

and several cases with such complications are reported. Exploratory puncture, so far as one can gather from the literature, was seldom, if ever undertaken. On the other hand, even as late as 1830-1845, physicians and surgeons on both sides of the ocean discussed tapping the chest, deferred the operation, and the patients died.

Even as late as 1843 the school of French physicians watched patients die with pleuritic effusion, believing in the law enunciated by Louis that "pleurisy is never the immediate cause of death." In that year Trousseau ventured on his own responsibility to operate, avoiding a consultation lest his plan of treatment should be set aside.

The accidents or untoward events which our forefathers feared in by-gone days have been largely prevented by better means of diagnosis and by the use of safer instruments. A strong desire to make a more complete and definite diagnosis in obscure cases prompts a more frequent use of the needle, and it is apparently in many of those uncertain, or doubtful cases that the more serious accidents have taken place. Two of the cases reported in this paper illustrate the most serious complications possible, short of fatality. Their rarity alone would be a sufficient reason for placing them on record, while the gravity of the symptoms and the occasional fatal termination suggest the necessity of a wider knowledge of such a complication in an operation so simple and so frequently performed.

*Case I.* (5678). Male, aged 28 years; was admitted on the 9th February, 1901, for dyspnoea, cough and weakness of the back. His history, so far as it serves the purpose of illustrating this paper is thus briefly told. Early in December of 1900 he was injured in his back by a falling tree. There was no history pointing to chronic disease of his lungs. He suffered for some weeks with pain in his chest, on both sides. Dyspnoea gradually developed and became very severe. Only on going about would he have cough and severe choking fits.

When admitted there was a marked angular curvature of the spine involving the 10th, 11th and 12th dorsal and 1st lumbar vertebrae. The heart impulse was faintly felt in the 4th right interspace, and the left half of the thorax was dull throughout. The dyspnoea was so marked and the heart displaced to such a degree that the left pleura was aspirated on the 10th February, and twenty ounces of slightly turbid serum were taken away, giving the patient much relief. The dyspnoea returned with signs of increasing fluid, and on the 12th another aspiration was done, and on this occasion fifty ounces were easily withdrawn. After this operation cyanosis set in and cough was troublesome. About eight ounces of albuminous fluid like starch-water with a specific gravity of