

diabetes. Quantity of urine passed per 24 hours, about 9 pints. Sp. grav. as voided, 1036. As shown with yeast test, 1005. This gives 31 grains of sugar per oz.

Treatment.—Milk, meat, etc., abstaining from all farinaceous food. Medicines, tonics and liq. opii sed.

Sept. 27th.—Caught cold by sitting in a draught, this brought on slight congestion of the lungs with severe febrile symptoms, and internal otitis on the left side.

Oct. 1st.—Complains of hemicrania on left side, heaviness and dulness.

Amount of urine passed per 24 hours, 13 pints 9 oz; sp. grav., 1032. Tested with yeast, 1006—equal to 26 grs. sugar per oz. R, lactic acid and tinct. chiretta.

Oct. 6th.—Commenced Bethesda water and bran biscuits.

Oct. 10th.—Amount of urine passed per 24 hours, Ovj., $\bar{\text{v}}$ xij.

Oct. 11th.—Abscess in internal ear of left side opened externally, giving relief. Complains of great weakness.

Oct. 15th.—Supply of Bethesda water finished.

Oct. 16th.—Bran biscuits gave out. Immediately on the stoppage of these supplies, the urine was augmented in quantity, Ovj. $\bar{\text{v}}$ iv. per 24 hours.

Oct. 18th.—Fresh supply of Bethesda water.

Oct. 23rd.—Weak. Profuse perspiration. Desquamation of cutaneous epithelium, constituting the condition known as brany skin. Amount of urine, Oxij. $\bar{\text{v}}$ iv. per 24 hours.

Oct. 26th.—Chills. Great pain shooting down from ear to supra orbital region and from mastoid bone to back of head. Twitching and cramps during whole night, with pains in left knee.

Nov. 1st.—Violent pain in left knee.

Nov. 5th.—Comatose, stertorous breathing, feeble pulse.

Nov. 6th.—Died.

Great emaciation. Heart and lungs healthy. Brain healthy, the sulci being very deep. Nothing noticeable found in the liver or kidneys. On examination of the left ear, an abscess was found in the labyrinth, filled with dark-coloured, bad-smelling pus. On opening the

left knee joint, it was found filled with pus. There were no other abscesses.

It would appear that the patient died of pyæmia. The morbid matter having been absorbed from the abscess in the left ear, had set up an inflammation of the knee, accompanied, or rather followed, by profuse suppuration. If pus itself or purulent thrombi had been absorbed from the abscess, they would have been deposited in the form of emboli in the lungs, but the lungs in this case were quite healthy.

SUDDEN UNILATERAL BLINDNESS CURED BY PARACENTESIS.—Dr. Berger mentioned the following case: A woman, 36 years of age, found herself suddenly blind in the left eye one morning. She had long suffered from nervous headache, and had taken a large amount of bromide of potassium. Slight temporary paralytic symptoms had recently manifested themselves in the extremities of the left side. The arteries could be seen upon ophthalmoscopic examination, but the circulation through the veins, distinctly observable in the other eye, could not here be determined; otherwise the veins seemed normal. Local abstractions of blood, residence in a darkened room, and the application of the constant current all failed, and on the fifteenth day paracentesis was performed. Upon the escape of a little fluid, she was immediately able to recognize persons and objects about her. Two days afterward, paracentesis was repeated. The cure was perfect. No cardiac lesion could be discovered. The writer explains the occurrence upon the theory of a vascular spasm. This case seems to resemble very closely the somewhat numerous cases of so-called ischæmia of the retina.—*Schmidt's Jahrbucher*, No. 7, 1877.—*Clinic*.

UNIVERSITY OF PENNSYLVANIA.—It augurs well for the future of medical education that the profession has unmistakably shown its sympathy with those schools which have honestly endeavoured to raise the standard. Contrary to the expectations of the University authorities, the class has not undergone any temporary reduction, and about 140 new students have matriculated for the three years' course.