

THE MARITIME MEDICAL NEWS

VOL. XXI., JANUARY, 1909, No. 1.

Possibilities of Lumbar Puncture. In the *Lancet* (D.C. 13) there is a short report of a paper read at the Sheffield Medico-Chirurgical Society, by Dr. Herbert G. M. Henry. He states that lumbar puncture was first practised in England by Dr. W. Essex Wynter, in 1889. (Dr. Wynter's first case in which he attempted continuous drainage, ended fatally. It is to Quincke, of Kiel, we owe the establishment of the proceeding).

For some years there was considerable hesitation on the part of the profession in making use of the method, but it is now thoroughly established not only as a therapeutic measure, but for the purposes of diagnosis, and if strict antiseptic precautions are taken it is perfectly safe.

As a diagnostic method, three points are to be noticed. Firstly an indication is given of the intrameningeal pressure. In healthy persons in the horizontal position the pressure of the cerebrospinal fluid averages 125 millimeters of water pressure, in the sitting posture this may rise to 400. (In the Toronto General Hospital a few weeks ago, in a cerebellar case the pressure rose to over 1200 m.m. in a mercurial manometer.)

Secondly, the chemical examination of the fluid gives valuable results. The presence of albumin indicates organic disease. In normal cerebrospinal fluid there is a substance possessing the power of reducing the salts of copper, as sugar does. It was at one time considered

to be a form of sugar, but it does not conform to the chemical tests for any type of sugar. Its absence is characteristic of many forms of meningitis. Lastly, the examination of the sediment, for cellular elements, blood cells, or micro-organisms, aids greatly in diagnosis. A lymphocytosis is found in tuberculous meningitis, in tabes, general paralysis and cerebrospinal syphilis. Leucocytosis of the polymorphonuclear type indicates acute meningeal inflammation.

As a therapeutic agent, benefit has been obtained through it in many forms of meningitis, and a striking instance of its value was afforded in the remarkable case recently under the care of Dr. L. M. Silver, of this city. It is probably indicated in all cases of increased intracranial pressure. Dr. Henry, in his paper, cited three cases, one of cerebral tumour, one of subacute nephritis, and one of fracture of the base of the skull in which it had led to recovery from coma which would otherwise apparently have proved fatal.

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The Milk Supply for Infants.

In the same number of the *Lancet*, there is an article by Dr. Wm. Ewart, of St. George's Hospital, on some aspects of the milk supply for infants. He points out that this concerns the welfare of the nation, as the physical deterioration of the race and depopulation by infant mortality and by tuberculosis are mainly milk questions. "There are no more sen-