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A CASE OF DIABETES MELLITUS.

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[Communicated for the Boston Medical and Surgical Journal.]

AN article on diabetes mellitus having recently appeared in this Journal, I have been induced to communicate a case which has come to my knowledge, and the minutes of which I have preserved. The case first alluded to was from the pen of a medical gentleman of Lowell. The remedy resorted to was the sesquicarbonate of ammonia, but without any good effects resulting. The present case was a patient of Dr. Mitchell Davis, a highly intelligent physician of Thetford, Vt., who consulted my father, Dr. D. Crosby, with regard to the treatment to be pursued. Through the politeness of Dr. Davis I am enabled to furnish the facts. The previous history of the case was as follows. The patient was a boy—Frederick Ellis by name—aged 6 years and 8 months. For six weeks previous to Dec. 12th, 1853, he had had a voracious appetite, and was known to have passed more urine than usual. At the above date he was found to void five pints of urine in a single night—his bed being “drenched” besides by the involuntary flow during sleep. Skin was pale and dry. The tongue was covered by a coarse white coat. He appeared peevish and irritable, and passed very restless nights. On the 13th I analyzed a specimen of the urine, with the following results:—The urine pale straw color. Specific gravity 1040. No acid re-action. No appearance of albumen. Most decisive evidence of grape sugar. The treatment advised was a cathartic of castor oil—to be followed by a drachm of cod-liver oil, three grains of phosphate of iron, and six drops of liquor potassæ, each three times per diem at intervals of one hour. The patient was to be confined to a strictly animal diet. On the 17th I again examined the urine, and found it improved in color. Specific gravity 1030. A slightly acid re-action. Abundant evidence of grape sugar.

The treatment was continued, but the patient having vomited the cod-liver oil a cathartic of calomel was given, followed by castor oil. The same treatment was then continued as before, except that the dose of liquor potassæ was diminished from six drops to three.

From this time the quantity of urine diminished daily. Diaphoresis was easily instituted, and all the symptoms were much improved.

Jan. 10th, another specimen of urine was examined, which resulted as follows:—Color of the urine normal. Specific gravity 1016. Acid re-action. Slight evidence of sugar.

For the two weeks previous to this date, the diet of the patient consisted of cheese and eggs. The quantity of urine was normal.

Feb. 12th, I again examined the urine and found it as follows:—Color normal. Specific gravity 1020. Acid re-action. No trace of sugar.

The patient, to all appearance, is well. His weight has increased, since Dec. 12th, seven and a half pounds. He was vaccinated for kin-pox the last week in January, with success. Occasionally he “helped himself” to other kinds of food, but in the main he was confined to an animal diet. The boy is at present ruddy and active, with no evidences of disease about him.

In the article to which I have already alluded, the author remarks—“I question very much whether a real case of diabetes mellitus was ever cured permanently.” A great number, if not the majority of the profession, coincide with him in his opinion. But may it not be that this idea has gained currency from the fact that the majority of cases are not brought to the attention of the practitioner until the disease has progressed beyond recovery? The case which I have cited was of short standing, and the recovery is, to all appearance, entire. Very many diseases, which when early subjected to treatment yield at once, if allowed to become chronic invariably prove fatal. And if it is thus with other diseases, why may it not be the case with this?

Post-mortem appearances show enlargement of the kidneys, but nothing else, save the general effects of debility; and we may, therefore, fairly conclude that there is no organic disease precluding recovery. The disease is evidently one of altered chemical action. Yet we are not by any means sure that we possess a specific remedy. It is very well known that all vegetable substances consist largely of starch. On its introduction into the stomach, the starch being acted upon by the chlorohydric and other acids, is converted into dextrine—this again becomes sugar—the sugar is changed to vegetable acid, which when oxydized becomes carbonic acid. Now, in diabetes, starch is changed to dextrine—dextrine to sugar, which then passes the kidneys without farther change. The desideratum is to find some agent which shall promote the change of sugar to vegetable acid. Those who have investigated the subject most, suggest that this change is essentially dependent upon the alkalescence of the blood. Now if all this be so (and we have the sanction of high authority) alkalies would manifestly be indicated in the treatment. It has been observed that in fat persons diabetes progresses much slower than in persons of an opposite condition. From our knowledge of this fact, we should judge that the entrophic effect of cod-liver oil would be extremely serviceable—its properties in modifying the system of nutrition rendering it peculiarly beneficial in this disease. The known effects of the preparations of iron upon the blood render the phosphate an excellent tonic in a disease, the invariable sequence of which is debility.

It is to be hoped, as the science advances, that new light will be thrown upon this distressing disease, and that soon recovery will be as certain a concomitant of diabetes, as the fatality which now attends it.

Hanover, N. H., Feb. 22d, 1854.

HABITUAL CONSTIPATION.

To the Editors of the Boston Medical and Surgical Journal.

DEAR SIRS,—Many of my patients, from time to time, have requested me to print my rules and remedies for obstinate or habitual constipation. They say that, as they have themselves been permanently relieved, there is no reason why the thousands who are constantly suffering from the effects of this troublesome malady should not also be benefited by a knowledge of the remedy. I do not claim any originality either for the remedy or the rules, other than collecting and concentrating many old and well-known little things, and enforcing their importance. For example, one of my rules is “as old as the hills,” but it has always been considered of so little importance, that its observance has generally only been gently hinted at by the medical attendant, and laughed at by the patient ; and that is, the individual must not take a book or anything else to the closet to read, while attempting the evacuation of the bowels, but must keep his mind fixed upon the object of going there. In the absence of organic disease, I do not believe there would be a single case of obstinate constipation if this rule, and one other, viz., retiring to the closet every morning immediately after breakfast, were strictly observed. These two rules will always act as effectual preventives of the malady. When the disease has been allowed to become “a fixed fact,” my rules and treatment are as follows :—

Rule 1st. Go to the closet every day immediately after breakfast, and sit there fifteen minutes, making *gentle* efforts to evacuate the bowels.

2d. Keep the mind steadily fixed upon the object of going to the closet ; do not read a book or paper, or think of anything else.

3d. Never treat a call of nature with neglect. If you feel a call to evacuate the bowels or the bladder, lay aside everything else to attend to it, remembering that nature will be likely to cease calling upon you in a few minutes, and will probably not call again till the next day ; and then if served in like manner, will postpone her call till the next day, and then will probably not call at all, and thus you will become constipated, and most probably have all the consequences of constipation fastened upon you, such as piles, fistulas, impurities of the juices of the system, &c. &c.

4th. Every afternoon, at 4 o'clock, take five grains of the following pill : R. Compound extract of colocynth, dried and in powder, 3j. ; best Turkey rhubarb, in powder, 3j. ; simple syrup, q. s. M. Form into a mass, and divide into 48 pills. Take two at 4, P.M., every day. As a general rule, these pills will have no other effect than to cause a natural evacuation of the bowels the next morning. But whether they cause