

An advantage which the omission of fat from the diet affords is the rest which is given to the digestive tract. Former treatment, which increased the fat in the diet, was the converse of this, and frequently led to vomiting, with the result that patients on the verge of coma fell into it. In every way seek to prevent worry on the patient's part, and from the start give them to understand that they are at school rather than at a hospital.

After the preliminary measures have been taken to prevent the appearance of acidosis one may proceed with fasting. Fasting is never so rigorous as doctors or patients expect. Patients are more ready to undergo it than physicians to prescribe it. Quite as often it is as much a relief to the patient as it is a discomfort. This is in part due to the gradual decrease in polydipsia and polyuria. Headache occurs less frequently than I expected, and is usually dispelled by a cup of coffee. Nausea almost never occurs unless a patient is given alkali or alcohol. Children bear it more easily than adults. Case No. 899, with onset at 83 shunned it and rightly, but she became sugar-free and her family, at first reluctantly, but now emphatically, agree, with distinct benefit. In fact, it is always desirable to avoid fasting in the old, and this can ordinarily be accomplished by the help of preparatory treatment, because the simple omission of fat and reduction of protein and carbohydrate will usually suffice to make the urine sugar-free.

Fasting does not seem like fasting to the patients when they receive coffee, tea, cracked cocoa and broths, and are given an unlimited supply of water. If the quantity of urine, as it often does, falls to less than normal, the patients are urged to drink water freely. Clear meat broths are a great satisfaction. Contrary to my experience with digestive cases, broths do not stimulate the appetite in fasting diabetics; they relieve it. The advantage of broths is probably due in part to this, but to a considerable extent to the patient receiving salt by which he may maintain the equilibrium of the body fluid. It is possible that the salt is a more important factor in the treatment than has been supposed.

Patients should not be kept abed during fasting, neither should they be forced to be up all day. They should be afforded diversion by visits from friends, walking short distances, easy handiwork, playing games, letter writing and reading. In general they are glad to rest for the greater part of the first day of the fast, but upon each succeeding day I have noticed that they are desirous to increase the amount of exercise, and the exer-