

he had three fits. For a fortnight longer while under this treatment he had two fits. During the whole three weeks he therefore had five typical epileptic fits. As he stated that the drug made him feel giddy and weak, I returned at his own request to bromide, which so long as he was entirely under its influence in large doses seemed to ward off his attack. This young man was of weak intellect.

CASE 7. G., female, æt. 15 : suffered from true epilepsy, dilated pupils; her optic discs were congested. She had not menstruated and had phthisical symptoms (cough, hæmoptysis, sweating). Half grain doses of hydrobromate of conia were ordered three times a day. During three weeks she had no fit, which she stated was the longest time she had ever been without. I then lost sight of her.

The conclusions I draw from the treatment of these seven cases are—that the drug is undoubtedly serviceable in certain cases, and those in which it fails are cases of convulsions depending possibly on some gross lesion of the brain (Cases 4 and 6). The slighter cases (*e. g.* Cases 1 and 7) were distinctly benefitted by it.

The drawbacks to the use of the drug appear in the complaints of headache, and where in large doses, of giddiness lasting for an hour after taking it, with sometimes a suffusion and congestion of the conjunctivæ. In the doses in which I have given it, there has not been noticed any cardiac or respiratory alteration. It is said that the dose of this drug must not exceed $4\frac{1}{2}$ grains in 24 hours, commencing with $1\frac{1}{2}$ grains. In my experience a child of eight bore $1\frac{7}{8}$ grains with only headache; a child of 7 took $1\frac{1}{2}$ grains per diem, without any complaint: $2\frac{1}{2}$ grains per diem, were taken by a female without complaint: one adult man took $3\frac{1}{4}$ grains with impunity. In one case two grains per diem caused sickness, headache, giddiness, and "weakness" in a man of 18. One and a half to two grains appears to be followed frequently by headache. I think the drug deserves further trial. Combined with constant application of the continuous current, I have successfully treated with it a case of hemichorea. In this disease however, it would be rash to speculate whether the drug, the galvanism, or the time was the most effectual in the cure.—*Practitioner*, June.

THE TREATMENT OF DIABETES MELLITUS.

In the *Col. and Clin. Record* Aug. 84. Dr. Flint Jr. gives the following summary of treatment. He says:—"The more I study the cases of diabetes that have come under my observation, especially those that are now under treatment, in connection with the writings of those who have faithfully followed the dietetic plan, notably Bouchardat and

Cantani, the more thoroughly I am convinced that the prognosis in a recent and uncomplicated case of this disease in an adult is invariably favorable, provided, always, that the proper measures of treatment be rigidly enforced. In the hope of convincing the profession that this statement is reliable, I shall at the risk of what may appear to be needless repetition, give a summary of treatment, with brief statements of the progress of cases that I am now actually observing.

At the outset, patients should be impressed with the fact that they are suffering from a grave disorder, and that everything depends upon their full co-operation in the treatment, which treatment is essentially dietetic. The diet table should be carefully studied, and the diet regulated and carried out absolutely. In case a rigid anti-diabetic diet does not promptly influence the glycosuria, it may be well to subject the patient to an absolute fast for twenty-four hours and follow this with anti-diabetic regimen. This rather harsh measure is suggested by Cantani. I shall not hesitate to employ it in cases in which it may seem to be required, although no such case has yet come under my observation. Systematic daily muscular exercise should be enforced. A moderate system of training on the plan adopted by athletes is most useful; and this, if continued, will do much to render a cure permanent after a return to the normal diet.

The return to a normal diet should be gradual, and during this time the urine should be frequently examined, the rigid diet being resumed at the first reappearance of sugar in the urine; but all alcoholic excesses, the immoderate use of sweet fruits, and any use of sugar, should be interdicted at all times. A patient who has once had diabetes is always liable to a return of the disorder. He must lead a thoroughly careful, hygienic, and temperate life. In the words of Bouchardat, "you will not be cured except on the condition that you never believe yourself to be cured."

While I believe that the physician is justified in encouraging patients to expect relief, and even cure in recent, uncomplicated cases, the diet is all important, and its regulation cannot be expected to be perfect without professional aid in its enforcement. A diabetic is never safe from a return of his disease, even when he believes himself to be cured; and under no circumstances should he pass more than a few weeks without an examination of the urine.

The arsenite of bromide, or Clemen's solution, appears to be useful. It consists of arsenious acid and bromine dissolved in water and glycerine in such manner that two drops represent the 24th. part of a grain of arsenite of bromine. We may begin with 3 drops three times daily in a little water immediately after eating, gradually increasing the dose to 5 drops. This may be continued for weeks and months without producing any unfavor-