endeavoured to repeat Dr. Munson's experiments in a case in my wards before leaving Philadelphia, but I soon found I was not enough of a chemist to carry them to a conclusion in the short time allowed from the very general directions given by Dr. Munson. As the studies of skilled and well-trained physiological chemists have shown that the chief source of these substances is the splitting up of the body albumen in response to the inexorable progress of the disease, I cannot conceive that the small addition due to a proteid food would seriously aggravate the condition, while as I have already said the practical impossibility of continuing such food makes the question a less important one. In conclusion, I would say that my method in the management of an individual case is precisely that of Dr. Saundby, first to place the patient on the rigid diet, and having succeeded, as one commonly does with the majority of cases in eliminating the sugar, to add gradually one article of food after another, until as much carbohydrate is allowed as is consistent with the safety of the patient, as determined by the symptoms, in which I include permanently a glycosuria not exceeding 2 per cent.

Dr. JACOBI (New York) said there is a difference of dietetic treatment according to ages. The younger the patient the more they are endangered by carbohydrates. I never saw a child getting well of diabetes under any treatment, but I saw them getting worse quickly unless their diet was strictly proteid. It alone preserves them longer. I have allowed them carbohydrates toward the end of their lives, but for the sole purpose of making them more comfortable. Old persons in whom diabetes is apt to last five or twenty-five years tolerate and require some carbohydrates, particularly those who are emaciating. As to milk diet (not exclusive milk diet), I side with those who give it, not only Donkin's skim milk, but milk in every form—pure, boiled, skim, butter milk—not cheese, or whatever it is.

Dr. LINDSAY (Belfast) thought there was not so much real diversity of view amongst the speakers as might appear at first sight. He could agree generally both with Dr. Saundby and Dr. Shingleton Smith. It came to this—that we must distinguish between cases, allowing a large amount of dietetic liberty to elderly patients, very little to young patients. The clinical condition must be the chief guiding landmark, the state of the urine, though very important, being secondary. He had recently seen a case in a child in which a marked improvement in the urine was followed by the sudden death of the patient. He strongly condemned the exclusively milk diet, but thought that in elderly patients and in mild cases a certain amount of milk should be allowed on the broad principle of keeping up the patient's nutrition.