

good drink. To relieve thirst, Seltzer, Spa, Vichy, or soda water may be taken; but acid drinks, so keenly desired by the patients, are very objectionable. The patient should always eat and drink in moderate quantities, slowly masticating his food. This practice tends to the relief of the attendant dyspepsia, and to assist the distended stomach to return to its normal dimensions. A flannel bandage applied around the epigastrium contributes to the same end.

2. *Clothing*.—As chills operate very injuriously on these patients, warm flannel clothing forms a valuable protective agent, and beneficially excites the languishing functions of the skin. Indeed some medicinal agents are of no avail unless aided by complete flannel clothing which maintains diaphoresis. General frictions are very useful, and a moist warmth of the feet should be maintained.

3. *Exercise*.—To recommend this indiscriminately would be injudicious, for many patients are too feeble to undertake it. But when their strength has become somewhat recruited by regimen, walking, gymnastics, agricultural labor, &c., much expedite the cure, and are found, as recovery is approaching, to enable the feculent aliments to become utilized by the system.

4. *Pharmaceutical Agents*.—M. Bouchardat entertains a high opinion of the utility of *carbonate of ammonia* (from 5 to 15 grammes—77 to 230 in the 24 hours), providing flannel clothing be worn. Other *alkalies* suffice for slighter cases, when the urine contains uric acid as well as glucose. Employed consentaneously with out-of-door exercise, they seem to exert great influence in preventing the reappearance of sugar in the urine, when feculent aliments are resumed. *Opiates*, if given alone, are mere palliatives; but when conjoined with other remedies, and in moderate doses, so as to act on the skin, they are very valuable. M. Bouchardat sometimes prescribes Dover's powder, but prefers the old *theriaca* before all other preparations, without defending the absurd complexity of its composition.

In severe cases of glucosuria, then, diet, exercise, and flannel clothing constitute the basis of treatment, carbonate of ammonia and opiates best aid their action. Other remedies have their occasional uses, such as iron, tonics, chloride of sodium, and antiscorbutic plants. M. Bouchardat often employs emetics at the commencement, and endeavours to modify the disturbed functions of the liver by aperients, of which ox-gall with rhubarb is the best.

*Circumstances influencing the effects of Treatment*.—Foremost among the favourable indications in a case is the *rapid return of the urine to a normal state*, which may take place in from 24 to 48 hours after the feculents have been excluded. The *recent date of the affection* is another highly favourable circumstance; and because it is so, M. Bouchardat urges testing the urine whenever the slightest suspicion can be held, and for the detection of relapses, which are frequent and insidious. Other favourable circumstances are the retention of considerable *embonpoint*, the easy circumstances of the patient, and his being in possession of great perseverance.

The *unfavourable* circumstances are the reverse of the above; but negligence is still worse than poverty, as the poor man has some resources. The treatment of the case is usually ill managed in *hospitals*, owing to the vitiated air, the absence of exercise, the sameness of diet, and the insufficiency of the surveillance. The existence of a great *appetite* is a common and not unfavourable circumstance, requiring only moderation in its gratification, at meals not too far separated. *Want of appetite* is a far more unfavourable sign, which should be actively combated. M. Bouchardat has found small doses of rhubarb, and exercise in the open air, of advantage. *Obstinate constipation*, resisting the most varied purgatives, is a bad complication, indicating disease of long duration, which has produced important modifications in the condition of the alimentary canal. Fatty substances, combined with matters which leave residue, as spinach and gluten-bread with bran, are here indicated. *Cold and damp air* is unfavourable to diabetic patients; but M. Bouchardat has had patients from Algeria, and has not derived advantage from sending others to Italy. M. Bouchardat agrees with Dr.