

has repeatedly found it. A great majority of the cases recover, the break in the lung tissue soon healing and the air being absorbed.

The causes assigned for the accident have been multiple. Five cases have been recorded in which the aspirating pump was accidentally reversed. All of these recovered but reference is made to a case where a child immediately died. Some cases have been explained as due to the suction of the pleura through an unguarded needle, but there seems reason for grave doubt if this is even the mechanism for an appreciable pneumothorax. In the majority of cases in which fluid was present it was impossible to determine whether it was due to puncture of the lung, to a tear of the pleura bound down by adhesions, or to rupture of an emphysematous bulla.

These accidents occur more frequently when the condition is chronic, or when the fluid is purulent, and in many a large quantity of fluid, was withdrawn. The rapidity of evacuation may also be an important factor, the lung from loss of elasticity being unable to expand sufficiently rapidly to occupy the vacant space. These dangers may be partly averted by allowing the fluid to run slowly, and by stopping the flow after a moderate amount has been obtained. Siphonage is safer if the fluid has existed for a long time, or if there is a large effusion.

THOMAS McCRAE. "Typhoid and Paratyphoid Spondylitis, with Bony Changes in the Vertebrae. *American Journal of Medical Sciences*, December, 1906.

McCrae describes two cases of spondylitis, one associated with typhoid and the other with paratyphoid infection. In both he was able to demonstrate the existence of bony union between the lumbar vertebrae by means of radiograms. The exact seat of this change is difficult to state. In one it filled in the intervertebral space between the second and third lumbar vertebrae, apparently being deposited in the lateral ligament and forming bony union between the two vertebrae. In the second the process extended from the second to the fifth vertebrae, and appeared to involve both the lateral ligaments and part of the intervertebral discs. So far these are the first reported instances of definite changes being found by radiograms. Cutler reported a case with negative findings.

The condition usually appears during convalescence, and in three-fourths of the cases the patients have been males. Pain is usually the principal symptom, being felt in the lower dorsal or lumbar regions, and may radiate round the body or down the legs. It is generally aggravated by movement. The character of the pain varies greatly, sometimes being present in violent paroxysms for hours with periods