urethra about a pint of blood. This was repeated three or four times during the night, my assistant remaining with him.

December 25th. He had slightly rallied. The treatment was continued.

December 26th. Hiccup continued; this was relieved by bits of ice. He still complained of pain in the groin. Gallic acid, with hydrargyrum cum cretâ, were given three times a day.

December 27th. He continues very much the same. I ordered beef-tea and brandy to be continued. The urine was albuminous.

December 28th. The bowels not having been opened, I ordered half an ounce of castor oil, and this to be repeated in three hours. As he complained of a general pain all over the abdomen, and tympanitis, a linseed poultice was applied, and increased doses of the hydrargyrum cum cretâ with opium. The gallic acid was omitted. Ice was continually given; this relieved the hiccup and vomiting, which had reappeared. By these means, the pain over the abdomen was relieved; and, without any other severe symptoms, the wound gradually healed; and, on the 14th of January, he was able to be removed to his own home—a distance of nearly half a mile. I still continued to visit and watch the case daily.

January 21st. I perceived, for the first time, a slight fullness over the wounded part, at about the situation of the internal opening of the wound; this gradually enlarged, without much pain. I thought that, in all probability, it was a collection of pus, the deep parts not having united so soon as the external parts. No pain was complained of, only the fullness; and, as Nature had done so much for my patient, I thought that I would leave the abscess to her care also, unless urgent symptoms should arise.

January 25th. On examining his urine under the microscope, pus-globules were found, with exudation cells. I therefore thought that it would be advisable to open the abscess, for fear of mischief by pressure upon the kidney.

January 26th. I made a valvular opening into the tumour, which had now reached the size of a small child's head. About a pint of urine immediately escaped, loaded with phosphate and a little pus. I carefully closed the opening, before the tumour was quite empty, with a compress and bandage; and, as he was very faint, and vomiting came on, I gave him an opiate, with a full dose of castor oil.

January 27th. I again opened the valve, and allowed a quantity of clear urine to escape; and, as there was great tenderness over the whole of the abdomen, I diminished his food, gave small doses of calomel and opium, and applied linseed poultices over the bowels. By these means, the thirst and sickness were relieved; and, on the next morning (Jan. 28th), I allowed the sac to empty itself thoroughly; its contents, as before, being clear urine, of strong smell, and with a little pus settling to the bottom of the cup. The external opening very soon healed, and I had to reopen it and pass a small female catheter up a passage extending upwards and inwards for about three inches, where there seemed to be a small sac. This I repeated night and morning for nine or ten days, when, as the secretions had gradually diminished, I merely applied a bandage with small pledgets of lint. The man has had no relapse since then. He enjoys life, and can eat and drink heartily of ale and spirits, without any unpleasant after consequences in the kidney. He has decidedly grown much fatter since the accident than ever he was prior to it.

LIQUOR SODÆ CHLORINATÆ AS A LOCAL APPLICATION IN SMALL-POX.

By JOHN GABB, Esq., Bewdley.

I HAVE found a weak solution of the liquor sodæ chlorinatæ so beneficial in the affection of the mouth and throat, in cases of small pox, that its efficiency cannot be too widely known. It may have been used by others; but, if so, I have not seen any account of it. In each case in which I have employed it, the effect has been extraordinary: one washing of the mouth and gargling of the throat has restored the patient to comfort, and ability to speak or swallow without difficulty. The strength I have used has been a drachm to half a pint of water. Applied to the skin, it has had the effect of allaying the troublesome itching; and I think it not unlikely that a much stronger solution, applied in the earlier stage of the eruption, might be as efficient in preventing pitting as some other remedies which have been recommended, whilst at the same time it could be more easily used.

Finding the solution so useful in allaying the itching of small-pox, I gave an old woman, aged 86, who had been for more than twelve months tormented with pruritus, and had tried various remedies without effect, the same to use as a lotion. In a few days she came for more, and said she had never used anything that gave her so much relief.

Gulstonian Lectures :

ON

DIABETES AND SACCHARINE CONDITIONS OF THE URINE.

DELIVERED AT THE ROYAL COLLEGE OF PHYSICIANS,
FEBRUARY 25TH, 27TH, AND MARCH 4TH, 1857.

By ALFRED B. GARROD, M.D., Fellow of the Royal College of Physicians; Professor of Materia Medica, Therapeutics, and Clinical Medicine, at University College; and Physician to the Hospital.

LECTURE I.

MR. PRESIDENT AND GENTLEMEN,—Honoured by being selected by the College to deliver the Gulstonian Lectures of the present year, I was at first a little perplexed to find a subject with which I could presume to occupy the time of such an audience, or upon which I could hope to throw any additional light. On further consideration, however, finding that I had met with many cases of disease accompanied by saccharine urine, some presenting all the phenomena which attend true diabetes, others exhibiting symptoms but little marked, and such as might be readily overlooked, it occurred to me that I might possibly be able in these lectures to lay before you, in a small compass, the present state of our knowledge on this important subject, and endeavour to show what advances have been made of late in our progress towards unraveling the mystery which has so long enveloped this most obscure affection. It might naturally have been expected that the discoveries of modern science, and especially the rapid strides of organic chemistry, would ere this have been enabled to solve at least some of the difficulties. Chemistry has indeed shown the nature of the morbid product in this disease, its properties, composition, and the changes it undergoes; how it may be imitated, and so forth; but we have signally failed, by the aid of this science, in obtaining a clue to the real nature of the alterations which constitute the essence of this disease.

Although I fear we shall have to confess that our knowledge is still very imperfect, yet at the same time there are, I think, grounds for encouragement; for, if we do not know at present what diabetes really is, we have of late been able to affirm more confidently what it is *not*; and this alone indicates considerable progress. Besides this, recent investigations upon the so called glycogenesis, or sugar-forming function in the animal economy, appear to throw glimpses of light which may probably one day remove much of the obscurity which has hitherto prevailed. In the present lectures, it is my intention to limit the term diabetes to that form of disease in which the secretion of urine is not only excessive in quantity, but in which also its quality is altered from the presence of sugar—a principle which is absent in the healthy secretion. Other forms of disease, in which the urine is excessive, but where no saccharine matter exists, I should be disposed to follow the custom of many high authorities, and class under the head of excessive diuresis. Some difficulties, however, have occasionally arisen from the confusing together of many very different diseases under the general head of diabetes.

Saccharine diabetes has received many synonyms; sometimes it is called diabetes mellitus, to distinguish it from simple excessive diuresis, often named diabetes insipidus; it has been called also paruria mellita and melituria; and recently, on account of the supposed identity of diabetic sugar and glucose or starch sugar, it has been named by French physicians glucosuria—a term now often employed in this country.

The ancients were totally unacquainted with the morbid condition of the urine which is pathognomonic of this disease, and hence grouped together indifferently all affections in which a great flow of urine was the prominent symptom. It was only in 1684 that Willis first called attention to the curious and im-