

patient, in the circumstances specified, is not exempt from the supervision of the other ill effects arising from the toxic action of the sugar in the system, and has to pay the penalty for the injudicious course taken, by becoming the subject of neuritis, gangrene of the toe, carbuncle, cataract or some other concomitant trouble.

There can, I consider, be no doubt that individuality has much to answer for in connexion with the supervision of the acidosis condition. With a sensitive, high strung nervous organisation, experience leads me to look for a proneness to the appearance of acidosis. In persons of a worrying, restless, dissatisfied nature, its greater liability to show itself gives an increased gravity to this class of case. Perhaps the greater liability to show itself depends upon the nature alluded to constituting an unfavourable factor in connexion with the progress of the disease itself. In children, it is ordinary for it to set in close to the onset of the disease, and for it soon to assume a more or less pronounced character. Moreover, in children it does not usually disappear during the time the sugar is susceptible of removal by dieting, as it may do in the adult.

I have already stated that, apart from diabetes, the acidosis condition is susceptible of being evoked by, amongst other causes, absence of food. Deprivation of carbohydrate alone suffices to act in a similar way. Now, food is found to constitute an influencing factor on the elimination of the acetone bodies in the diabetic, and it here stands in a position to be invested with bearings of the deepest importance. According to the reading adopted of the results producible by food on the acetone bodies in diabetes, the medical practitioner may be conducted along a right or a wrong path in the treatment of the disease. In the interests of medical art, and, through it, of the patient, the subject therefore demands consideration of the broadest, the most substantially grounded, and the most judiciously weighed nature, that can be brought to bear upon it.

Experience shows that the acidosis which occurs in connexion with diabetes is influenced in the manner I will proceed to speak of by the effect of the restriction from carbohydrate food which is put into force in bringing down the sugar in the treatment of the disease. I have been in the habit, for several years past, of having the urine examined for the acetone series in all cases as a part of the examination conducted. The routine plan has been to look for diabetic acid, and this, in a multitude of instances, has been supplemented by looking also for acetone, and, in many instances, likewise for oxybutyric acid. In this way, some thousands of reports upon the point have passed under my notice, and when a positive result has been obtained, a measure of quantity has been inserted by + signs ranging from one up to five or six. It is upon this evidence that what I am about to state is founded.