neuralgia, cerebro-spinal meningitis, and peripheral neuritis. The number of these maladies is so great and the nature of the injury so varied that one might expect a transient glycosuria from any acute injury or disease of the nervous system.

The appearance of glucose in the urine in these cases is generally believed to be due to loss of power of the liver to retain glycogen, so that the blood becomes flooded with sugar, which is manifested by glycosuria; and there is much to be said in favor of this which from want of time I shall not mention. I may add that some physicians have such unbounded faith in the theory that they place all the temporary glycosurias following convulsions, cerebral concussion and hemorrhage, and other morbid conditions of the nervous system, in a class by themselves, and designate the type hepatogenous glycosuria.

To me there does not appear to be sufficient evidence for this belief. There is no doubt that the liver cells, from some cause, do lose their power to retain glycogen, but it has not been shown that the carbohydrate metabolism of other cells, such as those of muscle, is not similarly perverted. When we consider the great variety of injuries and diseases of the nervous system in which glycosuria may be a symptom, why should the liver alone, of all the organs taking part in the metabolism of carbohydrates, be blamed for the perversion? To me a much more acceptable theory would be that not only the cells of the liver, but also those of muscle and other tissues taking part in carbohydrate metabolism, are in some way temporarily disturbed in their functions. If this theory were accepted, then it is probable that a functional disturbance of pancreatic secretion is the primary affection following the morbid condition in the nervous system.

Psychic disturbances, such as shock, mental worry, etc., have long since been recognized as capable of aggravating the course of diabetes mellitus. Any one who has had experience in the management of patients with this disease must have observed the baneful effects of these disorders of the mental condition. Indeed, with the exception of wrong eating and drinking, there is nothing more harmful to a diabetic than worry. In my practice this has been frequently illustrated. Excessive mental work and worry are invariably followed by an increase in the quantity of sugar excreted, and by aggravation of the complaints of the patient.

In one case of temporary glycosuria mental disturbance