

form of the disease, we must, for the purpose of diagnosis and prognosis, distinguish between the various kinds of effused products, which are chiefly, besides serum and blood, epithelium, pus, and pure unorganized fibrin. We must distinguish the granular form of fat kidney, which may be a consequence of a previous inflammatory stage, from the mottled form of the disease, which is analogous to ordinary fatty degeneration of the liver, and not a consequence of inflammation. Finally, we must recognise the fact, that the small contracted kidney, although an occasional consequence of an acute inflammatory attack, is more commonly the result of a disease which is chronic from the commencement, and never, as we believe, a consequence or a later stage of either of the forms of fatty degeneration.—*Brit. and For. Medico-Chirurgical Review*. Jan. 1853, p. 57.

ON THE NATURE AND TREATMENT OF DIABETES MELLITUS, OR GLUCOSURIA.

By M. Bouchardat.

[The following abstract upon this subject is taken from the review of an article in the memoirs of the French Academy, 1852.]

By the plan which M. Bouchardat now recommends to our notice, in its full detail, he declares that he can cure the majority of cases of diabetes—his test of cure being not only present removal of the sugar from the urine, but the ability of the patient to employ feculent aliment, without its reproduction. He, however, requires the intelligent co-operation of his patient, and, above all, the frequent testing of the urine, by the patient himself, as a means of ascertaining progress and guarding against relapse. The means chiefly to be relied upon are those of hygienic character; and at all events the power of these should be exclusively ascertained at first, before resorting to any medical agents.

1. *Diet*—As long as the urine exhibits sugar, all feculent and saccharine ailments must be entirely excluded; but the patient need not be confined to what is called an exclusively flesh diet, although this, when not repugnant to him, is the best. Every description of meat, dressed with the usual sauces and seasonings (to the exclusion of flour, however) may be employed; and for those who can get over the prejudice against it, the flesh of *carnivorous* animals, M. Bouchardat says, is best. By proper management (and what cannot a French cook do?) that of the cat or fox becomes a highly relished viand. Several poor patients, who otherwise would have been unable to procure flesh diet, have resorted to this means with advantage. Fish, in all its numerous varieties, forms a valuable resource for both rich and poor, and may be eaten with an abundance of oil and a moderate quantity of vinegar. Eggs, again, so susceptible of various modes of preparation, are excellent; and although milk is forbidden, good fresh cream and all kinds of cheese are allowed. Except in extreme cases, green vegetables and salads, although they contain some sugar, starch or gum, may be taken in moderate quantities; but abundance of oil, or the yolk of eggs, should be conjoined. For such patients who cannot well overcome their liking for bread and other feculents, M. Bouchardat has, during the last ten years, had prepared a bread of flour containing 70 per cent of gluten.

As the prohibited feculent and saccharine bodies belong to that respiratory group of alimentary substances, we have to choose others from the same group; and those best calculated to supply their places are fatty bodies and alcoholic drinks. Among the latter Bordeaux wine occupies a prominent place, as much as from one to two litres (from two to four pints), being admissible *per diem*, which at ten per cent, of alcohol, would supply about 150 grammes ($2\frac{3}{4}$ oz.) of this substance in the 24 hours. Fatty bodies must not be given too exclusively lest they excite disgust, but mingled with other aliments, from 150 to 200 grammes being required in addition to the alcohol. Beer is objectionable from containing dextrine. Coffee, drunk without milk or sugar, and to which a little rum, cream or brandy may be added, is a