even two days if necessary, is not only harmless to the patient but also in no way a privation, and, so long as I can influence the urine of my patient, I regard him as perfectly safe. It does not seem to me worth while in such cases to consider the question as to whether a proteid diet is harmful by reason of any tendency to produce diacetic acid or allied toxic substance, because it is quite impossible for such substances to develop in toxic quantity in the small time during which the treatment is carried out. Let us take, however, the second class of cases, in which even the most rigid proteid diet, while it will influence the quantity of sugar secreted, does not get rid of it altogether. In these cases even the proteid radicle is split up into products, of which glucose is one, and it may be, too, that even the body albumen shares the same fate. It is well known that the addition of codein or opium to the treatment will have a useful effect; but, as I understand it, we have to do to-day only with a dietetic treatment. The problem at once becomes a more difficult one. It is to be remembered that a proteid diet still influences the quantity of sugar, but it does not take it all out of the blood. The problem is, however, rendered more simple in practice. No patient, in my experience, will submit to a pure proteid food for any length of time. Hence a certain proportion of carbohydrates in the shape of vegetables must be allowed. The question, according to some, remains. Is there any reason for modifying the diet at all in these cases? In my mind there is; for, apart from its uselessness as a force producer, and throwing out of consideration the older view that diacetic acid is, and allied substances are, direct products of sugar metamorphoses there are certain harmful effects due to sugar in the blood alone. One of the most noteworthy of these is diabetic cataract and a general degenerate effect on the tissues due to long saturation with sugar. Again, the polyuria being partly, at least, due to the effort of the system to rid itself of the sugar, is at times so annoying a symptom as to worry and exhaust the patient. So far as possible, therefore, I would still restrict even the members of the second category of cases to a diet containing a minimum of carbohydrates. In view of the fact that a total proteid diet continued more than a few days is a practical impossibility, it may seem scarcely worth while to consider the question of the possible harmfulness of a pure proteid diet as a source of diacetic and oxybutyric acids, but as this question, although not a new one, has recently been raised again by a series of excellent papers by Dr. Munson, of the United States Army, some allusion ought to be made to it. Dr. Munson has shown by observations on a single case that the diacetic acid increased in the urine during the administration of a pure proteid food, although the glucose diminished, while the symptoms became aggravated. I