

with water. His diet was limited to certain easily digested articles of food. He derived from this treatment almost immediate relief; the amount of urine rapidly diminished; its color soon returned, and the sp. gr. became normal, until at Xmas-time he regarded himself as perfectly cured. However, having been tempted to forget the dietetic portion of his treatment during the holiday festivities he had a recurrence of his former troubles, and he became almost as bad as during the previous October.

He now began to take the ergot again, resumed his old diet, and at the end of a few weeks the polyuria and other symptoms disappeared. Between January and May, '79, he had three slight relapses, but at each time found sufficient relief in the fld. ext. of ergot after a few drachm doses. From that time until the present he considers that he has been free from the disease, although he admits having passed at long intervals, for a day or two more urine than normal. He is now a young man of spare habit, sanguine temperament, and to all appearance enjoys fair health. The hereditary nature of the disease, in his case, appears to be pretty well established, since it can hardly be a mere coincidence that so many of his mother's relations are and were diabetic.

Of case No. II., occurring in my own practice, I can speak more fully. Mrs. M., æt. 50, has never had any serious illness up to the time of the present attack. She had, however, for years a chronic eczema of the right leg which until lately had defied all attempts to cure. About the 10th Dec., '80, was attacked by what she then thought to be Canadian cholera, that is, she had griping pains in the bowels, vomiting and diarrhoea, three symptoms that showed themselves at 10 p.m. and did not entirely leave her until the next day at five o'clock. From that time she had intense thirst, a dry parched mouth and tongue, and began to pass a large quantity of urine almost immediately after the diarrhoea had stopped. In addition to water, which formed her chief beverage, she drank tea, whey, gruel, ginger ale, cider, milk, lemonade, etc., but without affording much relief to the thirst which she describes as being constant and very tormenting. Soon her skin became dry and harsh, and she never perspired during the subsequent course of the disease. She never complained of pain, but lost flesh rapidly, and became very weak. I saw her on the tenth of March when these symptoms were all well develop-

ed. I also noticed that she was very irritable and nervous, and entertained all sorts of groundless fears and fancies. Her sleep at night was unrefreshing and interrupted by getting up to drink and micturate. Her appetite was very small and her bowels were inclined to costiveness. The frequent micturation appeared to me to result largely from irritability of the bladder, for she felt obliged to urinate almost every time she took a drink. This state of affairs continued without much change until the 7th of August last, when she was again seized with severe abdominal pains, accompanied by violent vomiting and purging, and followed by complete prostration. The attack began at 7 p.m. and lasted until 3 p.m. next day.

I have a record of her passing eight pints of water about the 1st of August: on 10th she voided only  $3\frac{1}{2}$  pints, which gradually decreased until a week afterwards the urine was normal as regards its color, sp. gr., and amount in 24 hours. The improvement after the 10th was very marked. She began to gain strength and pick up flesh; her appetite got much better, and no longer tormented at nights she commenced to sleep well, and to feel refreshed and cheerful in the morning, in marked contrast to her former irritable temper and nervous condition. More than that, the eczematous patches on her leg have disappeared, and she now says she feels as well as, if not even better than, she ever did.

Regarding the physical and other properties of the urine in this case I may say that it was invariably transparent and colorless, was never albuminous, and never gave evidence of sugar; that it deposited but very little sediment, was faintly acid and had no odor. From the record which I kept at short intervals for five months of the quantity and sp. gr. of the voided urine, I find that the latter varied from 1003 to 1004 $\frac{1}{2}$ , and that the whole amount passed during the 24 hours reached its maximum (as far as my observation went) on the 27th of April, viz., 203 ounces, and it was least on the 16th of July, amounting at that date to less than 100 ounces; but that it kept pretty constantly in the neighborhood of 150 ounces per diem. The amount of fluid drunk by this patient was carefully measured for some time, and found to correspond closely to the amount of urine she voided. Those days when the urine passed was less than the amount of liquid taken were invariably followed by an