

thereafter, there is little tendency to break over the diet. Furthermore, most patients are thrifty enough to see the disadvantage of paying their board with no return. The rule must be rigidly enforced with children, because with them disobedience means death. When a patient has been made sugar-free by a preliminary fast, starvation for 24 hours will almost invariably be sufficient to free the urine at once if the sugar returns. This will not be the case unless the presence of glucose is promptly detected, and hence the necessity for the patient's examining his 24-hour urine daily. Following this accessory fasting day, the previous diet of the patient may at once be resumed, except for the elimination of half of the carbohydrate, or the original course of treatment may be followed, passing through the different stages at a more rapid rate.

The advantage which the older clinician derived from the use of one day's fast in seven in the treatment of his diabetic patients should ever be borne in mind. One striking characteristic of Dr. Allen's helpful suggestions in the treatment of diabetes (and I cannot say more than I already have said elsewhere of my high appreciation of his work) has been that he has apparently sought out every method which anyone has found useful in the treatment of diabetes, tested its worth, and endeavored to adopt it to modern conditions.

The mild case of diabetes is the case which demands the most energetic treatment, but hitherto has received the least. These cases are analagous to the cases of incipient tuberculosis. As in tuberculosis, a cure may not be effected, but the disease is held in check. Emphasis should be placed on freedom from glycosuria. Naunyn's dictum that many a severe case was originally mild, but neglected, should not be forgotten. It may not be necessary for such patients to practice fasting.

In our enthusiasm for new methods it should not be forgotten that even in the vast good results were obtained with many diabetics, and that gradual restriction of carbohydrates and the total diet was the means employed. Incidentally, this is good proof that most diabetics are not severe.

It would be wrong to give the impression that the treatment of severe diabetes is simple and free from anxiety. It is true that it is much easier and causes infinitely less worry to the physician than heretofore, but these patients are in most unstable equilibrium and a little upset of trivial character may lead to much danger. The physician who treats severe diabetes successfully must constantly be in close touch with his patient. Forewarned, forearmed! I like to have at least a glance at a severe case of diabetes two, three or four times a day, and the amount of information furnished by the laboratory is never too great.