

acute course. Such figures, while they afford reason for gratification at the improvement in treatment, also furnish proof that the high mortality in the first year is unnecessary, and in what follows will be indicated how the development of acid poisoning during this period may be avoided and how to conquer it before coma results.

The prophylactic and etiological treatment of diabetes will surely play an important rôle in the future, and it is already plain that progress will be along two lines: first, towards the early detection of the disease in those susceptible to it. The whole trend of Naunyn's teaching favors the energetic treatment of the slightest evidence of diabetes. The importance of the early treatment of pulmonary tuberculosis is not greater than that of the early treatment of diabetes.

The only way in which an early diagnosis of diabetes will ever be made is to search for it. The favorable results in 57 of my cases of diabetes revealed by life insurance examinations cannot be explained by the mildness of the diabetes discovered. It is a hopeful sign that the insurance companies are offering to examine the urines of their policy holders gratis at frequent intervals. Everyone should have the urine examined upon his birthday.

Diabetes should be sought in the families of diabetic patients, and in order to allay anxiety of urinary examinations, it is a good plan to have these made with such frequency that they will become simply a matter of routine. Such individuals should be taught to regulate the quantity of food eaten by the body weight, and never to indulge in unusual quantities of carbohydrate.

No pre-existent abnormal condition has occurred more frequently among my diabetic patients than has obesity, and it affords a splendid opportunity for the physician in which to practice preventive medicine. Patients should be cautioned against suddenly gaining weight at any period, but particularly after infectious diseases. The development of diabetes following infectious diseases and in the course of pregnancy always should be borne in mind. Finally, anything which tends to promote the mental and physical welfare of the patients will tend to prevent the onset of diabetes.

Surgery may find a field for treatment in the future more than it has in the past. I recall eight cases of diabetes associated with gall stones which have run an unusually favorable course so soon as the symptoms of the gall stones have subsided, either as a result of medical or of surgical treatment.

That temporary periods of under-nutrition are helpful in the treatment of diabetes will probably be acknowledged by all after these two years of experience with fasting. In no other way can one so readily