

- (1) those without loss of nutrition,
- (2) those with loss of nutrition.

In the first class we found the majority of patients, the fat diabetic of older writers,—the arthritic diabetics of the text-books. In them the nitrogen balance is maintained. They possess a *relative tolerance* for carbohydrates, and glycosuria is produced only when the patient exceeds his carbohydrate tolerance; the sugar originates from the carbohydrates of the food.

In the second class the condition is very different. The nitrogen balance is upset, tissues are destroyed. He is unable to tolerate even the smallest amount of carbohydrate, all that he may take is being excreted as sugar. Even when carbohydrates are absolutely excluded from the diet, glycosuria continues, originating from the food and from the tissues—the carbohydrates, albuminuria and fats.

In both classes dieting is the chief means of controlling the disease in the first class of cases, while in the second it is no less important in warding off the three-fold danger of hyperglycæmia, (hyperglycistia)—from loss of nitrogen nutrition and from acidæmia (ketonuria).

Dr. Labbé sees a difficulty in the contradictory nature of the indications, "Hyperglycæmia," hyperglycistia calls for a reduction of carbohydrates, nitrogenous denutrition requires an abundant intake of albuminoid matters; but acidæmia is produced by excessive meat diet and on that account must be fought by vegetarian diet. Of two evils the less must be chosen; the danger of hyperglycistia being less serious than that of acidæmia, excessive use of albumins must be avoided and the patients must not be deprived of carbohydrates; the diet must be plentiful and rich." There are two successive phases in Dr. Labbé's treatment of the first class (diabetes without loss of nutrition) of patients. In the first, the care of hyperglycæmia. The carbohydrates are gradually lessened until no sugar is found in the urine. This may be accomplished in two months or so, as an abrupt reduction is not often satisfactory. The amount of carbohydrates in the diet of tolerance. The amount of carbohydrate is gradually increased until sugar again appears; then again reduced until glycosuria disappears. The actual degree of tolerance lies between the last two amounts tried that which causes and that which does not cause sugar to appear in the urine. On such a diet it is safe to keep such a patient, examining his urine from time to time, while such treatment has a powerful and positively curative effect upon diabetes with loss of nutrition.

Glycosuria and Life Insurance forms the subject of an interesting paper by Bertrand Dawson of London Hospital. "The only safe rules,"