regard to preparing the surface to be grafted upon, that invite further remarks. In the first place, it is entirely essential that all bleeding has ceased before the grafts are applied; strict asepsis at every step is also indispensable. Then again, the surface should be put upon the stretch if need be by sutures through adjacent parts, which may be attached to adhesive plaster on the surrounding surface, an arrangement, of course, of a temporary character; for instance, in repairing contractions of the empty conjunctival sac, it may be necessary to do a canthotomy at the outer canthus, and draw the loosened lids strongly upwards and downwards by sutures passed through them and attached as indicated. Lastly, when the grafts are in place great care is necessary in applying a bandage with the double purpose of protection and of making gentle and uniform pressure so as to prevent the hæmorrhage of reaction.

There is nothing in ophthalmic surgery, at least in the writer's experience, more gratifying than the perfect results obtainable from skin-grafting carried out in the manner just described.

THE INTER-RELATIONS OF DIABETES AND OTHER CONSTITUTIONAL STATES.

BY

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The great error dominating conceptions of disease in their clinical and thereapeutic aspects is that which fixes upon one symptom as a test of disease rather than the symptom complex. Perhaps in no disorder is this better illustrated than in diabetes. The predominant symptom of diabetes is glycosuria. This condition may not only be an expression of many diseases, but may be at times merely the result of excess in carbo-hydrates. Glycosuria occurs in all the neuroses, not as a complication but as an expression of metabolic instability resultant on nerve disturbance.

The vaso-motor nerves of the liver have their origin in the floor of the fourth ventricle and pass through the cervical and upper dorsal regions of the spinal cord, the rami communicating opposite the fourth or fifth dorsal vertibræ to join the sympathetic and enter the liver as the hepatic plexus. Injury to the fibres at their origin in the fourth ventricle, in any part of the spinal cord, or of the sympathetic itself is followed by glycosuria. Conditions such as express themselves in glycosuria and allied sub-oxidations readily occur in the neuroses. Hysteria may be complicated for instance with glycosuria of transitory or prolonged duration, which may eventuate in coma of an apparently