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## Original Communications.

### TWO CASES OF DIABETES INSIPIDUS.

BY

CASEY A. WOOD, C.M., M.D., Attending Physician to the  
Woman's Hospital; Professor of Chemistry  
and Medical Chemistry, University  
of Bishop's College.

[Read before the Medico-Chirurgical Society.]

I do not lay claim to the advancement, this evening, of anything new on the subject of diabetes insipidus, but as the disease has always possessed considerable interest for me, and since, so far as I can learn, it has not been brought before this Society in the shape of a paper for some years past, I now present it with the expectation of adding to my knowledge from the experience of other members. The first case that I ever saw was that of a medical student under the care of Dr. David. I have had an opportunity of seeing the patient at intervals during the past three years, and have obtained from him an account of his family and previous history which I shall proceed to give. In October, 1878, he was 20 years of age; had always been sickly as a child, and at 12 years of age had a slight attack of diabetes insipidus, but was improved and perhaps cured within a year after the attack, the benefit derived in this way from treatment having been attributed to his taking tincture of iron for most of the time. From

that date until 1878 he enjoyed much better health, but upon occasions had noticed a slight and temporary polyuria, sufficient to be annoying but never pronounced enough to require further treatment. His family history is an interesting one. Mother died of diabetes mellitus at the age of 56; his maternal grandmother was dead at 55 from a disease of which polyuria was a prominent symptom, and of his two brothers and three sisters the only one now dead, a sister, died at the age of 14 of diabetes, probably saccharine. Finally two uncles, on his mother's side, aged respectively 48 and 60, and now living, are the subjects of insipid diabetes. In Oct., 1878, about the time he came to Montreal, he began to notice that he was obliged to micturate much more frequently than usual; that he had to rise in the night-time to pass water, and that he would fill the vessel before morning. During the day he voided even a larger quantity until he calculates that he must have passed between 10 or 12 pints during the 24 hours. The urine was as clear as water, not albuminous, devoid of sugar, and the sp. gr. of that excreted before breakfast varied from 1006 to 1007 $\frac{1}{4}$ . His appetite kept good, but he felt languid, had a dry, hot skin, and was so thirsty that he commonly drank four or five tumblers of water at a meal, and as much more between meals. On Oct. 16th Dr. David prescribed 3 j of fld. ext. Ergot three times a day, and ordered him, in addition, at meal times to drink only claret diluted