secondary symptoms, as it has often been noticed that parasyphilitic lesions have generally followed such cases, and it is rational to assume that in these instances the toxins which later on cause these lesions are produced early in the disease.

Cases which do not take mercury well will be found to stand it much better if it be given in conjunction with iodipin. If the cases are being treated by injections of mercury, it is better to give the iodipin either before or after the course of injections, but both injections may be given during the same period; in these cases, one side of the buttock should be reserved for the mercury salts, and the other for the iodipin.

In syphilis of the nose, iodipin is often preferable to potassium iodide, except in very acute cases, where there is danger of perforation of the septum or hard palate. The putrid greyish masses seen in the nasal cavity, probably remnants of a gumma, are more speedily thrown off under iodipin administration than under a long course of iodide. These patients are, moreover, spared any rhinitis, which is easily produced when giving iodide of potassium.

In syphilis of the central nervous system, where iodine is indicated, and the treatment should extend over a long period, this is obtained by the administration of iodipin.

One of the well-known effects of the poison of syphilis is arterial degeneration, and, both in its prevention and treatment, iodipin has proved to be of value (Kalmus⁴). The continuous circulation of iodine in the blood vessels may be assumed to be a powerful factor in the prevention of such degeneration, or if it has already commenced, in arresting its further progress.

The advantages of iodipin may be summed up as follows:

1. It is often necessary to give a long course of iodine to patients who are unwilling to take iodide either from its lowering effects or that they are the subjects of iodism.
2. All the iodipin injected is used up and must exert its specific action; an exact dosage is therefore possible.
3. Injections are painless, and there is no fear of sepsis if proper precautions have been taken.
4. Iodipin subcutaneously does not produce iodism. Patients who have an idiosyncrasy to potassium iodide can take it quite well.
5. Patients remain much longer under the influence of iodine than when iodine is given in other forms. After a short course of injections the system can be kept for a period of four to six months under the influence of iodine.
6. The body is under a slow, continuous regular action of iodine, which is of prophylactic value.
7. In nearly all cases, after a prolonged course of potassium iodide, there are stomach and bowel troubles. This does not occur with iodipin.
8. It has a specific action in tertiary syphilis and arterial degeneration.

The disadvantages to the use of iodipin may be briefly summarized as follows:

1. In cases of syphilis, when a rapid therapeutic effect of iodine is required, iodipin is of little use, as the absorption of iodipin is extremely slow, two to ten days elapsing before the iodine can be definitely demonstrated in the urine, so that in cases in which there is a threatened perforation of the palate, cerebral gumma, etc., potassium iodide should be given. Iodipin is not a substitute for potassium iodide when active lesions are in progress, but its value in the conditions I have previously mentioned can hardly be disputed.
2. A further disadvantage is that only a small amount of iodipin can be absorbed per diem, about one-third what would be given in the ordinary way by the mouth. This can, however, be turned to account in various ways. For example, in tertiary syphilis, after potassium iodide has been administered somewhat vigorously, a course of iodipin injections may be given, and the patient may then be left without medicine for some months, during which time the physician knows that iodine is daily passing through his tissues.

REFERENCES.

¹ Winternitz, *Deut. med. Woch.*, 1897, No. 23. ² Radestock, *Therap. Monats.*, October, 1899. ³ *Lancet*, May, 1908. ⁴ *Fol. Therap.*, July, 1908.

UNDER the will of the late Mrs. Martha Maria Fraser MacEwan, of Cobham, the Royal Hospital for Incurables at Putney and the London Hospital receive bequests of £2,000 and £5,000 respectively.

PROSTATE WEIGHING SEVENTEEN OUNCES REMOVED BY THE SUPRAPUBIC ROUTE.*

By ANDREW FULLERTON, B.Ch., F.R.C.S.IREL.,

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THE BELFAST HOSPITAL FOR SICK CHILDREN.

ENORMOUS prostates have been removed in recent years by the method of Freyer, but I am not aware that one of the dimensions of that now reported has been so dealt with.

The patient was a gentleman aged 73, and was under the care of Dr. Colville of this city.

History.

He had always enjoyed good health. About a year ago he was successfully operated on for cataract. For the past ten years he has had to get up once or twice at night to pass water, but has never suffered severe pain. Nine months ago he had an attack of haematuria, which came on spontaneously without the passage of any instrument. At this time he passed a good deal of gravel, but no definite calculus. On rectal examination the prostate was felt to be very much enlarged. The haematuria lasted one day, and did not recur till the onset of the present illness. Ten days before I saw him with Dr. Colville he had a somewhat alarming cardiac attack during which his pulse fell from its usual rate of 72 to 40. He became pale and collapsed, and his face assumed a bluish tinge. Both hands were cold and anaemic as far as the wrists, and his feet were similarly affected. The heart sounds, especially the first, were faint and weak. There was no increase in cardiac dullness, and no adventitious sounds could be heard. The pulse, though slow, was of fair tension. Two days before I saw him he had a slight attack of haematuria. The next day he had retention, but a soft rubber catheter drew off about a quart of blood-stained urine, and during the rest of the day he passed water naturally. Next morning he had retention again, and on this occasion catheterization failed owing to the instrument getting blocked with clot. I then saw him with Dr. Colville, but failed to relieve him with catheters, and we resorted to suprapubic puncture. At this period prostatectomy was considered, and the opinion of Sir William Whitla was sought to enable us to decide, if possible, whether his heart was fit for the shock of the operation. With some misgivings, it was decided that the operation should proceed.

Operation.

Accordingly, the same afternoon I removed a huge prostate weighing 17 oz. by the suprapubic route. The operation was attended with the greatest difficulty on account of the finger being unable to reach the deeper portion of the gland. I had to put the greater part of my hand into the bladder, and even then I had the greatest difficulty in reaching the furthest limits of the growth. In order to deliver the prostate I was obliged to split it longitudinally and remove it in halves. The operation, a truly laborious one, was completed in fifteen minutes from the commencement of the incision, and was conducted under ethyl chloride administered by Dr. Fielden. I chose this anaesthetic because I am usually able to complete the operation in two or three minutes, but I was not prepared for the size of the prostate in this case.

After-History.

The patient suffered from very severe shock, and was with great difficulty kept alive for some hours after the operation, but he made a good rally, and is now—ten days after—doing well. There was also found in the bladder a pretty specimen of mulberry calculus about the size of a small marble.

The only prostate approaching this in size of which I am aware is one mentioned by Mr. Freyer,¹ which weighed 14½ oz. Mr. Freyer says that this was the largest prostate he had removed, and that the labour involved in its removal was very severe. The operation took fourteen minutes, and his fingers, hands, and arms ached for two or three days after. I can endorse this statement as regards my own case. The muscular exertion was certainly very severe.

There are two points in my case besides the size of the prostate. First, the comparatively comfortable time the patient had had with his urinary organs up to the time of this illness, though the prostate must have been of great size for years; and secondly, the condition of his circulatory system, which in my opinion almost precluded the idea of any operative measures whatever.

REFERENCE.

¹ *Surgical Diseases of the Urinary Organs*, s. 165.

* The paper was read and the specimen shown before a meeting of the Ulster Branch of the British Medical Association.