

so soon as the diuretin was discontinued the anasarca began to reappear.

Case III is a hospital patient with chronic parenchymatous nephritis, who was generally anasarca upon admission to the ward March 30. He had become chilled and wet, which apparently had occasioned an exacerbation of an old long-standing malady. Urine was scanty; of high specific gravity, and contained a large amount of albumin, besides granular and hyaline casts. The anasarca increased greatly, and by April 3 he was passing only about a quart of urine in 24 hours despite the free administration of all the diuretics at command in the hospital. April 10, diuretin ninety grains in 24 hours, seven grains and a half being taken every two hours. The renal secretion rose at once to one hundred and forty-six ounces in 24 hours, and at the end of two days the patient begged to have the medicine discontinued. At the time of my rounds on Monday morning the œdema had vanished absolutely, and abundant diuresis was still maintained. In fact, the quantity of urine voided on the 14th—two days subsequent to the discontinuance of the medicine—is reported to have been one hundred and sixty-one ounces.

Case IV.—A male patient, aged 61 years, March 18 last, suffering from recent pleurisy with moderate effusion of the left base. In addition there was general arterio-sclerosis; with moderate hypertrophy of the left ventricle and a passively hyperæmic liver. An enlarged spleen, firm, with rather thin borders, could be plainly felt. He was somewhat anæmic, and gave a history of several attacks of malaria during the past three years. His condition remained pretty much in *statu quo* until the 25th, when slight œdema of the feet and ankles was reported. The urine analysis on the 28th showed much albumin but otherwise nothing abnormal. In spite of digitalis, the œdema increased somewhat, and by April 15 some ascites had made its appearance. Urine analysis at that date showed no albumin and no casts. I regret to say a quantitative analysis of urea was not made. But the case is probably one of general arteriosclerosis, with cirrhotic kidneys. April 16, sixty grains of diuretin (Knoll) ordered during the ensuing 24 hours. But no apparent effect was produced, as he passed but thirty-three ounces of urine. The medicine was then increased to ninety grains, with like want of effect. It was not until the remedy was increased to one hundred and twenty grains daily that its characteristic action became manifest.

With reference to Case II, I should like to add that, since the foregoing report of her experience with diuretin was penned, I have been obliged to order it for her again, and the effect upon her pulse and general condition is wonderful. Two days ago the radial pulse was extremely weak and arrhythmic, the integument over the sacral region was œdematous, her abdomen greatly

distended with ascites and tympanites, producing constant pain, and every half-hour or so she would pass into a state of unconsciousness and rigidity, the pulse becoming almost imperceptible at the wrist. This morning the pulse was fairly full and regular, she had passed a tolerably comfortable night, the œdema of the back had disappeared, and she was free from pain. In short, she had passed, from a state of great discomfort to one of comparative ease.

*Conclusions.*—1. Diuretin (Knoll) is a diuretic of great power and promptitude, suitable to all forms of dropsy.

2. Not increasing arterial tension, it is likely to succeed where digitalis, caffeine, and their congeners fail.

3. In cases of cardiac dropsy, with great feebleness of the pulse and arrhythmia, it will strengthen and regulate, rather than depress, the heart's action.

4. It appears to cause no irritation of the stomach or kidneys.

5. It requires to be given to the extent of from ninety to one hundred and twenty grains daily, and preferably in small doses frequently repeated.

6. It is best administered either in solution in warm water or in gelatin-coated pills, since, if exposed to the air in powders, it undergoes change, with a precipitation of much of the theobromine.—*N. Y. Med. Jour.*,

#### NAPHTALENE IN DYSENTERY.

The Berlin correspondent of the *Provincial Med. Jour.*, states, that among the uses of naphthalene we have now to reckon its employment against dysentery. Very excellent results have been yielded by it when applied in the form of suppositories, made as follows:

R. Naphthalene, gr. viij-xv  
Ol. theobromæ, ʒijss. M.

Fiat. supposit.

It may also be advantageously employed in the form of an enema with oil, according to the appended formula:

R. Naphthalene, ʒi  
Ol. olivæ, ʒiv M.

Sig. Use several times a day at first.

The hydrocarbon has also proved useful against oxyuris vermicularis. For children a clyster is prepared in somewhat different proportions, thus:

R. Naphthalene, gr. xv  
Ol. olivæ, ʒx-ʒxv M.

It may also be pointed out that naphthalene has been recommended against thread-worms in children. In doses of two grains, internally it is said to be safe and reliable.—*St. Louis Med. and Surg. Jour.*