

The observation of Folin and Denis that an obese individual, though otherwise normal, developed marked acidosis upon fasting but went through a second period of fasting with less acidosis than the first, and the practice, observed by many clinicians of the old school, who advantageously fasted their diabetics one day a week, have given the cue to intermittent fasting.

For a good many months none of my patients have been subjected to a fast of more than four days. A prolonged fast is unnecessary, and even if the fast is carried out, it is doubtful if the patient would always become sugar-free. The apparent reason for the persistence of sugar in Case No. 610, who fasted for nine days, was the presence of a vulval abscess, and inquiry among my friends shows that an infection of some kind is usually present when glycosuria persists after a fast of a few days' duration. This is not always the case, for the difficulty in rendering the urine sugar-free may be simply due to the extreme severity of the disease.

Alternate feeding and fasting are adopted when it is found that the glycosuria persists after a preliminary four days' fast. The method which I have found most successful has been to allow, following the first fasting period, 20 to 40 grams carbohydrate—not far from half a gram per kilogram body weight—and about one gram of protein per kilogram for two days. The sugar promptly increases in the urine, but if one averages the excretion of sugar in the urine of these two days with the two days at the beginning of the fast, the result is encouraging. Then fast again; but the second fast is a day shorter than the first, and the second period of feeding a day longer, until by the fourth period of fasting the patient goes without food only one day and then is given food for four days. This schedule need not be followed exactly, but the general plan has proved most efficacious.

When the 24-hour quantity of urine is sugar-free one can usually give a few grams of carbohydrate to the patient without the appearance of glycosuria. The carbohydrate is generally given in the form of five per cent. vegetables, choosing those which are especially bulky. A plateful of lettuce appeals much more to the patient than a small saucer of string beans. When a mixture of 5 per cent. vegetables is given one can be quite sure that the average content of carbohydrate is not more than 3 per cent., or approximately $4\frac{1}{2}$ grams for the 150 grams prescribed, and for convenience sake this is reckoned as one gram of carbohydrate for each 30 grams (one ounce). This small amount of food, of course, has little nutritive value, but is enough to break the fast. Upon succeeding days 5 or 10 grams of carbohydrate are added daily. A patient fasting or on a very low diet often shows an apparent tolerance for