

complicated, for instance, with glycosuria of transitory or prolonged duration, which may eventuate in coma of an apparently diabetic type, but which disappears with the disappearance of the most marked hysteric symptoms. The great neuroses, parietic dementia, locomotor ataxia and epilepsy, occasionally display temporary glycosuria.

Delirium tremens and the confusional insanities may at times have a temporary glycosuria. Every one of the febrile conditions may be glycosuric. Conditions in which respiration is involved are often accompanied by glycosuria. Pregnancy being a condition in which there is over nutrition, faulty elimination and resultant imperfect oxidation is often attended by glycosuria. The patient may be glycosuric only during pregnancies. Glycosuria may come on during pregnancy, and be present during the period only, or it may occur immediately after pregnancy is terminated, and may recur sometime after, and may remain for a long time after pregnancy, and then suddenly disappear.

Gout and insanity of the auto-toxic types frequently alternate with glycosuria. During the mental disease, or during the gout glycosuria is absent, and its reappearance is an indication of recovery, while its disappearance is the precursor of an attack. What is true of glycosuria is likewise true of the states allied to it, acetonuria, etc. Every one of the acids from sugar metamorphoses may be formed in the urine of depressed mental states and after the apoplectiform and epileptiform attacks of parietic dementia, the crises of locomotor ataxia and the status epilepticus.

Independently of the symptom complex diabetes, there are states of which glycosuria is a symptom consequent on suboxidation, which they produce, that are temporary in character and have not the permanency characteristic of the disease diabetes. Many neuroses, however, are an expression of the suboxidation states constituting diabetes. In all of these glycosuria may disappear just previous to cerebral complications. The disappearance of glycosuria very often is an expression of imperfect elimination through renal insufficiency rather than a disappearance of sugar from the system. In a diabetic in a severe state of hyperglycemia sugar may be absent from the urine, yet the patient may pass into acidosis with resultant coma. Neurotic manifestations of diabetes comprise lesions of motility, of general and special sensibility of the intelligence and of trophic functions. Among the most marked motor manifestations are fatigue, lassitude, and deprivation of muscular energy which does not depend upon muscular weakness pure and simple, but may strongly sug-