the behaviour of the various sugars and starches. Thus glucose and cane sugar appear more readily in the urine than lactose and levulose, and I am convinced that the starch of cereals is for some reason more productive of glycosuria than that of potatoes. Levulose which can now be obtained for diabetics, is not of much value from the patient's standpoint, except, perhaps with children, who crave for sweetening agents, yet for this purpose it is inferior to saccharine. As a means of adding carbohydrate it is expensive, but can be usually assimilated if given in not greater quantity than one and a half ozs. daily.

I have not laboured very much to prove the advantage of a more liberal diet in diabetes, because it appears to me that if it can be done safely, everyone must admit its advantages I do not care to dwell on the repulsiveness of ordinary diabetic diet, on its indigestibility, its danger when albuminuria is present, or upon its alleged action in producing acetonæmia; but I will only add that I have been treating patients on this plan for some years with satisfactory results. I admit that the same ends are often attained upon the ordinary plan as the result of compromise between doctor and patient, but at some loss of medical dignity, or at some private sacrifice of the doctor's own opinions. In urging the adoption of a standpoint from which concessions would be voluntary and given with good grace, or withheld for reasons that the patient could appreciate, I am asking your support for a method which has already many open advocates on the Continent of Europe, and probably many silent friends in England and in America. In France, Worms and Barth have expressly recommended the plan here proposed—namely, to commence with strict diet, and add carbohydrates in such quantities as experience may show that each patient can assimilate, while similar views have been upheld in Germany by Hirschfeld and Leo. During the last few years, in papers or speeches at societies the addition of carbohydrates to diabetic diet has been supported by Leyden, Klemperer, Bouchard, Dujardin-Beaumetz, Œttinger, Charrin, Lindemann, Mai, von Noorden, Grube and others. If I have failed to convince you, the fault lies with the advocate and not with the cause, which in more powerful hands must in the long run triumph over a system which struggles to keep up appearances, but is in reality either a cruel blunder or a hollow sham.

Dr. SYDNEY COUPLAND felt that it was most difficult to debate the full and scientific exposition of the subject given by Dr. Saundby, who had advocated the careful regulation of the amount of carbohydrate permissible to the diabetic, and shown that in the so-called "diabetic *régime*" all carbohydrate food could not be excluded. Diabetes pre-