

promote the mental and physical welfare of the patients will tend to prevent the onset of diabetes.

Surgery may find a field for treatment in the future more than it has in the past. I recall eight cases of diabetes associated with gall stones which have run an unusually favorable course as soon as the symptoms of gall stones have subsided, either as a result of medical or of surgical treatment.

That temporary periods of under-nutrition are helpful in the treatment of diabetes will probably be acknowledged by all after these two years of experience with fasting. In no other way can one so readily keep the urine free from sugar, and this is the foundation of all diabetic treatment. With a sugar-free urine there is seldom any opportunity for coma. The inauguration of the treatment and the prolonged continuance of the same are problems which present the most difficulty. Practically the only danger associated with the former is the possibility of acid poisoning at the beginning of the fast, though it can be emphatically stated that it is the rule for acid poisoning to decrease rather than to increase as the fast continues. But on account of the few cases where it does increase it is safer to prevent acidosis than to allow it to develop. This is the reason for what might be called a preparatory treatment for fasting, for it can be assumed that a method of treatment which approaches or embraces fasting is the best method we possess. It is a sound rule of all treatment that patients coming to the physician in an endurable state must not be made worse or have their lives jeopardized by the therapeutic procedures adopted.

Treatment is simplified if acidosis is prevented, because no urinary tests will, as a rule, be required save a qualitative test for sugar and the simple ferric chloride reaction for di-acetic acid, and such simplification of method is necessary when we realize that most physicians do not have more than five or ten cases of diabetes a year and therefore cannot devote to these a proportionately large share of their time.

Individuals predisposed to acidosis are those in whom the disease is of long duration. These are the patients who, after having lived in a fairly comfortable condition for years, finally succumb to active treatment within a few days of its commencement. All complicated cases, especially those in which the complication involves the kidneys, heart or thyroid, demand preparatory treatment, for they are especially susceptible to acidosis. In this group are also included elderly patients, because of their vulnerable kidneys. Very fat diabetics could appro-