

opinion, some holding that, inasmuch as there is retention of fluid in eclampsia, they should not be given. On the other hand, the influence of infusions on diuresis is well known. It is possible that infusions of Ringer's solution may be of value.

Engelmann warns, as does Zangemeister, against forced diaphoresis in all stages of eclampsia. He is doubtful of the worth of decapsulation of the kidney and of lumbar puncture. He draws attention to the known decrease in eclampsia during the years when fat was obtained with difficulty.

H. M. LITTLE.

**Brindeau: Decapsulation of the Kidneys in Eclampsia.** *Gynécologie et Obstétrique*, 1921, iii, 275.

The results obtained by renal decapsulation in the treatment of nephritis are sufficiently encouraging to warrant the resumption of the study of this operation in relation to the therapy of puerperal eclampsia of nephritic origin.

At present the indications seem limited to those cases of eclampsia secondary to nephritis which cause a postpartum anuria, that has resisted all other treatment for twenty-four hours. One would better wait until after delivery before considering decapsulation because the delivery often relieves the kidney congestion.

The operation consists of exposing the kidney by the classical lumbar incision, splitting the fibrous capsule along the convex border of the kidney and decapsulating to the region of the hilum. The wound is closed with a wick drainage. Most surgeons advise decapsulation of both kidneys.

R. T. LAVAKE.

**Lübbert: Kidney Decapsulation in Two Cases of Postpartum Eclampsia.** *Muenchener medizinische Wochenschrift*, 1920, lxxvii, 1385.

On the theory that failure of the excretory organs to pass off the too rapidly accumulating toxins of pregnancy leads to eclampsia, the kidney becomes the keystone in the treatment of this condition, where convulsions first appear after the uterus has been emptied. Two cases are cited where stripping off the kidney capsule resulted in cessation of convulsions and complete recovery.

Decapsulation in this condition is indicated by the appearance of convulsions after the uterus has been emptied and by an accompanying anuria.

S. B. SOLHAUG.

**Gessner: Increased Blood Pressure in Eclampsia.** *Zentralblatt für Gynäkologie*, 1921, xlv, 847.

The author distinguishes between idiopathic hypertonus in pregnancy based, he believes, on hypersecretion of the adrenals, and possibly due to increased abdominal pressure, and the hypertonus symptomatic of impending eclampsia. He noted a characteristic blood pressure curve in the latter, which he found in only one other condition, namely, mechanical obstruction to urinary secretion. This condition exists in some cases of enlarged prostate and has been artificially produced by injecting fluid into the bladder. That there is a certain amount of back pressure in the urinary tract during pregnancy has been shown by Weibel.

Since similar conditions do not arise from tumors of the pelvis, the