

regard to the healthy person, saccharine and nonsaccharine urine follow in response to the particular amount of carbohydrate ingested. The only difference between the two cases is that an amount of carbohydrate that suffices to lead to the production of saccharine urine in the glycosuric does not suffice for doing so in the healthy person. It is to be remarked that the effect is noticeable within two or three hours after the food has been taken. Before the meal there may be no sugar in the water, and a short time afterwards a more or less notable amount may be discoverable. These are the cases that are frequently referred to as cases of intermittent diabetes; the intermittent character noticeable is due to variations that may happen to occur in connection with the food.

So it runs on. Different grades of power are met with in different cases, and it is found that an amount of carbohydrate that one glycosuric may be able to take without its leading to the passage of sugar suffices to determine its escape in another. The person has his fixed limit of power, just as we, as healthy subjects, have, but the limit of power stands lower, and is of varying degree in different cases. In each instance, as long as the carbohydrate taken is within the capacity existing of assimilating or properly disposing of it the urine remains uninfluenced; whilst, when the capacity has been exceeded, sugar becomes discoverable, the quantity standing in relation to the extent to which the capacity has been surpassed.

A case at a given time may be advancing in the direction of loss or in the direction of gain of power; but, taken at other times, the steadiness that is noticeable from day to day, week to week, month to month, or even year to year is most striking. The patient has his fixed point of assimilative power. In addition to the restricted diet for the diabetic, he may be able to take a certain weighed quantity of ordinary wheaten bread without sugar appearing in the urine. In other cases the quantity that can thus be taken may be larger and larger. The limit belonging to the case is ascertainable by observation, and subsequently the state of the urine will depend upon whether carbohydrate is taken to a greater or to a less extent than the equivalent of that contained in the specific quantity of bread found to be permissible. When the patient is living close up to his boundary-line, sugar is apt upon occasions to be met with. This, from the variation that is liable to occur in his daily food looked at in its entirety, is only what may be reasonably expected. When, however, thoroughly below his boundary-line, there is sufficient assimilative capacity to spare to cover any little variation, and prevent the urine being influenced.

It is not for a moment to be understood that in the restricted diet there is a complete exclusion of carbohydrate matter. Even purely animal food contains a certain amount, and in the substitutes for bread variable quantities according to circumstances exist. All that can be accomplished is to carry the exclusion as far as is practically consistent with the provision of a supply of food that the patient can satisfactorily eat and subsist upon.

As the object of the restricted diet is to reduce the supply of carbohydrate matter so that, if possible, it may fall within the assimilative capacity existing, it is of paramount importance that we should be able to rely upon the articles that are sold to take the place of bread. Without security in this matter the dietetic treat