

TORONTO MEDICAL SOCIETY.

May 7th, 1891.

The President, Dr. Spencer, in the chair.

Dr. Gullen exhibited a patient, a man, æt. 24, suffering from

DIABETES MELLITUS.

He was in apparent good health until four months ago, when he consulted a doctor because he was losing flesh and strength, and suffered a great deal of pain in the chest. The urine had a specific gravity of 1050, and contained sugar. He was put on opium treatment, but this caused constipation; bromide of arsenic (gr. $\frac{1}{6}$ in the dose) was administered with good effect, the amount of sugar being reduced, but irritability of the stomach was produced, and even minute doses could not be borne; the specific gravity was reduced under this treatment to 1032. At present the patient's pulse is 96; he has exaggerated pulsation in the carotids, and is highly nervous; specific gravity now is 1042. He passes much more urine than normal; he has not had much thirst, but complains of dryness of the mouth; appetite is good. He has not been losing flesh recently; in fact he seems improved in health.

Dr. Macdonald finds a great deal of difference in the varieties of gluten food in the market. There is a large proportion of starch in many of them.

Dr. Machell thinks the patent foods are all right when first put on the market, when chemists analyse them and give their report, but the standard is not maintained, and the article is subsequently manufactured at a cheap rate. Nestle's food has been found bad in this respect. Dr. Machell has at present under his care in the children's hospital a girl, æt. 11. On admission, she was passing 140-170 oz. urine a day. A special formula for diabetic food was tried as follows: "Six eggs are thoroughly beaten, and then a teaspoonful of baking powder, or its chemical equivalent, and a quarter of a teaspoonful of salt are added, and again the eggs are beaten. This mixture poured into hot waffle-irons smeared with butter is baked in a very hot oven. For variety and to make the biscuits seem more like coarse bread, pulverized nuts, of those permitted, may be added. They may be eaten hot with butter and cheese, but

will remain good for a long time, and nobody would suspect that they were destitute of flour." Within two days the patient began to improve, and she now passes only 60-70 ounces urine per diem. The good results have been attributed mainly to the bread.

Drs. Spencer, Gordon, Macallum, and Thorburn also took part in the discussion.

Dr. Thorburn then read some notes on a case of

SUPPURATIVE DISEASE OF THE ANTRUM.

The case was that of J.G., æt. 27, captain in the Austrian army. There was a history of an empyema of the antrum, following the extraction of a carious tooth, lasting three years, without causing actual pain, although the pent up fluid was at one time great enough to cause a swelling of the face. The pus was greenish in color, and contained white flakes, which might have been due to the mucous membrane of the antrum secreting fibrin, which appeared as flakes in the pus. Examination for tubercle bacilli at different times yielded negative results. The mucous membrane lining the cavity of the antrum acts as a periosteum to the bone; this became thickened by inflammation and probably became loosened or partially detached from the bone. By means of a curved trochar an opening was made by Dr. Thorburn into the antrum through the thin plate of bone immediately below the inferior turbinated bone, one-eighth inch from its anterior extremity. The trochar was passed upwards, backwards and outwards. On withdrawing the trochar no pus followed. Re-introducing the trochar and giving it a firm push, it was passed one-half inch further into the antrum, and it felt as if it were piercing a bladder partially filled with fluid. Upon withdrawal of the trochar a copious discharge of putrid pus followed. The difficulty at first experienced in introducing the trochar was due to the fact that the thickened lining membrane was pushed before it but was not punctured. The cavity was washed out with creolin, and a vulcanite tube, with a plug at its external orifice, placed in position. Subsequently the cavity was daily washed out with creolin solution; after three weeks the discharge became clear and sweet, the patient's general condition, which had been much deteriorated, improved, and after four months he was discharged cured.