

made into the foramen corresponding to the branch involved, and into the ganglion if all these branches are involved. Three injections are given on subsequent days and a fourth if necessary a few days later. Recurrence of symptoms takes place in from 10 to 14 months, when it is found that the attacks are much lighter and yield to one or two injections. This method has also been employed in tic convulsif, and in mixed nerves like the sciatic without permanent injury to the motor fibres.

W. C. B.

MEDICINE.

UNDER THE CHARGE OF F. G. FINLEY, H. A. LAFLEUR AND W. F. HAMILTON.

GEORGE G. SEARS, M.D. "Accidents following Thoracentesis: Pneumothorax: Sudden death from Exploratory Puncture." *American Journal of Medical Science*, December, 1906.

Thoracentesis has now become a routine measure both as a diagnostic and therapeutic agent. Accidents however occasionally occur, varying in severity from the pleuritic urticaria described by Minciotti, to a more or less speedy death. Albuminous expectoration, sudden death and pneumothorax are the three conditions to which most interest is attached, the latter two being considered in the present communication.

Sudden death after the withdrawal of even moderate amounts of fluid is a well recognized event, but it is not so well known that it may also follow simple exploratory puncture. Of ten reported cases seven occurred in children, and in at least eight instances a solidified lung was the cause of the ambiguous signs, and had been punctured by the needle. From experimental grounds Russell concludes that the sudden syncopal symptoms are due to afferent impulses conveyed to the medulla by the pneumogastric nerve. Death may be immediate or preceded for several days by unconsciousness and convulsions, which depend upon the cerebral anæmia produced by cardiac inhibition and the extreme lowering of the blood pressure. It is however probable that syncope and possibly asphyxiation, due to hæmorrhage from the wounded lung, play a part in the morbid process.

The writer records a case in which cyanosis and collapse with death in fifteen hours occurred at a second aspiration, and also three cases of pneumothorax resulting from thoracentesis, one of them being due to air returning through the detachment of the aspirating needle. The occurrence of pneumothorax is probably more frequent than is usually recognized after tapping, Ewart stating that on careful examination he