

ventricle. Luys has found, at autopsies of diabetics, a pronounced congestion of the floor of the fourth ventricle. (3) Constitutional Diabetes. This is of two varieties—gouty, or *diabete gras*, and pancreatic or *diabete maigre*. The first is found in those who are gouty, either by inheritance or by acquired taint. It may last for years affecting the health, and alternates or occurs with other gouty symptoms (eczema, migraine epistaxis). Thirst may be absent. The disease may be revealed by other symptoms, such as furuncles, insomnia, or pruritus of the genitalia. The quantity of urine is not above 5 litres; there is no emaciation. The quantity of sugar excreted is quickly modified by treatment.

(4) Pancreatic Diabetes. In this form there is no diathesis or predisposition; without apparent cause the patient suddenly becomes diabetic. The symptoms of invasion may be polydipsia, intestinal disturbances, paroxysmal diarrhoea, and chronic enteritis with rapid enfeeblement. Fatty stools, vertigo, somnolence or insomnia may be present. Premature and absolute impotence should make us think of pancreatic diabetes, unless the patient has general paresis or ataxia. The lesions of pancreas are various, but they all end in its destruction. Atrophy or sclerosis may be present; the size of the organ may be normal, but the glandular structure altered or destroyed. Closure of the excreting canals has been caused by calculi, tumors or abscess. Ablation of the pancreas in the dog produces true diabetes with polyuria, glycosuria and emaciation. All pathological observations are not in accord with this. Bar and Picq have reported 7 cases of cancer of the pancreas without glycosuria; while Boumaine has reported cases of *diabete gras* with pancreatic lesions. Remond removed the pancreas without causing diabetes. Lepine and Hedon maintain that if the pancreas is completely removed glycosuria results; if a portion remains, glycosuria may be absent. While some pathological relation exists between the pancreas and diabetes, it is not thoroughly understood. Polyuria and glycosuria are more frequent after changes in the pancreas than after puncture of the floor of the fourth ventricle.—*Occidental Medical Times*.

TREATMENT OF DELIRIUM TREMENS.

At a recent meeting of the Society of German Naturalists and Physicians, Dr. Aufrecht delivered an address on this subject, particularly with regard to the questions whether there is any specific remedy for this disease, and whether alcohol should be administered during the treatment. The author stated that he had never seen any favorable effects from the employment of opium or morphine; that he now only employed chloral hydrate, of which on the evening of the first day he gives a dose of 60 grains in a mixture of simple syrup

and syrup of orange peel. This remedy he has usually found capable of producing sleep. He repeats the dose on the evening of the second and third day, and it may frequently be necessary to give an additional dose of 30 grains on morning of the second and even on several subsequent days. Under no condition does he ever administer alcohol. From 1880 to 1890 he has treated 290 different patients, and of these only 10 died. Most of those which proved fatal had received morphine, while of the last 124, which he treated with chloral only, none proved fatal. The average duration of time during which the patient remained in the hospital was a little over two weeks. In the discussion which the reading of this paper evoked, Dr. Thoele stated that he had unpleasant associations with chloral, and now neither gave it nor alcohol. He had, for some time, employed hot baths of 15 minutes' duration followed by a cold douche, and had noted that on the third night of this treatment sleep always ensued. Prof. Jurgenson, on the other hand, had employed even larger doses of chloral than recommended by Aufrecht, and had never seen any bad effects. He referred to one patient, who was in the habit of taking daily nearly two quarts of absolute alcohol and to whom he gave from 120 to 465 grains of chloral in 24 hours. He also stated that he does not entirely stop the use of alcohol, which he administers in the form of cognac, in order to avert the threatened paralysis. He never gives morphine, but sometimes gives hydrochloric acid in addition to the chloral.—*Weiner Med. Blatter*.

MEDICINES TO NURSING MOTHERS; INFLUENCE OF THE MILK UPON THE INFANT.

Schling (*Gazette de Gynecologie*, Feb 15, 1891, *Paris Medical*), has made a series of investigations with various medicines, and has obtained the following results:

Sodium Salicylate.—Dose, fifteen to thirty grains. When the child was not put to the breast for an hour or more after the administration of the drug to the mother, it was always found in the infant's urine and disappeared in twenty four hours. If the infant nursed very soon after administration, there was no trace of the drug in its urine.

Potassium Iodide.—Similar results. Analysis of the milk gave the characteristic reaction. Elimination in the infant lasted seventy-four hours; in the mother, forty-four hours. After twenty-four hours the milk contained the drug.

Potassium Ferro-Cyanide.—Reaction very plain in mother's urine. None in the infant's.

Iodoform.—Employed as applications to the vagina and vulva. After a rather prolonged use, as a rule, iodine was found in the milk and mother's urine, but never in the urine of the infant.