

Glycosuria having been shown to depend primarily on diseases of the nerve-centers, it is not a little interesting to observe that the drug which most controls it is one which affects nerve-tissues more especially. Opium has, indeed, been used empirically in the treatment of diabetes ever since the time of Aetius. Lecorché observes that since the time of Willis opium has become, so to speak, the panacea of diabetes. . . .

Dr. Lauder Brunton says that under the influence of opium the thirst diminishes, the excretion of urine becomes correspondingly less, and the proportion of sugar present in it falls. He might have added that the weight of the patient ceases to diminish, and generally improves. Recent observers have not been content to rest with this knowledge but have endeavored to ascertain to which of the alkaloids contained in opium the beneficial effect is due. Morphia has been found to act in a way similar to that of opium; and there appears to be little or no difference of opinion that the one drug, morphia, is equally useful as the other, the watery extract or some other preparation of opium. Codeia was first recommended by Pavy, and was preferred by him, inasmuch as it might be given in large doses without producing drowsiness.

This question of dose is an important one, and is at the root of the use of codeia in diabetes. Some authors recommend small doses; but Dr. Brunton states that "diabetics bear large and sometimes enormous doses of opium and codeia; and in administering these remedies it is well to push the dose until the sugar either disappears from the urine, or until increasing drowsiness obliges us to discontinue it." Dr. Brunton says, "The two remedies which are most serviceable in lessening the excitability of the nervous centers in diabetes are opium and its alkaloid, codeia. The latter may be given in doses of a quarter to half a grain three times a day at first."

Dr. Pavy gives a remarkable series of cases in which daily records of the composition of the urine were made, and in which careful analysis of the urine showed that the sugar disappeared entirely under the influence of opium, morphia, or codeia with the aid of restriction in diet. The drugs were given in gradually increasing doses: opium in doses of one grain up to nine grains, thrice daily, morphia up to three grains, and codeia up to ten grains three times a day. The great advantage of codeia over opium and morphia was found to be that, while equally efficacious in controlling the disease, it does not exert the same narcotic effect. When given in a small dose to begin with and increased gradually nothing may be perceived beyond its effect upon the disease.

Dr. Cavafy has subsequently reported a case in which he gave fifteen grains thrice daily with a good result.

Dr. Ord has also reported the case of a woman aged thirty-three, with diabetes of four months' standing, who gained seven pounds in one week

with one grain of sulphate of codeia twice a day, after diet alone had failed to produce any good effect.

Although I can not claim such satisfactory results as those given by Dr. Pavy, yet the cases to be reported show that the drug employed has a remarkable power of checking the elimination of sugar, and that a corresponding improvement in the health of the patient results. It would appear that alkalies, and all other methods of treatment are far inferior to the treatment by codeia, which may be considered to have almost a specific action on the disease. The facts before us seem to justify decided language with regard to the use of codeia, which should not be permissive, but imperative, in all cases of advanced diabetes mellitus: whatever else may be given, codeia should first be given, and in fairly large doses, until some physiological effect is produced. Even dieting appears to sink into insignificance by the side of codeia; in one case given by Dr. Pavy the codeia alone was sufficient, without any restriction of diet, the patient being on a mixed diet during the whole time.

It has been supposed that codeia is a dangerous drug. Barnay says, "The tendency of codeia to produce convulsions is so great that it should be excluded from therapeutics." It has been stated as a result of Bernard's experiments on the opium-alkaloids that while narceine is the most soporific element, codeine is that which most tends to convulsions. The literature of codeia does not bear out this statement, and I have never observed any thing to support it.

I have now endeavored to show that the utility of codeia is by no means universally recognized, but that it is fully deserving of confidence—nay, more, is imperatively demanded—in the treatment of diabetes in cases where treatment other than dietetic is required.

APHONIA OF SINGERS AND SPEAKERS.

For this affection Dr. Corson recommends the patient to put a small piece of borax (two or three grains) into the mouth, and let it dissolve slowly. An abundant secretion of saliva follows. Speakers and singers about to make an unusual effort should the night before take a glass of sugared water containing two drams of potassium nitrate (saltpeter) in order to induce free perspiration. In similar circumstances this gargle may also be used:

Barley-water.....	3 vj;
Alum.....	3 i-ij;
Honey.....	3 ss.

Mix, and use as a gargle.

Or again, an infusion of jaborandi, made by putting two scruples of the leaves into a small cup of boiling water, may be drunk in the morning before getting up. The free sweating is said very quickly to restore the strength of the voice.—*Revue Med.; Lond. Pract.*