Occasionally it is found that the pressure falls very rapidly when only a very small quantity of the cerebro-spinal fluid has left the spinal canal. Quincke explains this by saying that a more or less complete obstruction about the foramen magnum, due to the abnormal brain being forced down as the pressure in the spinal canal is removed, has taken place. It is very urgent in such a case to at once stop the drainage. In one of our cases something of this sort happened. He was a man, aged 40, who was admitted unconscious, and apparently uremic. The urine contained albumin, and many casts. The leucocytes numbered 19,200. He had frequent fits, and Babinski's sign was present. The cerebro-spinal fluid pressure was only 54 mm., but fluctuated freely with respiration and the heart beat, and was easily raised by raising the head, all this proving that the communication between the cranium and spinal cavity was free. A few drops of the fluid were allowed to escape, and the pressure quickly fell to 40 mm., and stayed there. Post mortem examination in this case showed thrombosis of the lateral sinuses.

The only complication that we have had after lumbar puncture has been considerable headache, often lasting for a day or two. On the other hand it may not be amiss to mention that in functional nervous cases the psycho-therapeutic effect has been marked.

In this preliminary communication one would close by urging that in every case where lumbar puncture is considered advisable for diagnostic purposes the pressure of the fluid should be measured. Further, it seems most necessary that where the pressure is high and the fluid is being drained off to give relief, this withdrawing should be done *via* the measuring tube in order that we may the better know what we are doing, and when to stop.