

$V = \frac{1}{8} \frac{0}{0}$. To maintain dilatation of pupil for several weeks with the atropine.

Preserving the normal central, movable pupil, this patient got useful sight for ordinary purposes, and also for reading, &c., by the use of a cataract glass—a very good result.

The cardinal point in nearly all cases of injury to the eye involving the lens, is to get the maximum dilatation of the pupil at the earliest moment, and keep it up by frequent instillations of a strong mydriatic: so far, the best is sol. atropiæ sulph. gr. 2—8 ad. ʒj. Smearing the brow with extract of belladonnæ, or using fofus belladonnæ, will often be quite futile, as it also proves in idiopathic iritis. The above rule is the surest preventive of secondary iritis and worse mischief, and its observance a necessity to a good result. Its neglect will likely end in closed pupil and adherent iris, with a final unsatisfactory visual result, which may indeed be nil. The softening lens is an irritant, and therefore the iris should be kept away from it and reduced to the smallest area. The constant use of cold or ice water applications for the first few days is of great service; afterwards hot fomentations may be necessary to relieve pain or ciliary irritation. The tension of the eye must often be tested, for undue hardness of the globe is a prime indication for immediate removal of the lens. With this precaution it is well to wait, as in the above case, until the lens becomes softened and flocculent before doing the linear extraction. And this operation may be unnecessary in some cases, solution of the lens quietly taking place; or the process begun may be completed by means of needling. In older subjects a dislocated or cataractous lens generally requires early removal by the modified (or peripheral) linear operation.

We lately noted some interesting observations of the occurrence of distinct tubercular formations in voluntary muscles, and now we have to call attention to recent facts which demonstrate that tubercular ulceration of the tongue is met with; rarely it is true, but with a distinctness which suggests that when its occurrence is generally known its rarity may be found to be less than is commonly supposed.

Translations.

From *Rivista Clinica di Bologna*.

THE SALICYLATE OF SODA IN DIABETES MELLITUS.—(Bozzolo.)

(*Giornale della R. Accademia di Medicina di Torino*, 1878. N. 1, 2.)

Some observations have already been published, especially in Germany, on the treatment of diabetes mellitus by salicylate of soda. Thus Ebstein tried this remedy in two cases; and in the one saw the glycosuria disappear, and in the other become notably diminished. G. Müller-Warnecke also noted in one case the total disappearance of the sugar, and its diminution in another. In both cases, however, things resumed their former condition after the suspension of the remedy. Ryba and Plumbert, in two grave cases, witnessed the absolute disappearance of the sugar; in two other cases a marked diminution, and in another no result. Brinken has asserted that he observed in two cases the permanent disappearance of the sugar. Lastly, in one case Bouchardat did not obtain the least result.

Bozzolo relates the history of a rustic of fifty-eight years, robust, and of healthy descent. He had not suffered from any injury of the head, nor had any bodily disease, and had always lived upon a chiefly amylaceous diet, as residents in rural districts commonly do. In December, 1876, this man commenced to suffer from incapacity, general malaise, intense thirst, and abundant micturition; then debility, virile impotence, emaciation, and lastly, an insatiable appetite. At first he was treated with a flesh diet and lactic acid, but the medical prescription not being attended to regularly, much benefit was not derived. The patient, on entering the Clinica Medica di Torino, was placed for the first few days upon the ordinary diet. At that time the urine varied from 3000 to 3500 cubic centimeters in the twenty-four hours; its density was 1035; the quantity of sugar 57.5 grammes; the weight of the body 48 kilogrammes. We had therefore to do with a rather mild case of saccharine diabetes, in which, probably, grave lesions of the liver had not yet occurred. On the 1st of May, 1877, the patient was subjected to a flesh diet, together with eggs,