

at present rests very largely upon theory and speculation, experience has taught us much that is valuable in the management of the disease, and therefore, it has seemed to me that the present discussion might prove most valuable and useful if confined largely within the limits of management. I have, consequently, chosen as the subject for present consideration the principles of the dietetic management of the disease, to which has been added a request that I make some special reference to the disease as it appears in the aged.

The dietetic management of diabetes has been a somewhat stereotyped matter for very nearly a hundred years, the old diet lists and forms having been perpetuated both in clinics and in text-books with comparatively few alterations since the days of John Rollo. This is the more regrettable in view of the fact that very decided advances have been made upon this subject within a comparatively recent period, so that our power of controlling the disease and of conserving the lives of these patients has been very distinctly advanced.

As regards the disease in the aged. So far as my own individual experience and observations are concerned, I have come to look upon diabetes after middle life as one of the most manageable diseases with which the physician has to do, if he only has entire control of the patient. So strong, indeed, has become my conviction of this fact as it appears to me, that I am in the habit of meeting the issue squarely with my patients in the assurance that if they fall victims to the disease it will be the result either of their own or of my neglect. I refer here especially to primary cases in people over 50 years of age, who have not already been neglected to the extent that the disease has made serious inroads upon the strength, and especially upon the body weight, of the patient. On the other hand, the compact between the physician and patient must be of the most solemn and vigilant order if the concerted assault upon the disease is to prove successful, because no other disease demands more detailed observation and closer watchfulness in all details of management, and the reasons therefor will be considered subsequently.

The diet of diabetic patients should be so ordered as to maintain and, if possible, increase the body weight and strength of the patient, as these are the first to be undermined by the