

an easy matter to construct a diet suitable for any case that may come under one's care. By, from time to time, estimating the amount of carbohydrate food taken and the quantity of sugar excreted, we are able to say how much sugar is being assimilated, and as the power of the tissues to assimilate sugar increases, we must carefully add more carbohydrate food to the diet.

In cases of glycosuria and the more chronic cases of diabetes, this mode of treatment will be attended with excellent results. In acute cases, met with most frequently in young adults and children, no method of treatment seems to exert any beneficial influence.

The following cases will illustrate the hopelessness of this disease in children:

CASE I.—George N., a lad aged 16 years, consulted me on the evening of August 11th, 1896. He worked in a store, and on his way home from work called at my office, complaining of feeling weak and of severe headache. He was thirsty, and had a temperature of 103°F. From his appearance and symptoms, I thought he was developing an attack of typhoid fever. I advised him to go home at once and go to bed, and remain there till I saw him. On the morning of the 12th I saw him, and found his temperature normal, but he still complained of being thirsty, and also of feeling weak and tired. I was at a loss to know the cause of his symptoms. I saw him again during the forenoon of the 13th. I now got a history of frequency of passing urine. I asked for and obtained a sample of urine, which, on examination, showed that it was acid. sp. gr. 1025, contained sugar in large quantity, but no diacetic acid. The quantity passed during the next twenty-four hours was 150 ounces. At midnight of the 13th I was called to see the patient, whom I found restless and complaining of great oppression of breathing. During the 14th he continued restless, and gradually passed into a condition of coma, and died at 9 a. m. on the 15th, i.e., just three and a half days after I first saw him, and two days after I found sugar in his urine. Careful inquiry regarding his condition prior to the time when I first saw him failed to elicit any evidence which indicated that his illness was otherwise than of short duration. He slept with an elder brother, who was quite positive that he had not been rising during the night to pass urine, and that he did not complain of weakness till two days before I saw him. On Sabbath, the 9th inst., he went to church in the morning, but was compelled to leave during the service because he felt faint. He felt well enough on the afternoon of the same day to go to Sabbath school. He went to work on Monday, but said he felt weak. On Tuesday he again went to work, but was compelled to leave his place of business during the day.