

DIABETES MELLITUS.

Dr. R. C. M. Page, in *New York Polyclinic*, says, in summarizing an able article on this subject: "The diagnosis of the disease depends on the finding of sugar in the urine. Polyuria is not present in every case. The rising at night to urinate should always excite suspicion, even if there be no polyuria, as it may result from irritation of the genito-urinary tract. Itching about the vulva in women, especially at the menopause, should always lead to a careful examination of the urine. In the same way balanitis and swelling of the prepuce in men is often due to irritation produced by sugar in the urine. Double sciatica, pains in the calves of the legs, and cramps, with disturbance of vision and muscular weakness, should always excite suspicion.

The prognosis will depend greatly upon the age of the patient. Occurring in a patient under forty-five years old, it is almost sure to be inherited, and hence of the malignant type. Especially is this true in men from twenty to thirty-five. For such cases there is only one outlook, and that is death in about four years, on the average. Sometimes it is deferred longer, and sometimes it occurs within a few weeks. On the other hand, glycosuria among well-to-do elderly people, or women at the menopause, is not only highly amenable to treatment, but many such cases are permanently cured. The occurrence of sugar in the urine, even in slight quantity, must always, however, be regarded as a serious matter. Neglected glycosuria soon becomes malignant diabetes. It is easy, therefore, to see that early recognition of the existence of the disease is an important factor in the prognosis. The occurrence of tubular nephritis, or phthisis, severely complicates the disease, and the appearance of carbuncle, as Brunton truly says, is of evil omen. It is a good sign if the patient perspires freely and is in-

clined to be corpulent, rather than thin with a harsh, dry skin. The outlook is bad if under strict anti-diabetic diet the amount of sugar in the urine is not markedly diminished, and the symptoms in general are not ameliorated.

The treatment may be divided into (1) hygienic, including climate, diet, and exercise; and (2) medicinal, which is chiefly symptomatic.

First, then, regarding the hygiene of diabetic patients. They should be sent to a warm, dry climate, just as in the case of phthisis. Cough, which is often troublesome, and lung complications, so liable to occur, are treated more successfully and guarded against more effectually in such a climate. Moreover, the patient can better take out-of-door exercise, which is the first importance, owing to the muscular debility. The skin can be better made to act vicariously for the sorely tried kidneys. This should be encouraged by daily baths; for keeping the skin in good condition not only aids the kidneys, but lessens the liability to the occurrence of furuncles and carbuncles. The exercise should be varied and moderate—never going to the point of exhausting the patient. Massage is of the first importance. The bowels should be regular and constipation avoided. It is in this way that the Carlsbad water acts so beneficially in diabetic patients—it stimulates the hepatic function and relieves or obviates constipation. The alkalinity of the water also tends to lessen irritation and inflammation of delicate mucous membranes, notably in the kidneys and lungs.

The diet is of the utmost importance. Various lists have been printed by authors; but that of Seegen, first published in 1861, and still used as a guide at Carlsbad, is about as good as any. It is as follows:

I. ALLOWED.

(a) Dishes—Meats of every kind, beef, veal, mutton, game, fowl, brain,