

patients on flesh diet, and it is an experiment worth repeating by everyone who wishes to study the subject. If anyone will try it, and then watch the effect of the cautious addition of carbohydrates, he will notice not only that the patient is very much happier, but that he gains weight, proving thereby that physiological equilibrium, even in a diabetic, may be restored by carbohydrates. At the present day no one attempts to keep people on Rollo's diet, but if they were consistent they should do so. The present orthodox diet is to a great extent a pretence. Potatoes, which contain 15 per cent. of starch, and milk with its 3 per cent. of lactose, are forbidden; while gluten bread and all the fancy articles from the diabetic food shops, many of which contain from 25 to 40 per cent. of starch are allowed without stint. There is no attempt at dosage; forbidden articles are absolutely excluded, but no limit is placed on the quantity of those permitted. It is not at all uncommon to find a patient stripped of all carbohydrate food except brown bread or toast, a concession to the exigencies of the situation, but this is taken at discretion. What is the good of measuring the excretion of sugar to the decimal part of a grain, when no account is taken of that which goes to form this sugar? If it is worth while to weigh the patient, to measure his urine, and to estimate his sugar, it is quite as important to weigh his food.

My method, after all, does not involve a great sacrifice of time on the part of the doctor; in fact, all the most important observations can be made, and a register kept, by the patient himself; the only thing he cannot do is the analysis of the urine. I recommend that the patient should once weekly get weighed, and collect and measure with approximate accuracy the whole of his urine for twenty-four hours; a specimen of the urine should be sent to the doctor, who should determine the total amount of sugar in grains or grammes. Of these observations, the body weight is the most important, for if, after allowing for fluctuations of 3 or 4 lbs., it continues on the whole to be stationary or tending upwards, we have the best proof that the diet is properly regulated, even though the sugar shows a moderate increase.

In order to determine the diet most suitable to each patient we must proceed experimentally, and although this may be done either by gradually reducing or gradually increasing the amounts of saccharine and starchy food, the latter is the more convenient plan. It is easier for the doctor to make concessions than to insist upon further restrictions, and patients are contented to put up for a short time with considerable deprivations when they are told that relaxations will be made as they are found to be safely permissible. In addition, many