7th.—Wound dressed for the first time; looks healthy very little discharge, and no pain. Temperature has not exceeded the normal.

18th.—Patient sat up for the first time. Wound healing rapidly.

27th.—Doing well. Wound dressed every other day.

From this time the patient progressed favourably, and by the end of November was quite well.

ST. BARTHOLOMEW'S HOSPITAL.

DIABETES MELLITUS; RELIEVED BY THE ADMINISTRATION OF OPIUM.

(Under the care of Dr. HARRIS.)

THE treatment of diabetes mellitus is most unsatisfactory, and must necessarily be so till we possess more accurate knowledge of the pathogeny of the disease. The fact that so many different plans of treatment have been proposed shows that none are reliable. Some have excluded all starchy and saccharine matters; some have endeavoured to increase the supposed normal transformation of sugar in the system, while others attempt to stop or limit it; others, again, have tried to compensate for the excessive loss of sugar by supplying saccharine matters; but this plan has resulted in decided failure. Nor has the treatment by skimmed milk been attended by more fortunate results. Discarding theory and regarding merely the clinical aspect of the case, it would appear that opium yields the best results. But even this drug will rarely do more than relieve the symptoms and diminish for a time the quantity of sugar in the urine.

For the notes of the following case we are indebted to Dr. de Havilland Hall.

E. G—, aged twenty-eight, brass-finisher, was admitted into John ward on July 31st, 1872. On his admission he stated that, with the exception of frontal headaches, his health had been good. About four months previously he noticed that he had an enormous appetite and was very thirsty. He is a fairly nourished man, but says that he has lost flesh lately. Nothing amiss could be detected in the chest or abdomen. Urine (in eighteen hours) five pints; specific gravity 1050, loaded with sugar; at one time he states that he passed two gallons a day. He was ordered full meat diet without potatoes, six slices of toast, four bran biscuits, two ounces of butter, four ounces of bacon, greens, and two bottles of soda-water.

Aug. 3rd.—Half a grain of powdered opium to be taken night and morning.

6th.—Toast to be reduced to four slices; six biscuits. Urine varying from eight pints and three-quarters (specific gravity 1038) to five pints (specific gravity 1042).

7th.—Complains of feeling drowsy. Opium to be taken only at night.

10th.—Urine four pints and a half; specific gravity 1042. Bowels rather confined. Ordered a mutton chop in addition to the full meat diet, two slices of toast, with eight biscuits; compound colocynth pill or purgative enema when required.

17th.—Urine three pints; specific gravity 1042. Suffers from flatulence very much. Ordered four ounces of brandy.

20th.—Urine has decreased to one pint and a half; specific gravity 1032. Ordered rice pudding and two slices of bread, so that the diet should not be too rigid.

29th.—Urine three pints; specific gravity 1040. Omit pudding and bread. One grain of opium three times a day.

Sept. 23rd.—For the last three weeks the patient has passed about two pints and a half of urine daily; specific gravity generally about 1032; only once has it reached 1040. One grain of opium every four hours.

Oct. 24th.—During the past month the urine has varied from one pint and a half to two pints and a half daily; specific gravity 1030 to 1040. To-day the urine is one pint and three-quarters; specific gravity 1034. The patient says he does not feel so well as he did. Opium to be taken only three times a day.

The patient did not improve after this point; he passed about two and a half to four pints of urine daily, the specific gravity averaging about 1036, and containing large quantities of sugar. Discharged at his own request.

In this case the opium, when given in full doses, caused a reduction in the quantity of urine passed, but without materially affecting the specific gravity. The patient gained flesh very much during his residence in the hospital, and seemed much stronger than on his admission.

WEST NORFOLK AND LYNN HOSPITAL.

STRICTURE OF THE RECTUM, CAUSED BY INJECTION OF BOILING WATER AND TURPENTINE; FORCIBLE DILATATION; CURE.

(Under the care of Dr. LOWE.)

For the notes of this interesting case we are indebted to Mr. S. M. W. Wilson.

Mich. B—, aged forty, was admitted into the hospital on the 4th of November, 1865. He complained of complete incontinence of fæces, and stated that about thirteen weeks ago, while at work in the harvest field, he was suddenly seized with a severe pain in the lower part of the bowel. He went home, and sent for a medical man, who gave some aperient medicine; and, as this failed to relieve him, an enema, consisting of the whites of two eggs, two or three ounces of turpentine, and a pint of hot water, which by some mischance happened to be near boiling point. After this was administered he complained of excessive pain in and around the rectum; and two days afterwards passed some pieces of substance like skin. He remained in a weak and suffering state for a considerable time, and ever since had been unable to retain his motions, which were constantly passing in a liquid state.

On examination after admission, large cicatrices from the scald were found all round the verge of the anus. The sphincter was completely paralysed, and would readily admit all the fingers of the hand at the same time, but they could only pass for a short distance, as the rectum appeared to be entirely closed, and the canal obliterated. On careful search, however, a minute, oblique, and almost valvular opening was found on the right side, which would barely admit the tip of the little finger. It was situated about three inches from the verge of the anus, and through it there was a constant discharge of liquid fæces, of a pale-yellow colour. The patient was much reduced by the long continuance of this distressing condition. A No. 2 rectal bougie was passed with some difficulty. Ordered one-fourth of a grain of extract of nux vomica three times a day.

Nov. 21st.—Is somewhat improved in health, and has a little consciousness of the motions passing. A No. 3 bougie passed with difficulty and with slight bleeding.

Jan. 10th, 1866.—Patient's health being quite re-established, he was made out-patient until the arrival of an instrument for forcible dilatation, which had been ordered from Messrs. Weiss. It was found that no progress was made by the ordinary bougie, for even a few days after passing No. 4, the stricture had recontracted so as barely to admit No. 2. The sphincter had also regained its power, which made it impossible to introduce a large bougie and the finger at the same time, and without this the opening could not be found. After a design sent to him by Dr. Lowe, Mr. Weiss made a very nice instrument on the plan of Holt's stricture dilator. The blades when closed are about the size of a No. 2 rectum bougie; the central pin passes through a set of conical dilators, which enable the blades to be separated as far as may be desired.

After readmission of the patient, this instrument was used with perfect success, the passage after the first introduction of the dilator readily admitting a No. 7 bougie. It did not cause much pain, and only a few drops of blood followed its use. On the second occasion No. 10 was passed, and now, at a lengthened period from the third dilatation, No. 12 passes with great facility. Patient has full control over the action of the bowel, and is entirely restored to health. He is discharged, but is to come up at intervals of a month or two, to ensure the patency of the bowel.

May 10th.—No. 12 passes readily.

May 31st, 1870.—Continues quite well. Can pass a good-sized motion, which is, however, slightly flattened.

Jan., 1873.—Has been at work and in good health ever since his discharge from the hospital.