careful in allowing bread, and watch its effects even more closely. In the severest cases, in which the diet does not cause the sugar to disappear, it is ordinarily better to allow a fixed amount of bread. It is certainly so if under the strict diet weight and strength fall off. The sugar is then made from the nitrogenous food, or the body tissues and the danger of acid intoxication is increased.

A diabetic who loses weight does so for one of three reasons: His diet is not strict enough; or it is too strict; or, finally, the case is a hopeless one. Every case is a law unto itself. Severe diabetes is not a disease for a lazy doctor to treat, or for a careless or wilful patient to well endure.

As I have grown older I find that I have more and more discarded the use of diabetic breads. No diabetic bread which is palatable for any length of time is safe. We must always reckon with human greed for gold, and I much prefer to give ordinary or perhaps graham bread. the percentage of sugar-forming material in which is known, than to run the chance of deluding myself and my patients. I once visited incognito the agency of a well-known company which purveys for diabetics. "Have you bread for diabetics?" "Yes." "How much starch does it contain?" "None." "What! No starch?" "None!" My friend, Professor Wood, however, said the bread contained 60 per cent. of sugar-forming material. Gluten flour from another manufacturer had a low sugar-forming percentage one year and a high one the next.

If alcohol is considered desirable it is best given in the form of whiskey or brandy, a brut champagne, Moselle wine, or one of the California hocks, some of which contain practically no sugar.

I have never used the skimmed-milk cure as advocated by Donkin. To remove the fat and leave the sugar does not seem consistent with common sense. I concede that it has worked well in some cases, but wonder if the explanation does not lie in the fact that these patients had been eating far too much and would have done equally well under a diet judiciously restricted in quantity as well as quality.

A day of starvation once every two or three months is very useful in some cases. Austin Flint's plan of keeping a patient in bed from Saturday night until Monday morning, fasting, has seemed to me a good one. If hunger is felt a little beef tea may be a comfort without really invalidating the fast.

The bowels should always receive careful attention. All the more so if acetone and diacetic acid reactions are present in the