in the urine of infants affected with nutritional disorders. The sugar which was used in metabolism was carried by the general circulation, and obviously the sugar which appeared in the urine, was derived from the blood sugar. According to the results of recent work, the normal blood sugar in infants ranged from 0.07 to 0.11 per cent., figures which were practically identical with those obtained for adults. There was a tendency for the blood sugar to maintain a constant level, but striking changes might occur after the ingestion of carbohydrate food. There was often a definite increase in the blood sugar shortly after a meal, which reached its maximum in from one to one and one-half hours and then decreased. This increase might be effected by starch as well as sugar, though the increase was slower and of less degree. Owing to this fact the blood for examination was withdrawn about three and one-half hours after a meal. There was a direct relationship between increased blood sugar and melituria. As a rule a continued increase in blood sugar led to an excretion of sugar in the urine, although this effect might not be immediate. Often the melituria was preceded by the hyperglycemia for some time. A detailed consideration of the significance of increased blood sugar could be of little benefit since there were many essential factors still unknown or under discussion. It seemed safe, however, to assume that hyperglycemia meant a disturbance in the balance between mobilization and consumption of sugar, provided that the patient was afebrile and the diet normal. The detection of a reducing substance in the urine of infants affected with gastroenteric disorders was by no means a recent finding. Finkelstein and Meyer were led to attach great importance to the melituria in nutritional disorders. They divided the cases into two groups: 1. Those in which the appearance of lactose in the urine was considered to be indicative of an intestional lesion through which lactose was absorbed before it was split by the inverting enzymes of the intestinal secretion. 2. Those cases in which galactose was found in the urine, and it was thought that the underlying cause was a diminished sugar tolerance, the liver probably being at fault.

Dr. Schloss's work consisted in the study of the blood and urine of 235 babies. The preliminary tests of the urine were made by the reagents of Benedict and Nylander, and if the reducing substance was present in sufficient quantity further tests were carried out to determine its nature. There were forty normal infants, whose blood sugar was normal and who were free from digestive disturbances, and none showed the presence of sugar in the urine. The remaining 195 cases represented nutritional disorders ranging from the milder disturbances to those of severe intoxication. For the sake of convenience the cases were