

but the steps of his reasoning are so abstruse, and his chemical formulæ so complex, that it would be worse than useless to attempt at this time to follow him. In his conclusion he says, "I have thus endeavored to indicate some of the changes in the nervous system, the blood and the tissues, which may take place in diabetes, rheumatism, and gout. . . . The inference may be wrong, but the facts remain; and I trust that in this way, at least, I have helped to a better understanding of these disorders."

It would be quite superfluous for me to say anything about the long train of symptoms that accompany this disease, or to point out the various methods of testing the urine, for I am not lecturing to students, and you all know these as well as, and perhaps much better than I do. I will pass on to the treatment which I have, I may say, experimented with, and to the methods of treatment which I have seen recommended or used by others. In doing this, permit me to arrange in clinical form the few cases that I shall bring before you, which arrangement, although more cumbrous, is better fitted to exhibit the various points in them, which seem worthy of remark.

**FIRST CASE.**—A young man, aged 27, a carpenter by trade, had suffered from diabetes about nine months, when I was called to see him. The quantity of urine voided was then growing less, becoming darker in color, and beginning to deposit a sediment on standing. He was greatly emaciated, pulse feeble, had hectic cough, and extreme dryness of the mouth; his tongue was cracked, and his teeth and lips were encrusted by dark sordes. About three days after my first visit to him, coma supervened, and gradually grew more profound, until it terminated in death on the third day afterwards. It was too late for the action of any remedy when I first saw the case; but two important facts are revealed by it, viz.: comparatively short time required for a fatal termination at this age; and the change in the character of the urine, the thirst, and the appetite, towards the termination of the disease.

The **SECOND CASE** was that of a young farmer, aged 22. He was brought to my surgery on the 25th of May, 1886. He was pale, emaciated; had a dry, shrunken look, and was

so weak that he staggered as he walked. His lungs had not given way, and what he chiefly complained of was utter prostration of his physical powers and continuous thirst. A few questions elicited the fact that he had diabetes; and an examination of his urine confirmed it by showing a specific gravity of 1040 and sugar in abundance, perhaps more than 40 grains to the fluid ounce. On the 27th I was called to visit him at his home. There was no improvement, but he was "easier and inclined to sleep," as his mother expressed it. On the 28th I was sent for in haste to come and see him again. I told the messenger who came for me that I could not do "Charlie" any good, but to please the family I would go. I found that the ease and tendency to sleep of the previous day had passed into coma, and that it was almost impossible to rouse him sufficiently to recognise his nearest friends. The coma deepened and the following day he died. On the strictest inquiry I could not find that anything wrong had been suspected in this young man's case, before the latter part of March previous, when his intolerable thirst attracted attention. He had been in the city at school during the winter, and a younger brother who boarded with him told me that he thought it curious that Charlie "made water" so often, during the latter part of the winter. From all the information I could gather I concluded that this young man did not suffer over four or five months from the invasion of the disease; and then certainly in such an obscure way as not to attract much attention up to a few weeks preceding his death, for he worked on the farm till about a week before he came to see me.

**THIRD CASE.**—Is that of Mr. F., a farmer from Amherst Island, aged 65. He had suffered from diabetes for about a year before coming to me, but latterly he had been growing so much worse that he thought it necessary to apply for relief; this was in the spring of 1881. He was then passing from 10 to 12 pints of urine in the 24 hours, with a specific gravity of 1030, and containing over 20 grains of sugar to the fluid ounce. As he was losing weight and becoming feeble, I placed him upon a supporting course of treatment, wrote out for him an anti-diabetic regimen, but making it as