

which are evidently very mild or severe in type it seems to me wiser to enforce an absolute or nearly absolute diet at once—just as it is more humane to complete the shortening of a dog's tail at one rather than in successive operations. The very mild case probably does not require great restrictions. If acetone and diacetic acid are present, a radical and rapid change in diet is dangerous. The striking improvement in strength, weight, and general symptoms which we so often see rewards the patient for his self-denial, and thus encourages him to persevere.

So wide is the variation between the different cases of diabetes, and so emphatically do we treat the patient, the more we individualize our patients, applying general principles to special cases, the better results shall we have. The diet list should be adapted to each case. I do not like the printed lists disinterestedly furnished us by some of the manufacturers of food products. They encourage laziness and routine—those two cardinal vices. Moreover, quantity is only next in importance to quality in the food of a diabetic. An approximate adjustment of the amount of food to the requirements of the special case must be aimed at. The body weight should be noted at stated intervals, weekly during the earlier part of treatment, at longer intervals later and in the more favorable cases. I doubt the wisdom or necessity in most cases of such accuracy as some of the modern German writers seem to enjoin; and yet, although it may not be essential for the patient to provide himself with scales and weigh out his portions, nor to dine in scales like Dr. Sanctorius of old, he should be given a rough idea of the size of a given weight of bread, meat, and fat. An increase in the amount of fatty food may be of importance nearly comparable to that of a diminution of starch.

The weight of the patient, his general symptoms or their lack, and the condition of the urine, taken together, will generally prove safe guides as to the judiciousness of the diet. Under a strict diet the sugar and polyuria, one or both, are practically sure to diminish, and may disappear. In a favorable case I expect to see the sugar disappear in two or three weeks, the weight increasing. How long a strict diet is to be maintained must depend upon the type of the disease, which, again, largely depends upon the age and nutrition of the patient. In milder cases I believe it to be wiser to keep the patient on a strict diet for one or two months, and then to test the tolerance for starch, giving first two or three ounces of bread daily and increasing the amount weekly as toleration warrants. In more severe cases which are rendered sugar free with difficulty one must be more