

patients are suffering from polyuria with frequent micturition and great thirst, and these symptoms can best be checked by strict diet for a limited time, combined, if necessary, with the administration of a grain or two of extract of opium every night. Further, the result of strict diet affords valuable information for prognosis, as it is only in the milder cases that the sugar disappears under its influence.

By strict diet I mean that from which sugar and starch are excluded as far as possible. I do not allow gluten bread, but employ as a substitute for ordinary bread the "brown loaf" or starchless biscuits made by Mr. Callard, of London. If these were not procurable I should use cakes made of almond or gluten flour fermented to destroy any sugar that might be present. Callard's brown loaf contains only 6 per cent. of starch, and is quite as palatable as gluten bread; the biscuits are free from starch.

The patient should, if possible, make one meal, for example, breakfast of fat bacon or eggs and bacon, with which he may eat cabbage and the above described bread or biscuits. He is, of course, allowed other green vegetables, any animal food, tea or coffee, with cream, and, if he desires it, 2 to 3 ozs. of sugar-free alcohol, with mineral water.

When the effect of a week of this diet upon the glycosuria has been determined, I proceed according to the result. Should the sugar have disappeared entirely, or almost entirely, I add 6 ozs. of baked potatoes and $1\frac{1}{2}$ pint of milk, containing between them the equivalent of about 1,100 grains of sugar. If this causes no glycosuria I order $4\frac{1}{2}$ ozs. of dry toast, of which about 800 grains are starch. I also allow a bottle of light wine containing very little sugar, such as ordinary Bourdeaux or Moselle, or in some cases a pint of bitter Burton ale. If such a diet causes no return of symptoms, the doctor may be satisfied and the patient is generally contented, and if sugar continues to be absent the quantity of toast or bread may be gradually increased to double the amount. Such cases are, however, exceptional. As a rule the sugar, though diminished, persists; it may have been 10,000 or 12,000 grains before dieting, and afterwards falls to 2,500 or 3,000 grains. Here I proceed in the same way, giving first the milk and then the potatoes, and if there is no return of distressing symptoms I do not retrace my steps because there is some moderate increase of sugar, but watch the body weight, and I am satisfied if that shows no loss, while generally it shows a gain. In these cases I keep the patient on this diet for many weeks before venturing to make a trial of ordinary bread, and often the patient has to be content to do altogether without it. I prefer to increase the potatoes, for although physiology has so far given us no explanation of the fact, there is considerable difference in