

first reluctantly, but now emphatically, agree, with distinct benefit. In fact, it is always desirable to avoid fasting in the old, and this can ordinarily be accomplished by the help of preparatory treatment because the simple omission of fat and reduction of protein and carbohydrate will usually suffice to make the urine sugar-free.

Fasting does not seem like fasting to the patients when they receive coffee, tea, cracked cocoa and broths, and are given an unlimited supply of water. If the quantity of urine, as it often does, falls to less than normal, the patients are urged to drink water freely. Clear meat broths are a great satisfaction. Contrary to my experience with digestive cases, broths do not stimulate the appetite in fasting diabetics; they relieve it. The advantage of broths is probably due in part of this, but to a considerable extent that the patient receiving salt by which he may maintain the equilibrium of the body fluid. It is possible that the salt is a more important factor in the treatment than has been supposed.

Patients should not be kept abed during fasting, neither should they be forced to be up all day. They should be afforded diversion by visits from friends, walking short distances, easy handiwork, playing games, letter writing and reading. In general they are glad to rest for the greater part of the first day of the fast, but upon each succeeding day I have noticed that they are desirous to increase the amount of exercise, and the exercise appears to lessen the necessity for a prolonged fast. Case No. 765, a trained diabetic, who returned to the hospital in order to become sugar and acid-free, at the end of three and one-half days of fasting, enjoyed, without fatigue, going to the theatre. I confess this was not with my advice, for I have endeavored to prevent exposure to any infectious disease of all diabetic patients during fasting. However, Case No. 938, a child of 2½ years, underwent fasting treatment successfully in the presence of a mild infection of the upper air passages.

It is surprising how variable is the period required to render the urine sugar-free. Frequently a urine which contains 7 per cent. of sugar becomes sugar-free after four meals of fasting, and conversely a urine with any three per cent. of sugar may still retain traces after the patient has been deprived of food for three or four days. In general cases seen soon after onset become sugar-free promptly, whereas the reverse is generally true for those of long duration. Children showing large quantities of sugar have also become sugar-free very promptly when the duration has been only a few weeks. I have a suspicion that cases of long standing will actually become sugar-free more quickly if they undergo preparatory treatment than as if they are fasted immediately. This may be due to the avoidance of even a slight acidosis. Even a slight acidosis must be conquered.