

THE CANADA MEDICAL RECORD.

Vol. XVI.

MONTREAL, JANUARY, 1888.

No. 1.

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Original Communications

REPORT OF A CASE OF DIABETES MELLITUS SUCCESSFULLY TREATED BY NITRO-GLYCERINE.

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(Read before the Medico-Chirurgical Society.)

MR. PRESIDENT AND GENTLEMEN. Any remedy which can arrest the course or hold out a prospect of cure of so intractable and generally fatal disease as diabetes must be of great interest to us all.

I therefore present nitro-glycerine as one such remedy which so far as I know has not hitherto been used for this complaint. That it had a decided-beneficial action is well shown by this report, the value of which is enhanced by the complete analysis of the urine, made daily and extending over a period of ten months. I am indebted to Prof. Bemrose, F. C. S., for the interest and careful attention he gave in determining these results whereby an accurate record was obtained. The literature of diabetes leaves us uncertain as to the pathological conditions which induce the disease. Irritation of the floor of the fourth ventricle of the brain causes glycosuria by inducing a paralysis of the vaso-motor nerves of the liver. The pneumogastric centre being deranged, and the disturbance of the normal conditions of the nerve affecting the vaso-motor nerve through its intimate connection with the cervical ganglion of the sympathetic. Such experiments favor the idea of disease of the

brain, or other nerve centre of the brain as the cause; but in most instances such is not always found to be the case. In some definite pathological condition is present, viz., enlarged liver, while in others the disease is apparently local, affecting either the liver or pancreas. From these facts, and from the comparatively few cases which have come under my observation, I have been led to the belief that we should more carefully define our cases into those of centric and those of local origin. As a rule when sugar is discovered in the urine we place our patients on the recognised diabetic remedies, without regard to the probable seat of the disease. Remedies which effect the brain centre may benefit disease in them, but can they be as effectual or of any benefit if the disease is in the liver or pancreas. Should we, therefore, not vary our treatment accordingly? In the greater number of cases treated by me local conditions chiefly were involved. The cases of cases occurred in elderly people, generally very stout, and good feeders. In these cases dyspeptic symptoms are prominent, as the excess of hydro-carbonaceous food taken into their stomachs increases the work of digestion. Many such persons I think live out a long number of years without serious illness, and unless accident discovers sugar in the urine there is nothing to indicate their diabetic condition except it may be an excess of urine. Such patients I have been unable to place upon any diabetic diet, as they will not adhere to it for any time. One patient, a woman, to my knowledge has had sugar in the urine for over eight years, is very stout and eats largely. She has attacks of indigestion, and at times inter- genital pruritis, otherwise there is no change