

priately be included, and so too, patients about to undergo surgical operations. Finally, all patients showing signs of acid poisoning demand this preparatory treatment before the fast, unless the physician is in a position to watch quantitative changes in the acidosis from day to day.

The principle upon which preparatory treatment is based is simplicity itself—the exclusion of the source of the acid poisoning. Since the chief source of acid poisoning is fat, this constituent of the diet is prohibited before any further change is made. If this rule is adopted, the opportunity for the patient to develop acid poisoning is greatly reduced, and for two reasons: first, the chief source of acid bodies is removed, and no fat is then available for the formation of acid bodies except the fat of the body; second, in consequence of the partial fast, which is thereby initiated, the possibility of oxidation of some of the carbohydrate which the patient is eating is afforded, and if this should fortunately take place, acidosis is sure to decrease. So strongly have I been impressed by the stormy career of the diabetic patients in whose diet carbohydrates have been suddenly restricted and fat increased, in contrast to the placid course which those pursue from whose diet fat has been excluded and the carbohydrates left unchanged, that whenever I am asked to see a new case of diabetes I beg the physician either not to change the diet at all, or to simply omit the fat until the consultation takes place, and when the patient actually comes for treatment I first omit all the fat in the diet, after two days the protein as well, and then have the carbohydrate on successive days until ten grams are reached unless the patient is already sugar-free, and thereafter fast.

The days of preparation for the fasting are also advantageous in that they allow opportunity to examine into the general condition of the patient. It would be absurd to feed a patient without teeth with coarse vegetables, or to give these to another patient who has diarrhea. The bowels must be thoroughly opened, but I do not believe in free catharsis. Gain enough is obtained if a movement is produced once in twenty-four hours when it has only been taking place once in three days. In other words, do not upset any patient who is in a tolerable state. Furthermore, allow the patient to continue his regular routine, avoiding excess in any direction. Remember what happens to an old man who is suddenly confined to bed, and the discomfort which follows confinement following a fracture. Do not force a temperate man to drink against his will.