and fat in the other, being implicated, but not necessarily acted upon by the same specific cause. As to what stands at the foundation of the intra-molecular error that is attended with dissociation of oxybutyric acid is beyond us at present to discuss. The fact of the dissociation is a point of the deepest clinical interest, and I will proceed to give consideration to it, setting forth the information that we can claim to be possessed of, that will help us in dealing with the matter as medical practitioners.

It would seem, from the fact that acetone is not absolutely a foreign body in connexion with the normal state, that there must be some subsidiary action normally occurring in the direction of its production. Under certain conditions, the acetone bodies come into more prominent view. Amongst these may be mentioned, starvation and other conditions of a nature to lead to inanition, the exclusion of carbohydrate from the food as by restriction to a flesh and fat diet, and some febrile diseases, especially when occurring in children. In these cases, the bodies in question do not show themselves to a sufficient extent to produce any damaging effect; there is, however, another class of case with associated acidosis to which attention has been recently directed—delayed chloroform poisoning and cyclical or recurrent vomiting in children—where fatal effects as in diabetic coma have been observed to occur.

It is ordinarily in connexion with diabetes that the elimination of the acetone group assumes significance. With no other disease is it in a like manner associated. It had been for a very long time known that the urine and breath of diabetics might possess a peculiar odour, since found to be attributed to acetone, but until the recognition of diacetic acid in the urine by Gerhardt of Berlin in 1865, no idea existed of the intrinsic nature of this associated condition from which such serious consequences may arise in connexion with diabetes. Although the c[illegible]age process that leads to the appearance of the bodies is virtually independent of that which leads to the dissociation of sugar, yet experience shows that some kind of relationship exists between the two. They seem, in other words, to march on in a parallel manner together.

If a case is dealt with in a way to permit of the elimination of a large quantity of sugar, which implies that the system is being subjected to the toxic influence of the sugar traversing it preparatory to elimination, sooner or later the acetone series may be expected to come into view. It is true it may happen, only very rarely have I seen it do so, that through want of proper attention being given to food, a more or less marked amount of sugar may be voided for several years without the acidosis condition becoming developed. At the same time, however, the