A youth of 10 passed urine containing 0·25 per cent. sugar with a blood-sugar of 0·12 per cent. A very limited diet with very small amount of carbohydrate led to no appreciable alteration in the amount of sugar in the urine or in the blood. In this case the glycosuria might be termed "adietetic." The father was known to have had glycosuria for 25 years and proved to have no hyperglycæmia whilst on ordinary diet.

At the other end of the chain—a man, aged 62, who has never had thirst nor excessive appetite. Sugar found in the urine aged 40, dieted for a few months only. When examined had been on a limited diet with minimum quantity of carbohydrate for 14 days. Blood-sugar 0·09 per cent.; no sugar in urine. Took to ordinary diet; blood taken one hour after a meal rich in carbohydrates contained 0·18 per cent. sugar whilst the urine contained 0·5 per cent. dextrose.

The second case is obviously not purely adietetic. Some might consider the patient to be suffering from mild diabetes mellitus. The fact that the blood-sugar did not rise above 0·18 per cent. whilst the patient had taken ordinary food for more than 20 years since the original diagnosis is to my mind sufficient evidence that the condition was negligible. One must bear in mind that negligible glycosuria does not protect from diabetes mellitus any more than alkaptonuria from carboluria.

Two Cases of Exceptional Interest.

Quite recently I have had opportunity of examining two cases of exceptional interest.

A man of 35 was found to have sugar in his urine at life insurance examination, the exact quantity not being known, but it was certain that the quantity increased after meals. He assumed a definite diet consisting of carbohydrate 75 g., protein 130 g., fat 156 g., and found that his health improved. His energy, which had been flagging, was restored, and on this diet he was able to do more than twelve hours' arduous work daily. His weight had fallen before he dieted. After a meal consisting of 3¾ oz. bread, two eggs, 1 oz. of butter with tea and a little milk (C75, P15, F35) his blood-sugar rose from 0·08 per cent. to 0·125 per cent., and then fell back to 0·09 per cent. within two hours of the meal. This case seems to be one of undoubted negligible glycosuria and one must attribute the improvement whilst on diet to suggestion.

Another case is not quite so easy to dogmatise over:—

A man of 36 was refused at life insurance office for glycosuria. Blood-sugar two hours after lunch 0·1 per cent; 20 minutes after breakfast (to which 50 g. of dextrose had been added) 0·18 per cent; 20 minutes later the blood-sugar had fallen to 0·14 per cent; and during the following half hour it fell to 0·1 per cent. This man's father is suffering from undoubted diabetes mellitus.

Conclusion.

Although the definite diagnosis of negligible glycosuria is not possible without estimation of the sugar in the blood, nevertheless there are certain clinical characteristics which—accompanied by repeated estimation of the amount of sugar in the urine, with a varying diet—may lead the practitioner to decide that a strict diet is not essential for the well-being of his patient. In negligible glycosuria there are no signs or symptoms of disease. There is never any history of thirst or polyuria or a dry mouth or loss in weight. This by itself would not distinguish it from an early mild case of diabetes mellitus. In a mild early case of diabetes mellitus restriction of diet or fasting will lead to the disappearance of sugar from the urine within 48 hours. In the cases of negligible glycosuria of the adietetic type, sugar persists in a small amount in spite of fasting. In negligible glycosuria, as a rule, the percentage of sugar in the urine is between 0·25 per cent. and 1 per cent. In early mild diabetes mellitus the percentage of sugar is found to vary very considerably with the amount of carbohydrate taken, and usually a diet liberal in carbohydrate will lead to the percentage of sugar in the urine rising to above 2 per cent.

I do not wish to be dogmatic and—as I have stated above—the only conclusive method of diagnosing negligible glycosuria is by estimating the blood-sugar, but I think that if a patient has never had any symptoms and is found to have sugar in the urine which varies, say, from 0·25 per cent. to 0·5 per cent. whatever be the nature of the diet, then in all probability that patient is suffering from negligible glycosuria; and if repeated examinations of the urine be made for a period of months or years and the sugar in the urine is not found to be more than 0·5 per cent., that probability approaches a certainty.

I am, Sir, yours faithfully,

Portland-place, W., June 9th, 1922. O. LEYTON.

MEDICAL LIBRARIES.

To the Editor of THE LANCET.

SIR,—I observe in your issue of April 29th an excellent notice of that most useful apparatus, the photostat, in the Library of the College of Physicians of Philadelphia. It is in constant use in a multitude of ways. In your issue of May 6th Mr. Victor Plarr good naturedly takes us to task for our want of "old books, buildings, pictures, &c." in America. So far as old buildings are concerned, we must plead guilty, but unavoidably so, as Mr. Plarr will surely admit. In old books and old pictures we are catching up with commendable zeal. The copy of "Celsus" in the Library of the College of Physicians of Philadelphia is a duplicate of the one in the Library of the Royal College of Surgeons of England. Osler first saw it in London and wrote to Weir Mitchell, telling him what a fine copy it was and that the price was £84. He added, characteristically, "I'll give $25.00. Can't you bleed the Fellows for the rest?" This suggestion Mitchell and Dr. J. C. Wilson, then President of the College, at once followed up with success.

Mr. Plarr mentions the work of Purkinje on the eye and finger prints, and says that "it is practically unknown save for the copy in this library." I suppose he refers to the "Commentatio de Examine Physiologico Organi Visus et Systematis Cutanei," published (with a plate of the finger prints) in Vratislaviae (Breslau), and dated Dec. 22nd, 1823. If he will consult the Index Catalogue of the Library of the Surgeon-General of the United States Army, in Washington, he will find there is a copy in that library. If he will some day be so good as to visit the Library of the College of Physicians of Philadelphia, it will give me great pleasure to show him our own copy. Of the 28 editions of Harvey's "De Motu Cordis et Sanguinis" we have in our library 20; of his "De Generatione Animalium" we have nine of the ten; of his "Opera Omnia" we have three of the four editions; and of his "Praelectiones" we have a copy.

Our incunabula now number 305.

I am, Sir, yours faithfully,

Philadelphia, June 6th, 1922. W. W. KEEN.

DIFFERENTIAL DIAGNOSIS OF GERMAN MEASLES AND ORDINARY MEASLES.

To the Editor of THE LANCET.

SIR,—The following cases are of considerable interest with regard to this subject. On April 7th a patient of mine commenced to feel what she expressed as "seedy," and on the 10th she was going away to the country, but as her temperature was 99° F. I refused to allow her to travel. She had some slightly enlarged glands in the neck and a very slight sore throat. On Good Friday, the 14th, she developed a faint rash, punctate in some places and slightly crescentic in others. The rash was extremely slight and was best seen on the back. The glands both sides of the neck and the sublingual were subsequently enlarged. I diagnosed German measles. The temperature was only 101°. Dr. Graham Little, who kindly saw the case with me, confirmed this diagnosis.

The patient did extremely well, except for the enlarged glands, which were rather intractable and troublesome. The rash faded right away by the third day. The tonsils were painted daily with Mandl's solution. On the 23rd the daughter, who had been away in the North from the mother since the 10th, developed ordinary measles with considerable temperature and a very profuse rash. It