Fortunately, it is not always of such bad prognosis, and the author reports his two cases as evidence of this fact. In both cases the subcutaneous emphysema was produced accidentally by thoracentesis. The puncture wound acted as a veritable safety-valve, compensating for the continual accumulation of air in the pleural cavity by evacuating it into the cellular tissues where it was absorbed. Cure resulted spontaneously. However, Perrin emphasizes the severity of this complication in the majority of cases. The likelihood of the accident is much less if a very fine, sharp needle is used for puncture, so that the opening of the puncture may be easily obliterated. These patients should be watched very carefully in order to interfere if suffocation should be imminent or if the emphysema appears to spread very rapidly. It might be advisable to leave in place a needle with valves as devised by Boinet, which would allow the escape of air but no inflow. Perrin suggests this instrument as useful in the systematic treatment of pneumothorax of the valvular type.

Fixation Abscess in the Grave Accidents of Saturnism.—CARLES (*Bull. gén. de théor.*, 1909, February 8) advances for trial an interesting medication for the more grave accidents due to the accumulation of lead in the organism. By producing a fixation abscess through the subcutaneous injection of turpentine, he hoped to withdraw from the body sufficient lead to make a difference in the symptoms of saturnine intoxication. He carried this out in dogs poisoned with red lead, and from the pus in every instance obtained more lead than in equal amounts of the blood, brain, and liver. This was equally successful in a dog poisoned over a period of two months. The clinical application was made in only two cases, one of bronchitis, and one of lead colic. Again, lead was extracted from the pus of the abscess. However, the quantity was small and the clinical results not sure. His explanation is a phagocytosis of the visceral lead by the leukocytes and its transportation to the fixation abscess.

Carnot (*Progrès méd.*, 1909, xii, 159) points out that these results are confirmatory of his own, published in 1894, when he contended that metallic salts in circulation are localized in the region of inflamed organs and that it suffices to produce a traumatism or local suppuration in order to fix the lead salts absorbed. This elective fixation of circulating poisons in the region of inflammatory lesions is comparable to that of microorganisms. It permits the explication of an attack of gout in the region of an injured joint by the elective fixation of uric acid. It explains certain localizations of medicines in the course of local inflammations, as salicylates in rheumatic foci and mercury and iodides in syphilitic lesions. Carnot agrees with Carles that the method may have therapeutic usefulness in a case in which it is urgent to disintoxicate the organism.

Pathological Diagnosis of Mitral Valve Lesions.—SCHABERT (*Deutsch. Arch. f. klin. Med.*, 1909, xcvi, 116) has studied all hearts for the last two years by the "closure test" (Schliessprobe). The wall of the auricle is slit down to the auriculoventricular opening, exposing the mitral valves. An opening is then made in the apex of the left ventricle and a stream of water is directed into the ventricle, while the valves are directly observed.