

Bearing in mind these facts, the obvious conclusion is this: It is not proper to assume that albuminuria indicates Bright's disease. A medical man has no moral right to alarm a person by announcing Bright's disease merely on the discovery of albumen in his urine. It is as unjustifiable as to inform a man his house is on fire merely because his chimney is ablaze. Before saying anything to the patient the urine should be carefully searched for tube-casts, and if they are discovered then the announcement is justifiable, but not until. Of course, no man but a fool or a crank would undervalue the significance of the evidence furnished by the test tube. Say it is a case of cardiac dropsy. The appearance of albumen in the urine while the case is under treatment is almost the herald of despair. But here the circumstances of its appearance are known; but if a patient comes under notice with cardiac dropsy, and the urine is found to be albuminous, its significance is by no means so ominous. Any cause of venous fulness in the kidney may give rise to albuminuria; but it is very important what the cause is, as that will determine the significance to be attached to the albuminuria. An albuminous condition of the urine derives its import from its associations, and the men who disturb the peace of a family merely because the urine in the test tube gives evidence of albumen, are scarcely fit for their vocation, and certainly take a very oblique view of the moral obligations of a family physician. Again as to the presence of sugar in the urine. Many medical men have lost their heads in a manner nowise creditable to them on finding some sugar in the urine, whether their own or that of some one else. The discovery of sugar should at once put the medical man on the alert, just as does the discovery of albumen. In either case the medical man should at once be upon his guard; but this is a very different matter from abruptly delivering an adverse opinion. The latter is very much like condemning a suspected man without going through the preliminary of a trial to ascertain if he is guilty. The evidence against him at first sight may seem damning, but the process of trial may demonstrate his innocence, and not his guilt. When albumen or sugar is detected in the urine of a patient, then a searching examination into the facts of the case is incumbent upon the part of the physician.

As to sugar, corpulent persons often pass saccharine urine, and especially corpulent, gouty persons. What significance glycosuria possesses under the circumstances is unknown to me. One such case has been under observation for over eighteen months. There were other symptoms present telling that the case was something more than mere glycosuria. While allaying the lady's apprehensions as to any immediate danger, both she and I firmly believe she will die of diabetes

And why do we both believe this? Because from family circumstances she is subjected to worry and annoyance from which she can not emancipate herself. But as to other cases they seem to go on for years without any deepening of the condition. There are other circumstances, however, under which glycosuria is found which give it much significance. All physicians of any experience have met with cases where an acute condition of diabetes is started by a sudden shock or fright. Such associations are matter of notoriety. But the association of chronic *diabetes mellitus* with mental conditions is far less generally realized. Yet those who are giving special attention to the subject are beginning to be strongly of the opinion that diabetes is casually dependent very often upon "carking care," disturbing the liver as regards its glycogenic function. If this view can be substantiated, and I for one think it can, then the appearance of sugar in the urine, even in small quantity and titful as to presence, is terribly suggestive. If such a case be watched it will be found to deepen in gravity; for a while a strict diabetic dietary may afford relief, but it turns out to be a case of "the further in the deeper." Of course this is the more likely to occur if the patient continue to carry his load of care. If, however, the load be lightened the result may be otherwise. The glycosuric condition may remain static for years. With one such case I am intimately familiar.

Diabetes—not merely glycosuria, but something more—is a malady which does not necessarily progress with steady, relentless tread to the tomb. We must learn to regard it as a disease which may take its origin in small beginnings and deepen to death; or be arrested, as the case may be, and according to what measures are taken. If this view be well founded the appearance of sugar in the urine is fraught with high significance. Nor is the difficulty to be met by gluten bread and almond biscuits. That is the narrow not the wide view of the subject. When a hard-working business man is a patient, in my opinion, a regular periodic inspection of the urine should be made, and when traces of sugar even are detected, to keep a keen watch over the patient. If small quantities are pretty constantly present, then he should be told frankly and honestly his true position, and the facts looked in the face. Such a man will be liable to temporary aggravations of his condition on any passing extra mental perturbation. Such a case is well-known to me, where a glycosuric man is a diabetic when anything gravely puts him about. In such cases the urine varies hand in hand with the general condition; and the urinometer will register the case pretty accurately. Then there are cases of glycosuria where the amount of sugar is considerable in the urine passed three hours after a meal; while the urine passed in the morning contains but little