

sugar and to tolerate 1 to 2 potatoes, some egg and a little toast. He went abroad and returned after several months; on the resumption of his duties his physician finds that he is again passing sugar. It appeared to me that he belonged to the light cases and one that would do well under ordinary circumstances with a light diet. I never saw coma in diabetes begin without ending fatally or even threaten without it went on to death. I have tried the bicarbonate of soda and have given the patient for weeks at a time from three to four hundred grains a day and yet in the midst of this she lapsed quickly into a coma and died.

F. M. Fry, M.D. I would like to add my gratitude to Dr. Howard for bringing before us such painstaking work. I was hoping that he would emphasize that we have to deal, roughly, with two kinds of patients, 1. the one who is well past middle age and stout, and 2. the patient who is young (about the age of Dr. Howard's), and thin. Our forefathers knew perfectly well that the prognosis in the former is favourable; we all know, too, that the prognosis in the lean class of patients is very grave. As to tests for acidosis: we have in Legal's test a delicate means of recognizing the first note of warning—the presence of acetone in the urine. The test (sodium nitroprusside and ammonia) can be carried out in a minute's time and I am accustomed to use it in a busy out-door department where more elaborate and quantitative tests are impossible.

H. M. LITTLE, M.D. In looking over the figures of Dr. Howard, I find that in three or four instances a low output of urine was accompanied by a high specific gravity, and a high specific gravity has a low output of sugar. I would like to ask what may be drawn from this.

C. P. HOWARD, M.D. As regards the question as to the various methods for ammonia. The one that I used was at that time the best one available, viz: von Schlössing's method, which is rather an elaborate one and requires three to four days before one can get one's result. However, as Dr. Gilday no doubt knows, Folin, of Boston, has introduced a much more accurate method and one which takes but a few hours instead of a few days. At that time I had no experience with the method, but since then I can get very accurate results. It depends upon the driving off of the ammonia by means of an air current and collecting it in a decinormal hydrochloric acid solution. It is a method which can be recommended to all and is the simpler one. As regards Dr. Hamilton's remarks, this case was a very severe one and was taken on this account; for my purpose was not to see the benefits but rather to watch the chemistry of a severe case. The object of any diet is to increase the carbohydrate tolerance. Many cases will never be free of the glycosuria, but many will have their carbohydrate tolerance increased and the import-