

draws attention to the connection between glycosuria and chronic intestinal stasis and the changes in the pancreas which occur as the result of the chronic intestinal stasis, causing it to become nodular, a condition of chronic pancreatitis which yields to successful treatment of the stasis. In glycosuria we have usually to deal with the subjects of chronic intestinal stasis, and it is frequently associated with long-standing gastro-intestinal disorders, and occurs in the subjects of rheumatoid arthritis and of Graves's disease, etc. Notes of two cases are given. The first, an officer aged 22, had an attack of appendicitis four months previously, and an abscess in the right iliac fossa was opened, and a pint of pus let out, with a small leaden shot, thought to have been swallowed with some game. A fortnight later phlebitis of the left leg and thrombosis of the femoral vein developed, but he eventually made a good recovery. Ten days prior to examination he became constipated and suffered from flatulence, and the bismuth meal showed extreme delay in the lower end of the ileum, the last coils of which were enormously dilated, and subsequently great retardation in its passage through the large intestine, practically the whole of the bismuth being in the transverse colon after ninety-eight hours. Prior to operation a large percentage of sugar was found in the urine, and the patient died soon after in diabetic coma without the operation having been performed. The second case was that of a woman, aged 47, who at the age of 30 had had Graves's disease, which yielded to treatment by rest, diet, and aperients. Beyond being the subject of chronic rheumatism, she remained in fairly good health till five months before coming under observation, when she complained of thirst, loss of appetite, occasional nausea, and wasting. She became constipated, and the urine was found to contain a large percentage of sugar. Six hours after a bismuth meal half was still in the stomach and half in the lower ileum, the terminal coil of which was tortuous, hypertrophied, and felt like a thick cord, and was firmly tied down in the right iliac fossa. At the end of twenty-three hours the lower ileal coils were still well filled, indicating extreme ileal stasis, and the ileal kink was present. At the end of thirty hours all the bismuth was in the large intestine, but after forty-seven hours none had advanced beyond the middle of the transverse colon, only a little having entered the descending colon, thus pointing to an extreme degree of stasis. This patient died a few days later in diabetic coma, no operation having been possible. On several occasions in other patients slight or transitory glycosuria has been present in the subjects of stasis, and the above two cases point to the very definite relation which exists between diabetes mellitus and chronic intestinal stasis.—*British Medical Journal.*