

likely was anthracæmia. Under the circumstances I was debarred from suggesting a post-mortem. Through the courtesy of my brother, Mr. James D. Blackwood, who is engaged in the manufacture of woollen and worsted yarn, I have examined a great variety of wool, domestic and imported, and also the residue left after scouring. The high temperature and caustic soaps and alkalies employed in washing, destroy all traces of bacteria, if they exist in the wool before undergoing that process, and, although cold water in which wool has been thoroughly soaked frequently contains these organisms, I am not yet satisfied as to the origin of them, neither have I been able to obtain accurate information as to the *Bacillus anthracis* other than from allusions to it in the English medical journals, but I hope to be better posted shortly through friends who are interested in the subject in England. I learn from my brother that, aside from domestic supply in our city, foreign wool is imported only of English growth and from Australia, all of which being comparatively clean may account for the non-appearance of anthracæmia in this country as yet. The supply from Persia, Algiers, and Barbary is exceedingly foul, but to his knowledge is unknown in America, although large quantities of these grades are handled abroad. In view, however, of the extent and increasing business in woollen production in this country, and the probable development of this disease as a sequence through a greater demand for foreign material, it becomes our duty and our interest to unravel any entanglement which may confound anthracæmia with obscure disorders in those exposed thereto, and isolate this intruder if it be an entity, in preference to looking upon anomalous diseases in these people as hybrid,—a condition which I for one do not believe exists in pathology.—*Dr. Blackwood, in Medical Times.*

DIABETUS MELLITUS.

CLINIC BY PROF. FLINT, NEW YORK.

It is customary in nosology to consider this disease among the diseases of the urinary system. It is obvious enough, however, that it does not belong there. The presence of sugar in the urine is simply an effect of the presence of sugar in the blood. But the disease is classed among diseases of the urinary system for convenience, because our knowledge of its essential pathology is not sufficient for us to place it elsewhere, unless we consider it among diseases of the blood. Some think that the examinations *post mortem* have been sufficient to show that there are certain changes which substantiate the ground of its being a disease of the cerebral centres. The pathology of this disease is a matter for continued investigation. It

is a fair inference, from the success of dietetic treatment, that the pathology involves some defect or vice in the process of assimilation—that is to say, we have sugar in the urine, because the sugar which is taken with the food, and the starchy substances which enter into food, do not undergo their normal changes in the process of assimilation.

Now, as regards the diagnosis, the disease is very apt to be overlooked—not from any difficulty in the diagnosis, but because attention is not directed to an examination of the urine for sugar. If we have a patient passing a large quantity of urine, complaining of thirst, of course we examine the urine for sugar; but we do not have this greatly increased quantity in all cases; and instances have occurred repeatedly under my observation in which the disease has been overlooked for a long time, because, although the urine may have been somewhat increased in quantity, the patient attached no importance to it, and the attention of the physician was not directed to it, and it did not occur to him to direct his own attention to it. We should be on the lookout, then; in cases where there is any room to suspect this disease, we should examine the urine for the presence of sugar.

There is a characteristic odor of the breath, which it did not occur to me to observe before the patient went out—a kind of mawkish sweetness of the breath, which I can compare to that of chloroform perhaps. It is so distinct that it can hardly be mistaken when it is present.

Some time ago I saw a patient with a pulmonary affection, and in examining the chest I caught the breath. I said to the physician whom I met in the case that the patient had diabetes, and he was greatly surprised. It had not been suspected, but on enquiry I found that some months before the patient had been passing large quantities of urine, but it was supposed to be due to nervous exhaustion, and the urine was not examined; of late, however, there had been no increase in the quantity of urine, and so it had been tested only with reference to Bright's disease—for the presence of albumen, that for the specific gravity. The specific gravity was not above that of health, and so one of the physicians said, "How is it possible for the patient to have diabetes, when the quantity of urine is not increased and the specific gravity is not heightened? Well, such a thing is very possible. On examining the urine, sugar was found. This is a very important fact in connection with the prognosis. The pulmonary affection destroyed that patient, as any serious affection is apt to do when it occurs in the course of this disease.

I will mention a case which will illustrate the importance of examining the urine, even though we have scarcely any ground for suspicion. In women, an eczematous eruption about the urethral orifice is very apt to be the result of the presence