as denoting the milder grades of the condition, in these brief remarks I shall, for simplicity's sake, include all grades of the failure to burn sugar under the term diabetes. Although we treat a condition and a patient, not a disease and a patient, treatment may be of much value, resulting in prolongation of life and promotion of comfort, sometimes in absolute cure. The means to the end are diet and mode of life, the *role* of drugs being, as I am sure my friend Dr. Thomson will agree, a subordinate one.

Prevention, being the highest form of medicine, comes justly first. What can we do to prevent diabetes? Very little. Human life in civilized regions unavoidably tends to become more complex, the struggle for existence fiercer, competition of all kinds, but especially among brain workers, more keen; and we must recognize nerve overstrain as one of the predisposing causes of diabetes. Even if it were practicable and wise to make periodical tests of the sugar-burning capacity of all our adult patients in active life, how many would heed the danger signal of sugar in the urine after the ingestion of a hundred grams of sugar fasting? Some even of the godly say, "Tush! there shall no harm happen unto me," showing an attitude of mind possibly more conducive to happiness and comfort in life than that of Martha, "careful in many things."

I have in mind a man approaching middle age whose great-grandmother, grandmother and mother all died of diabetes, and whose own urine has been saccharine. With such an inheritance it is fairly in place to examine the sugar combustion power of such members of the family as we can, and to enjoin a careful life as to diet and strain. Until we know far more than at present, I do not see much more we can do in either special or general prophylaxis.

Time does not permit, even if the occasion demanded, much detail; and I propose, therefore, to deal mainly with the principles which, as it seems to me, should guide us in the management of our diabetic patients. A diabetic who consults us and has not been treated should, I think, be told to collect his twenty-four hour urine for, say, three successive days, without change in either diet or mode of life, the amount of urine and sugar being important factors in the estimation of the gravity of the case. If, on the other hand, the patient is under rational treatment, which has reduced or done away with his sugar it is rarely desirable to let down the bars, as experience shows that sugar production is in many cases more easily controlled the first than on subsequent attempts. In general, with the exception of cases