

Progress of Medical Science.

MEDICINE AND NEUROLOGY

IN CHARGE OF

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LUMBAR PUNCTURE OF THE SUBARACHNOID SPACE.

This subject has attracted considerable attention during the last few months. The articles by Dr. George W. Jacoby, in the *New York Medical Journal*, December 8th, 1895, and January 4th, 1896, being the most complete. Quincke, in a communication entitled *Hydrocephalus*, read in 1861 at the Tenth Congress of Internal Medicine, spoke of a method he had adopted to relieve the cerebral pressure by tapping the subarachnoid space in the lumbar region, he had made 22 punctures in 10 patients. Von Zeimssen, two years later, at the 12th Congress, spoke favorably of it for reducing brain pressure, 60 to 90 c.c. being sometimes removed. Lichtheim, about this time, recognized its chief value, namely, as a diagnostic proceeding. In 1895 Fürbringer reported 86 cases with 100 punctures, and his results were so striking that the matter at once received prompt notice. Browning in 1895 wrote on the subject, and Caillé in 1895. Dr. Jacoby read his paper before the New York Neurological Society, November 5th, 1895, giving his experience during six months, with 17 cases tubercular meningitis, purulent meningitis 1; meningitis with abscess, 1; tumor, 6; hydrocephalus, 4; ventricular hæmorrhage, 1; spinal hæmorrhage, 2; acute mania, 3; the procedure is based on the fact that the subarachnoid spaces of the brain and spinal cord communicate with each other and with the ventricles of the brain, the spinal cord reaches in the adult to the second, and in children a year old to the third, lumbar vertebra, and a puncture in the third or fourth interspace passes in among the nerve roots of the cauda. An ordinary aspirating syringe, with a long hollow needle, is used 8 c.m. in length, 1 to 1½ m.m. in diameter. Count vertebra from below upward, and control by counting from above downward. Dr. Jacoby states that a line drawn across and joining the highest point of both *cristæ ilii* will pass through the centre of the fourth lumbar; puncture between the third and fourth or the fourth and fifth, about 5 m.m. laterad from the median line. In most cases an anæsthetic