

tures with an œdematous condition of the eyelids; body very much emaciated; skin dryer than natural; has a depressed disposition with great want of energy; has a slight cough with no expectoration; mouth and tongue quite dry, and at times experiences great thirst which causes him to drink largely; appetite good; rather inordinate, and appears to digest his food well; bowels rather costive at periods, but have not been so for a long time; micturition easy and frequent, urine increased in amount, light yellowish green colour, with a characteristic hay-like odour, and is perceptibly sweet to the taste, acid reaction; specific gravity 1040—no deposits.

*Diagnosis.* The symptoms enumerated are sufficiently characteristic to render the diagnosis comparatively easy. The patient is undoubtedly suffering from diabetes mellitus.

*Treatment.* 1st *Dietetical*—Bran bread, half a pound per day, celery, tea night and morning, with no sugar; four eggs per day and two ounces whiskey.

2nd *Medicinal.* Ordered tr. ferri. sesquichlor. mxx et ol. morrh.  $\frac{z}{3}$  ss. ter die.

#### PROGRESS OF CASE.

Dec. 8. Found the patient to-day in his usual state, but fearing there might be pulmonary complications present Dr. MacCallum made an examination of the chest with the following results:

*Inspection.* Considerable wasting of the thoracic parietes, and a slight twisting downwards of the right clavicle; movement of the chest slightly more marked on the left side.

*Palpation* discovers that the vocal fremitus is much more perceptible on the right side than on the left.

*Percussion.* In right supra-clavicular space the percussion note is heightened in pitch, shortened in duration, diminished in mass of tone, and offers increased resistance. In right infra-clavicular regions, almost wooden quality of sound; passing down from this the sound increases in violence, same dulness being still present. In right axillary the pitch rises and the duration decreases.

*Auscultation.* In the right infra-clavicular is heard diffused blowing almost tubular breathing; heart sounds are quite distinct, a few moist crackles are also to be heard. Bronchophony also heard here. In the right supra-clavicular space blowing respiration is well marked; on opposite side replaced by normal breathing. In upper part of right axillary region breathing natural, but at lower parts small crepitations are heard, but the crepitations are more marked at the junction of this space with