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to Gotfredsen, Huang-Ti's famous textbook *Nei Ching (Canon medicinae)* contains a description of a disease which cannot be any other than diabetes mellitus.

Hirsch says in 1883 that the earliest statements on diabetes mellitus are to be found in Sushruta's *Ayur-Veda* where Hessler's translation runs: 'Mellita urina laborantem quem medicus indicat, ille etiam incurabilis dictus est'. (When the doctor states that a man suffers from honey urine, he has also declared him incurable.) In another passage with a detailed description of the disease one reads: 'Dulcis fit urina, sudor et phlegma' (sweet is the urine, the sweat and the phlegm).

Concerning the supposed discovery of sweet urine in India the very critical Gotfredsen says: (translation from the Danish original) 'The Indians are usually said to have been the first in world medicine to have had an idea about diabetes; they are said to have discovered that the urine tastes sweet and will be secreted in copious quantities. They know that the sufferer's (prameha), main symptom is abundant water secretion. There are 20 subdivisions of this prameha; in two of them, sugar urine (iksumeha) and honey urine (madhumeha) the urine has a sweet taste. Among numerous secondary symptoms there are noted: sweet taste in the mouth, thirst, loss of appetite, vomiting, drying, and boils. As a further symptom it is also stated that the urine will be sucked up by ants and other insects.' However, it is never mentioned that the doctor tastes the urine and Reinhold Müller who has exposed the whole problem to a careful analysis on the basis of the original writings, has not found any positive proof that the Indians knew of the sweet taste of the urine in diabetes.

If Müller is right, how then shall we regard the 'discovery' of ancient Indian medicine that has attracted such attention and has been mentioned by so many authorities and has been called 'the crown-jewel of the Indian healing art' by Fåhræus?

However, this question belongs to the history of Indian medicine, and has little to do directly with my original question: the import of the term 'diabetes' in the works of Aretaeus and Galen: Does their term 'diabetes' mean diabetes mellitus or, at least in certain cases, diabetes insipidus?

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FOLKE HENSCHEN

THE ILL HEALTH OF JANE WELSH CARLYLE

THE ill health of Mrs. Carlyle plays a prominent part in any account of life in the Carlyle ménage. The nature of her illness or illnesses has apparently been the subject

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of only one medical paper since Sir James Crichton-Browne, defending Carlyle against accusations of neglecting his wife, said that she was a neurotic woman, whose worst period of ill-health was due to 'climacteric melancholia'.

Dr. G. M. Gould in 1904 dismissed this diagnosis with scorn and put forward his own, definite and entirely different opinion: 'All of Mrs. Carlyle's sick-headaches were caused by eyestrain, a fact beyond all question. As little doubt can there be that no cause can more directly and infallibly upset and morbidize the nervous, mental, and nutritional mechanisms.' A recent biographer of Carlyle (Julian Symons, 1952) says of her: 'whether her condition was connected with the change of life, with sexual dissatisfaction [Carlyle is reputed to have been impotent], or whether it was more purely somatic, we have no means of knowing.'

But Mrs. Carlyle's letters survive in large numbers, and it is possible to suggest a diagnosis from her own accounts.

Jane Baillie Welsh was born in 1801, a seven-months' child, and is described as having been of feeble health in childhood. She was married to Thomas Carlyle in 1826, and they moved to London in 1834. Her early letters from London mention 'headaches' (1835), 'headache and colic' (1835), 'sleeplessness, cough, and headache' (1836), 'influenza' (1837), 'derangement of my interior' (1838). In 1842, she says she is 'always very weakly in health, though better than when I last wrote to you. At present my brother-in-law [Dr. John Carlyle] has put me on a course of blue pill for pain in my side'. In 1843 there are several complaints of 'dull and throbbing sorts of headache', and of sleepless nights. In 1845 she writes of 'frightful depression of spirits', and relates that 'in *three* nights . . . I slept just *one hour and forty minutes* by my watch'.

