

sented itself under so many forms that all rules of treatment had to be adapted to every individual case. Moreover some responded more readily than others to diabetic treatment, although mostly it effected more or less notable diminution in the amount of sugar excreted, but very rarely caused its entire disappearance; some cases were even barely affected by it. He mentioned a case recently under his care in the Middlesex Hospital—not a severe case, and in an elderly woman—where, however, dietetic restriction did not effect the complete disappearance of sugar in the urine, which followed shortly after codeia was administered, the glycosuria returning on ceasing the drug without further change in the diet. Such an experience was not uncommon with other drugs, and yet it is impossible in any given case to predict that it would be encountered. Much had yet to be learnt of the pathology of diabetes before a rational treatment could be arrived at. In conclusion, he referred to the unexpected manner in which acetonæmia arose, due to physical or mental fatigue, and he thought this terribly fatal complication might be hastened by a too abrupt restriction of diet; so that in hospital practice it was perhaps wise to wait a few days before adopting this *régime*.

Dr. SHINGLETON SMITH expressed his belief that there was greater danger in too much latitude in diet than in too rigid restriction; that until the sugar has disappeared from the urine the restriction from carbohydrate food must be absolute unless some complication necessitates a change. Compromises are not to be admitted at first, but as soon as the sugar has been reduced below 1 per cent. then some latitude may be admitted; and thereafter the patient should be allowed as much latitude as may be possible. Drugs are of secondary importance, and the dietetic is the one all-important point in the treatment of the disease. Every case must be a close and continued study, but some such routine diet as that suggested by Dr. Saundby must be maintained continuously. Latitude in this respect is likely to be followed by more or less speedy disaster.

Dr. E. DUNCAN (Glasgow) desired to say that in his experience the estimation of the amount of sugar in the urine was not the most important point. It was quite possible to diminish the sugar in the urine and starve the patient. The estimation of the body weight and of the muscular strength was quite as important as elimination of the sugar in the urine; in cases of diabetes from extensive disease of the pancreas, it is difficult to see that any treatment can do permanent good. But there is a large class of neuroginous cases in which the excretion of sugar in the urine depends on the loss of power in the sugar-consuming cells to absorb and utilise the sugar in the blood. In these cases he believed that restriction of the diet was absolutely