

The vaso-dilators employed have been numerous and not a few physicians pin their faith to various of these as panaceas for eclampsia; but few of them have many friends and most of them have but few friends.

Pilocarpine, at one time popular, has been abandoned as uncertain and often dangerous. Veratrum viride is employed chiefly in America. It acts by dilating the arteries and depressing the heart. It is said to promote the activity of the skin and to favour diuresis. It is best administered hypodermically, 20 minims of the fluid extract as an initial dose, followed by ten minim doses at intervals of half an hour, till the pulse is kept below 60. It is a powerful cardiac depressant so is contraindicated when the pulse is weak and irregular. It is difficult to form an opinion as to the value of this drug, for its friends claim too much for it and its failure in the hands of men of large experience and of good judgment, do not inspire faith. My personal experience is that it has not been any more successful than other drugs of its class and I have practically abandoned its use.

Reference has already been made to the use of thyroid extract as a vaso-dilator.

Helme, of Manchester, in May last, suggested the employment of subarachnoid puncture in eclamptic convulsions, believing that the convulsions and stupor are dependent upon increased intracranial pressure. In November, 1903, he successfully treated a severe case by this means. He withdrew a drachm and a half of cerebro-spinal fluid by lumbar puncture, and mentions that the fluid escaped rapidly as if under considerable pressure.

Kröning, of Jena, in the *Zentralblatt für Gynäkologie* for October 1st, 1904, has a paper on this subject in which he fails to notice Helme's case, seeming to have been independently led to the same conclusion. In view of the marked increase in the blood pressure of eclamptics he was led to investigate the degree of pressure upon the cerebro-spinal fluid in these cases, hoping thus to possibly find some therapeutic results by removing a certain quantity should the intracranial pressure be found to be augmented. He reports three successful cases so treated. The first of these was a severe case and may be referred to in some detail: To the needle used in the lumbar puncture was attached a Quincke's apparatus for estimating the pressure under which the cerebro-spinal fluid escaped. The pressure was found to rise between 430 and 540 mm., water pressure. On withdrawing 20 c.c. of fluid the patient had a convulsion which raised the intracranial pressure to over 600 mm., the capacity of the Quincke apparatus. In all he withdrew 37 c.c. of cerebro-spinal fluid, the intra-cranial pressure then varying be-