

disease; but we find it occurring in persons whose habits of life are good as often, and, perhaps, oftener than in those who are dissipated. At all events, I was not prepared to commit my own mind to the enthusiastic idea which he entertained of the value of that remedy.

To one patient who came to see me I stated these facts with regard to that remedy, and I said, "If you feel no objection, I will prescribe it for you." This was a case in which the dietetic treatment had been extremely successful; and most of the time there was but very little if any sugar in the urine. I told the patient that the remedy in question would do no harm; that I thought I could say that. He said, "well, let us try it." I put him upon the remedy, beginning with small doses, and increasing them. I began in his case with an eighth of a grain, but I think we might begin with a quarter of a grain; in other cases I have begun with a quarter of a grain three times a day, after a fortnight doubling it, going up to two grains, and continuing it indefinitely. Well, this patient went on in that way, and he is very much impressed with the idea that it has been of use to him. Now, we must make some degree of allowance with regard to the opinion of the patient as to the effect of the remedy. I do not mean to say that the remedy has not been of value, but I do not feel as certain as the patient does with respect to its value. I am also prescribing the same remedy in three or four other cases, but the period during which it has been used is too short, I think, to enable one to form a correct judgment with regard to it. I shall certainly continue the use of the remedy, for it can do no harm; and moreover, it is a gratifying thing to the patient to be taking a remedy which he supposes may be of use. The moral effect of remedies, as people's views are now, is by no means inconsiderable; it is a factor which we cannot altogether ignore in the treatment of disease.

This disease, I believe may be kept in abeyance indefinitely, by appropriate dietetic treatment, and I am extremely doubtful whether a patient can ever properly consider that there is a permanent recovery. The disease in itself does not tend to destroy life, but it shortens life in this way: it impairs the ability to resist other diseases. Let a diabetic patient have any disease of any importance, one which (the body being in good condition in other respects) will be well tolerated and recuperated from, it is likely to destroy the patient.

There is a liability to the occurrence of something to which attention has been directed quite lately, and this is a very interesting part of the subject, namely, the sudden occurrence of cerebral symptoms, causing sudden death. The fact has been known for a long time that diabetic patients sometimes die suddenly, and in a way not easily explained. Of late it has been supposed that the

sugar in the blood forms certain combinations by which a toxic principle is evolved, and that the action of this toxic principle on the nervous centres produces coma, with great embarrassment of the respiration and speedy death. I am not sufficiently intimate with the details now to go into the changes which are supposed to take place, and indeed I do not think that anybody has been interested enough to investigate them thoroughly; but it is an interesting topic at the present time, and I have had some cases which illustrate it. Last summer a gentleman from one of the Southern States, a merchant, came on here to make purchases of goods. He brought a letter to me from a physician in his town, saying that he had diabetes, and that as he was coming to the city, he had desired him to call and see me, and talk about the case. The merchant sent the letter to me, saying he had taken a severe cold, but there were no symptoms that indicated anything important at all. I brought away a specimen of his urine. He thought he would be able to come up and see me the next morning. I said, "if not, I will come down and see you in the afternoon." I found his urine loaded with sugar. He did not come up in the forenoon, and I went down to see him. I found that he was not as well as on the day previous; he had a little fever, which led me to think that he might have had a malarial paroxysm; however, there was not enough disturbance at that time to demand particular advice. He did not feel well; he had loss of appetite; and while I was present, he had nausea and vomiting, and his cold troubled him. He had some soreness of the throat, but, as I say, there was no symptom indicating anything alarming. He felt exceedingly uncomfortable. I came back and asked my son, Dr. Flint, to go down and see him again in the afternoon and make some applications to the throat, more because he was a stranger and felt lonesome, and I thought I saw evidences that he thought something ought to be done. My son went down, and came back in a short time, telling me that the patient was in a very serious condition, and suggested the propriety of my going down, which I did at once, but the patient died before I reached the house. It seems that shortly after my visit he had a convulsion and went into a condition of coma. A physician in the house was called, and he thought there was oedema of the lungs, and applied dry heat to the chest. When Dr. Flint reached the patient, he was somewhat improved, but only temporarily, and he died in this comatose condition, with considerable embarrassment of the respiration. We had no autopsy in that case, but it is difficult to form an idea as to the cause of death, except as some unknown toxic change.

Another instance I can cite, which is nearly as strong as that, where I was called to see a woman who had had diabetes for six or eight years. She