Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

GENERAL RESTRICTION OF DIET IN DIABETES.

BY G. S. KEITH, M.D., F.R.C.P. EDIN.

THIS brief outline of a case of diabetes which has recently been under my care may be of interest to the readers of THE LANCET inasmuch as it bears out the beneficial results of a method of treatment which I have advocated for many years. In its results, however, it is no whit more satisfactory than I have found to be the case in innumerable instances of divers diseases which have been described in my "Plea for a Simpler Life" and "Fads of an Old Physician."

The patient, a man, aged 38 years, had resided for several years in a tropical but not unhealthy climate. He came home early last year as the heat did not seem to suit his health and since then he has been living in North Berwick where he could enjoy his favourite game of golf. He there consulted a medical man and was told that the immoderate thirst from which he was suffering was due to diabetes. The specific gravity of his urine was then found to be 1037. Subsequently he was advised to consult a London specialist who put him on the usual anti-diabetic diet. He was ordered to abstain from everything which contained starch or sugar and was given a long list of animal and albuminous foods in which he could indulge. No restriction whatever was put on the quantity of these and, further, he was recommended to take fatty substances *ad libitum*, with the view of restricting the waste of tissue which was going on very rapidly. He soon found that the fats which he consumed in large quantity did not agree with him and his medical adviser in Edinburgh advised him to discontinue their use; this he did with marked benefit.

I first saw the patient about the middle of October, 1901. He had then lost about two stones in weight, but his muscular strength was only slightly impaired, and he was still able to enjoy a game of golf. He had, however, an intense craving for food, suffered from severe thirst, and was likewise passing a very large quantity of urine. I recommended him, therefore, to reduce as rapidly as possible the total nitrogenous intake, and at the same time to introduce a small quantity of bread into his dietary. I saw him again three weeks later and during the interval he had reduced his total food to a very moderate allowance, while for the last week he had taken for breakfast a couple of ounces of bread which he enjoyed amazingly. The craving for food and water had practically disappeared, while the amount of urine was now reduced to two and a half pints. An analysis of a sample gave the following results: specific gravity, 1019; albumin, *nil*; and sugar, 0.32 per cent. His weight had increased in three weeks by six pounds—a fact which, as I pointed out to him, was no doubt owing to the retention in the system of water which had previously served as the vehicle for the discharge of waste products and in this way had been lost to the tissues. He now resolved to return to the tropics in order to resume the duties which he thought he had finally relinquished. I saw him again two months later (Jan. 6th, 1902) and found that he had made arrangements to leave the country in the middle of the month. In the meantime he had a slight return of his former symptoms, owing probably to the fact that while still reducing his animal food he had indulged somewhat too freely in farinaceous and sweet articles of diet. On the adoption of the dietetic restrictions previously ordered the symptoms once again rapidly disappeared, and at the present moment he is on the point of carrying out his original intention of resuming work.

The interest of this case centres in the remarkable amelioration of the diabetic symptoms which followed a general restriction of diet without reference to particular elements of food. This is nothing new in face of my past experience and I attribute it, as I have endeavoured to show in my published works, to the curative influence of a

restricted diet, more especially with regard to nitrogenous foodstuffs.

Currie, Midlothian.

A CASE OF INFECTIVE PERIOSTITIS.

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A SHORT time ago I attended a child suffering from the above disease and as the case presented, to my mind, one or two interesting features I think it is worth recording.

The patient, a female child, aged 11 years, who had always enjoyed robust health, had been "out of sorts" for two or three days. The morning on which I first saw her she had a rigor, and on examination her condition indicated a severe constitutional disturbance. The temperature was 103° F., the pulse was 120, the tongue was furred, and the breathing was quick. On inquiry the mother gave the information that the child did not complain of pain in any particular region and for a short time I was non-plussed to account for the constitutional disturbance. On further examination it was discovered that the child had a double talipes—i.e., right talipes equino-varus and left talipes equinus. Further, a puffiness located over the internal malleolus of the right leg was noticed. The veins were swollen, but the child did not cry out when the afflicted leg was being manipulated. I noticed that the vulva was inflamed and a purulent discharge was seen about the vulval orifice. The next morning (the second day) the general condition of the child was worse; the temperature was 104°, the breathing was rapid, and the usual symptoms which accompany pyrexia were present. On examining the afflicted leg it was noticed that the swelling had much increased, the whole of the shaft of the tibia being implicated up to the tubercle. The skin was becoming dusky red in colour, pitting on pressure, and the child now was in evident agony on the least handling. The nature of the case was fully explained to the parents and the necessity of an immediate operation having been fully laid before them they consented to its being carried out. Later in the morning my principal, the late Mr. D. E. Edwards of Llwynypia, and myself went to the house fully prepared to lay bare the whole shaft and to gouge parts of it away if thought necessary. The parents by this time had changed their minds and they absolutely refused treatment; therefore nothing was done. The condition of the patient went from bad to worse; on the third morning septic pleurisy supervened, and on the fourth pericarditis, and she died at 11 o'clock the same night.

The child, at any time of her existence, had not been treated for the talipes. I ascertained from the mother that the child was in the habit of falling about in walking and especially on trying to run. This undoubtedly accounts for the injury constituting one cause of the periostitis.

The point of interest of the case which appeals to me is whether one is justified in thinking that the entry of the virulent streptococci and staphylococci was through the vagina from this purulent discharge. The child had never had typhoid fever.

Blackwood, Mon.

A METHOD BY WHICH DEPOSITION OF MOISTURE ON THE LARYNGEAL MIRROR MAY BE PREVENTED WITHOUT THE AID OF HEAT.

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WHEN about to make a laryngoscopic examination by means of reflected light the laryngeal mirror is warmed before being passed into the mouth with the object of preventing condensation of moisture from the breath on its reflecting surface. When gas or oil is used as the illuminant the warming of the mirror by holding it over the flame is simple, very convenient, and eminently satisfactory for routine examination, and is quite devoid of risk so long as the examiner is careful to test the temperature of the mirror before passing it into the buccal cavity.

But if the mirror so warmed be retained for some time in the pharynx, as is frequently necessary during delicate intra-laryngeal operations, it becomes cool, if not cold, and its