

of sugar ; and, if this be complained of, it should lead to an examination of the urine. But a gentleman came to me some two months ago, apparently in perfect health—a man weighing about two hundred and fifty pounds, and said, "I have come to see you, perhaps upon a very trivial matter, but still it has occasioned me some annoyance." It was simply this, that he had a curious sensation in the meatus of the penis, which he described as an itching sensation—not at all connected with sexual excitement ; not at all connected with an erection of the organ, but being sufficient to cause considerable annoyance. I thought at first that it was a trivial matter, and told him so, and was very near making up some prescription, more to satisfy him than specially to relieve him, when it occurred to me that I had better examine his urine. I did so, and found it loaded with sugar. In that case the patient was not aware of any increase of thirst. In fact, he had nothing except that slight itching sensation to attract attention to the existence of the disease. That proved to be a case of diabetes, and I speak of it now because this was an important fact of temporary duration. On placing this patient on an anti-diabetic diet, in the course of a month—yes, within less time than that, within two or three weeks—the sugar entirely disappeared from the urine, and since then he has been free from the disease, and has returned to his ordinary habits of life. We meet with cases of that kind.

So much, then, for the diagnosis, and I would like to impress that upon you, for I know that some medical men have lost the confidence of their patients by not having discovered this disease early. I have an instance in my mind now, in a case which is under observation, where the patient feels great dissatisfaction toward a medical adviser, feeling that she had this disease for months before any examination of the urine was made. So that we should examine the urine for sugar whenever there is the slightest ground for suspicion. It is a good plan in all cases, when examining the urine, to test it for sugar ; it costs but a few moments of time, it is easily done, and you should not fail to do it, especially if you find the specific gravity high.

Well, now, with regard to the *prognosis* and *treatment*. Diabetes is generally regarded by medical men as a disease which offers very little in the way of favorable prognosis and treatment, and it seems to be confessed that in a very large proportion of cases a permanent, radical cure is not effected. But this may be done in a pretty large number of cases ; the disease may be kept in abeyance without sufficient derangement of the habits of life to impair the general health, or to be considered by the patient a very great hardship. And this is especially the conclusion which I have reached after considerable opportunities of observation within the last few years. It has so happened that quite a large number of medical men

in this neighborhood, within my knowledge, most of whom have seen me, have suffered in this way. I could mention six or eight medical men who, within the last two years, have suffered from this malady ; and several of these now consider themselves in perfect health, but, not considering it a burden to consider the dietetic treatment which resulted in their present favorable condition, they still follow it.

The treatment is emphatically dietetic. There have been a great many remedies proposed from time to time, recommended as having control over this disease. Now I am not prepared to say that there are no remedies which do exercise more or less control over it. But we should commit a grave error, and act very much at the expense of the prospects of our patients, if we gave any remedy which rendered them less careful in attending to the dietetic treatment of their cases. This treatment consists in withholding from the food almost entirely (for entirely we cannot) sugar in any form, and all the starchy constituents of diet capable of being transformed into sugar. That is the principle. Well, if we merely state that to patients, and tell them they must not eat sugar, they must not eat starch, they will not be able to carry it out. In the first place, it is not likely they will know enough of the subject to carry it out, even if they were so disposed ; and, unless we go further, and are very careful as regards details, we shall find that the elimination of these constituents of the food will not be done ; they will not tolerate it. If we are to succeed, we should give appropriate attention to the preparation of the food, the number of articles which the patient should be allowed to take, and the variation of the food from day to day, to make this anti-diabetic diet satisfactory to the patients—that is, satisfy their appetites and the purposes of nutrition. This can be done, and, if it is done, the patient carries out the treatment, because it is no hardship to carry it out ; and the treatment is to be carried out not for a few days, or a few months, but for an indefinite period—for years, and perhaps during the whole of life.

How is this second object to be effected ? We must place before the patient a list of all the articles of food which are to be avoided, specifying them—not contenting ourselves with the statement in general terms, but specifying, on the one hand, all the articles of food which he must not take ; and, on the other hand, all the articles of food, animal and vegetable, and so on, which he may be allowed to take. He should have such a list before him, and such articles should be selected from the allowable ones as to make a variety from day to day, and so prepared by the artifices of cookery as to render them satisfactory. It can be done, but it requires patience, and it requires care on the part of the patient or somebody else, and it