

cause for this, he considers it a case of unrecognized diabetes. Again, a mammary cancer was extirpated, progressive phlegmasia ensued, which caused death. Dr. A. Henry mentions a similar case where death ensued from pulmonary edema. Both were probably cases of diabetes.

Professor A. Fischer recommended carbolic acid internally, to combat the diabetes before operating, and mentions cases in support of such treatment.

Such cases force upon us the following questions: Is it permitted to operate upon a diabetic patient? Is it indicated to postpone an operation; and is it really of such importance that diabetes should be diagnosed before operating? In diabetes, cataract operations often succeed. But in most cases Verneuil disadvises operation, or insists on anti-diabetic treatment prior to operating.

Other skin affections, such as eczema, pemphigus, &c., sometimes are caused by diabetes. In the diagnosis of diabetes in surgical cases, it must be borne in mind that fasting for a few days causes the sugar to disappear from the urine. Gangrene of the lung is regarded by Rager as a frequent termination of diabetes. This form of pulmonary gangrene is not mentioned by the latest German writers, although Griesinger spoke about it in 1859. Sudden death may occur in diabetes, and embarrass the surgeon. Serious hemorrhage also occasionally occurs, at times becoming uncontrollable, and is apparently a parenchymatous oozing. A case of diabetic gangrenous phlegmasia of the leg was incised on account of emphysema. A large number of odourless air bubbles exuded. Could these have been carbonic acid, derived from the fermentation of saccharine serum in the areolar tissue?—*Chicago Medical Gazette.*

COLD-WATER PILLOW.—William Woodward, M.D., writes, in the *British Medical Journal*: "In several cases lately I have had recourse to the use of a cold-water pillow, with very marked benefit, where headache, heat of head, and similar symptoms have prevailed. Any one who has experienced the vain attempt to find any permanent cool place in a feather pillow when desired will at once appreciate the above expedient, which, however, may not occur to every one at the required time."

CUPRIC TEST PELLETS.*

BY JOS. S. NEFF, A.M., M.D.,

Lecturer on Urinary Pathology at the Jefferson Medical College, Philadelphia, etc.

At a meeting of the Clinical Society of London, held January 23rd, 1880, Dr. Pavy introduced to the notice of the profession a new qualitative test for sugar; strictly speaking, a new form of an old test, for it was nothing more than Fehling's solution transferred into a solid form; but the method of obtaining this form was not explained.

As is well known, of all the tests for sugar in the urine the copper tests are the best, at least when delicacy and precision are aimed at. The best of these are Fehling's or Pavy's solutions, which contain cupric sulphate in combination with an alkaline tartrate, and in such a condition that when brought in contact with grape sugar, at a temperature of 100° Cent. (212° Fahr.), the cupric salt is reduced to its lower oxide (cuprous oxide).

These solutions, although of well-attested value, have one great objection, viz., the change which takes place when kept for any length of time, or when light and air have access to the fluid. This change allows the cupric sulphate in solution to become deoxygenized when the fluid is boiled, without necessarily the presence of sugar. Another slight objection is that the stopple of the bottle in which the solution is kept is apt to become fixed unless in constant use.

These points were given by Dr. Pavy as his reasons for undertaking the incorporation of the ingredients of the ordinary test solution into a solid and permanent form; and at last, after many fruitless attempts, his efforts have been crowned with success, as shown by the presentation of his "cupric test pellets" to the Society, as above stated.

The great practical use of these pellets at once suggested itself to me, and I endeavoured to have some made in this country, that their use might be made practicable without the great expense of importation.

In the report of Dr. Pavy's remarks,† no mention is made of any formulæ, so it is fair to

* *British Medical Journal*, February 7th, 1880.

† Exhibited to the Philadelphia Pathological Society, March 25th, 1880.