ON SYMPHOROL (SODIUM CAFFEINE SULPHONATE) AS A DIURETIC.

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DURING the past five weeks I have been trying this new diuretic on several patients, with negative results. In the pamphlet sent round to the profession it is stated that a dose of 60 grains daily increased the urine by 270 c.c. on the first day and by 730 c.c. on the second day after administration. The introducers of the drug state that it is likely to be particularly useful in dropsy arising from heart and kidney troubles. How far this action can be depended on, the following notes may show:

CASE I.—E. C., aged 37, suffering from mitral incompetence, with some pulmonary congestion and oedema of the lower extremities, was first put on tincture of digitalis, *mx*, thrice a day. The amount of urine was then small, and when first measured, after taking digitalis for five days, only 11 fluid ounces had been passed (April 30th), and on May 1st, 17 fluid ounces. On May 2nd 60 grains of symphorol were administered and 22 fluid ounces of urine were passed. This fell on the next day to 18 fluid ounces, and the day after to 16 fluid ounces. On the 5th only 11 fluid ounces were passed; so digitalis was again ordered, with the result that the urine rose to 15, 21, and 22 ounces respectively on the following days.

CASE II.—S. G., aged 56, suffered from mitral disease much more marked than in Case I. The oedema was general, and the face at times was livid. On April 23rd, after taking tincture of digitalis, *mxv*, every four hours for four days the quantity of urine was 11 ounces. On April 24th liquor trinitrine, *mj* every four hours, was given, and for the three days the quantity of urine passed was 14, 17, and 21 fluid ounces respectively. On April 27th symphorol, 60 grains, was given in twenty-four hours, and 24, 27, and 29 fluid ounces of urine were passed from then till May 1st, when the amount dropped to 20 fluid ounces. On the following two days 22 and 18 fluid ounces were recorded, and the medicine was changed to digitalis. Since then the daily amount has been 15, 31, 23, and 25 fluid ounces. This patient was drinking a large quantity of barley and lemon water, and had all through only a light diet.

CASE III.—A. W., aged 72, suffered from emphysema, weak heart, albuminuria, and dropsy. April 25th. After some days of digitalis the quantity of urine was 10 fluid ounces. April 26th. Liquor trinitrine, *mj* every four hours; the quantity of urine was 7 fluid ounces. April 27th and 28th. Symphorol, 60 grains; the quantity of urine was 12 and 7 fluid ounces. April 29th. Liquor trinitrine, *mj* every four hours, the quantity of urine was 9 fluid ounces. May 3rd. Death from suppression.

CASE IV.—J. D., aged 26, suffered from typhoid fever; in the third week. The urine was drawn off with the catheter. The bowels were usually constipated, and were opened with enemata when necessary. The patient was taking 4 pints of milk daily and unlimited lemon and barley water. April 26th and 27th. Salol, 10 grains, *t. d. s.*, quantity of urine 32 and 31½ ounces. April 28th. Symphorol, 60 grains; quantity of urine 22 fluid ounces. April 29th and 30th. Symphorol, 60 grains; quantity of urine 19 and 32 fluid ounces. May 1st. Symphorol, 60 grains; quantity of urine 17½ fluid ounces. May 2nd. Symphorol, 60 grains, quantity of urine 17 fluid ounces. May 3rd. Symphorol stopped; diarrhoea commencing.

In no case could any appreciable benefit be ascribed to the symphorol. In Case III it completely failed, and in the other cases the effect was not sufficiently marked to justify one in continuing its use to the exclusion of better known and more trustworthy remedies.

CANCER OF THE PROSTATE COMPLICATED WITH SPASMODIC CONTRACTION OF THE BLADDER.

By C. E. LIESCHING, M.R.C.S., L.R.C.P.,
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J. G., aged 51, first came under my care in April, 1892, suffering from hæmaturia and retention, which he was able to relieve by using a catheter, and he told me he had done so for many months. At this time his symptoms were those of enlarged prostate. I found the right lateral lobe to be enlarged and very hard. There was no enlargement of the glands, but the man was a little sallow, and appeared prematurely old. The hæmaturia soon yielded to treatment, but there remained a good deal of irritability of the bladder.

He came to me again in October, having discontinued treatment for three months. He complained of much more pain, and it had altered in character. It came on, he said, like a wave, increasing in violence from the penis upwards, making him desire immediately to relieve himself. He would seize hold of the penis and hold it tightly, and, when the pain had reached its height, there would be a flow of a little white fluid; this would be repeated in a few minutes unless he relieved himself with the catheter. In the right inguinal

region above Poupart's ligament there was now to be felt a rounded hard fixed mass, which I took to be glandular. It steadily increased in size, and oedema of the leg ensued. As the pain increased in frequency, and having tried as sedatives morphine, cocaine, and belladonna as suppositories and injections without any relief, I sent him in November to Mr. Hurry Fenwick for any suggestions he could make for the relief of the spasms. At his suggestion I used 20 minim-doses of belladonna, together with ethereal tincture of phosphorus, and it gave slight relief for a time. Things went on getting worse, and he was getting more cachectic and weaker, and as life was becoming unbearable owing to the pain, I suggested a suprapubic operation as a possible means of relief. This was done in June by Mr. Paul Swain, and had the almost immediate effect of relieving all spasm, though, until the time of his death, he complained much of pain in the back, which was worse at night and in changes of weather. The interest in this case lies in the spasmodic nature of the pain, which seemed to be beyond the reach of therapeutics, and was only relieved by the suprapubic operation. My only regret is that I had not suggested this earlier in the case.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, Etc.

LAPAROTOMY BY COMPOUND INCISION.

In laparotomy our first and true line of defence against subsequent hernia consists of the properly secured peritoneum. Stitching together the cut edges of the peritoneum only will not do; we must appose and stitch securely together the inner surface of the peritoneum on either side of the incision, so that this apposed surface is not less than half an inch broad, and co-extensive with the entire length of the incision. To do this we must be at close quarters with the peritoneum; we cannot stitch it thus at the bottom of a hole as in the direct vertical incision in subjects who have even a moderate depth of subcutaneous fat. By adopting the following method we quite overcome the difficulty. First make a rectangular flap composed of the skin and entire thickness of subcutaneous fat by beginning an incision at A and ending at D. Next turn this flap over to the left, and envelope it in lint wrung out of hot antiseptic solution. Now open the peritoneum along the middle line E F. After the intra-abdominal manipulations secure the peritoneum as indicated above, and flood the denuded surface with 1 in 2,000 solution of corrosive sublimate before lowering the flap. We can insert a drainage tube, where one is required, at either F or E as easily as we do now.

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WILLIAM FEARNLEY.

PUERPERAL SEPTICÆMIA AND PEMPHIGUS NEONATORUM.

Mrs. P. was confined on September 19th, 1893. The child was well nourished and healthy looking. The labour was rapid, the child being born very shortly before the midwife arrived. The cord was tied by the patient's mother; as soon as this was done the midwife arrived and expressed the placenta without difficulty. This was the second confinement; the first child is living and healthy.

On the night of the 21st the patient was restless and suffered from diarrhoea. The following morning I was called to see her; she had a temperature 103°, pulse 110, small, soft, compressible; tongue furred; breathing quick; no abdominal tenderness or distension; discharge rather scanty and ill smelling; vagina hot, no sores of any description to be seen. The condition did not improve in spite of frequent