So far, nothing more definite appears than digestive weaknesses, the tendency to insomnia found in many active-minded people, and headaches amounting perhaps to migraine; she had suffered from 'sick headaches' before her marriage.

But in 1847, when she was forty-six, the picture changes somewhat. In June she writes to her cousin and confidant Helen Welsh: 'I must be quiet for some weeks to come, for I am required to give some heed to a large tumour on my throat—a result J. Carlyle says of 'extreme physical irritation'—nobody knows of it but John—as I can cover it with the black lace I wear round my neck'. In July of that year, her usual complaints about hot weather are intensified; she is 'suffering dreadfully from the heat . . . cannot sleep or eat, can hardly sit upright, and am in a continual high fever, obliged to keep wet cloths on my head all day long.' In September, she is confined to bed with 'what I suppose a doctor would call some sort of bilious or nervous fever; whatever it has been, I have suffered horribly from irritation, nausea, and languor'. Dr. Carlyle prescribed large amounts of wine for her, 'and I believe it quite necessary, when for days together one's pulse could not be counted'. Sir James Crichton-Browne mentions that her dressmaker commented on her emaciation.

The swelling in the throat, intolerance of hot weather, tachycardia, and loss of weight, suggest that Mrs. Carlyle was suffering from thyrotoxicosis. Graves in 1835 and Basedow in 1840 had recognized and described the disease, but it was at first regarded as being of nervous origin, and was not definitely associated with an abnormality of the thyroid gland until later. Möbius suggested an association in 1886,

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and the theory was supported by the discovery of the effects of dosage with thyroid preparations, which were first used for myxoedema in the early 1890s. In Mrs. Carlyle's time, the possibility of therapeutic surgery lay several decades ahead, and she had to await spontaneous improvement.

This was attained by degrees. The tumour on the throat is not mentioned again. In 1848, sickness, insomnia, and headache still occur; in 1849 she writes: 'really I seem to be "looking up", as they say of the funds', and in 1852 (to her husband): 'my health continues wonderfully good.' However, she still complains at intervals of headache and sleeplessness and 'that horrid sickness'; she feels (1855) that 'much movement under the free sky is needful for me to keep my heart from throbbing up into my head and maddening it', and that her 'nervous system is in a preternatural state of excitability' (1860). Some thyroid hyperfunction seems therefore to have continued.

In March 1863, a new trouble develops. She reports that 'the cold first came into my tongue, swelling it, and making it raw on one side, so that for days I had to live on slops, and restrict my speech to monosyllables'. A little later, she began to have pain in her left arm, which became worse and worse, until she was unable to lift or use it. 'Not rheumatism but neuralgia' was diagnosed by Dr. Quain, and he prescribed quinine pills and an embrocation of opium, aconite, camphor, and chloroform. A fall in the street on her left side aggravated her troubles, and she was miserably ill for months. In October 1865 she begins to feel better; she mentions 'my eight stones eleven and a half', and says she has gained a stone. In May 1865, after a few months' remission, 'my right arm has gone the way that my left arm went two years ago, and gives me considerable pain'. 'The pain gets more severe and continuous from day to day'. But by July, 'my arm continues less painful'; by August she can use her hand a little, and by October, 'my neuralgia continues in abeyance'.

We may perhaps diagnose in these episodes the glossitis and neuritis of a vitamin-B deficiency, attributable to a chronic achlorhydria and gastritis that would explain some of the earlier digestive symptoms.

In May 1866, Mrs. Carlyle died suddenly in her brougham, after getting out quickly to pick up her dog, which had been slightly hurt by another carriage. Her coachman drove round Hyde Park for a while before he realized that something was wrong, and asked a passer-by to look in on her. Damage to the heart is characteristic both of untreated thyrotoxicosis and of vitamin-B deficiency, and would account for heart failure after sudden anxiety and exertion. Some years earlier (1857), she had written the premonitory phrase: 'that horrid feeling as if death were grasping at my heart'.

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