence of bodies, having a perfect resemblance to cancer-cells, in some fragments of mucus on the surface of the vomit,—these facts assured me that although gall-stones might coexist, or might have existed, we had to do with a case of malignant disease of the pylorous running a somewhat unusual course.

Protracted as was the course of this case, there seems to be good reason for believing that had this patient realized fully the serious nature of his malady, and being willing to remain under medical supervision and direction; had he, in short, adopted the habits of an invalid, taken only such food as was ordered him, instead of travelling about as a sound man, and eating heartily of any food he felt disposed, his life might have been prolonged much longer. As it is, I think the case an important and instructive one, as illustrating a probably not inconsiderable class of cases in which malignant disease of the stomach exists for many years before coming to a fatal issue.—*London Lancet.*

CAPILLARY PUNCTURE OF THE INTESTINES IN TYMPANITES.

An interesting article in the *Bulletin Medical du Nord*, by Dr. Cuignet, contains the following points:

1. The puncture should be made by giving a rotary motion to the needle, which is held between the fingers at the surface of the body.

2. It can be perceived the moment the needle reaches the gaseous cavity, as well as the moment it touches the opposite wall, thus showing the exact dimensions of the cavity.

3. The gas does not escape spontaneously, however distended the cavity may be which contains it, but it must be withdrawn by aspiration.

4. Only the fold of intestine in the immediate vicinity of the puncture is evacuated, but all of the folds of the intestine must be punctured to obtain any considerable relaxation.

5. Each fold, as it is punctured, collapses, and its place is filled by the two folds above and below it, which maintain all the tympanites in the same region, until they also are punctured.

6. Either the gas alone may be withdrawn, or both the gas and the liquid matter in the intestine, by graduating the depth to which the needle is made to penetrate.

7. It is esteemed prudent to always extract the liquid in the vicinity of the puncture.—*La Tribune Medicale.—St. Louis Med. Record.*