The class of case upon which the remarks I have made have been based is that belonging to the "alimentary type" of the disease, which is the common form met with in patients above the middle period of life. Ordinarily in young subjects the case at the beginning runs upon the lines that have been depicted, but later, on account of the existence of an inherent progressiveness, the treatment which at one time succeeded in keeping things right fails any longer to do so, and a relentless onward march ensues. Progress into the "composite" or bad type is not always to be averted in later years, but it is very much accelerated by improper dietetic management, and when the advanced stage is reached, the case, on account of sugar being derived from tissue disintegration as well as from food, is naturally no longer susceptible of being influenced by diet in the same manner as whilst belonging to the "alimentary" type. Unfortunately for the training of the student, the class of case that is usually met with in the hospital belongs to the "composite," and not to the "alimentary" type.

It is something to achieve to be able to effect a restoration of assimilative power that will permit of a certain quantity of starchy food being taken. The patient is placed in a much less difficult and much more comfortable position. I first hinted at the recovery of the power in the Supplementary Croonian Lecture delivered by me at the Royal College of Physicians of London in November, 1897 (*British Medical Journal*, 1897, vol. ii), and subsequently, in a communication published in the first volume of the *Lancet* for 1900 under the title of "Differentiation in Diabetes," I entered into a detailed consideration of the matter. The subject has also been fully dealt with in the section on Diabetes contained in my work on "Carbohydrate Metabolism and Diabetes," 1906, and notwithstanding the light that the information throws upon the whole question concerned, and the satisfactory basis that it supplies in connexion with the application of treatment, I have not seen that the attention it deserves has been given to it.

It follows from what has preceded that the physician is dependent for success in treatment upon the character of the food that is available for his patient. Through the incentive that has been created for meeting the demand that has arisen for a pure and palatable diabetic breadstuff food, endeavours have been successfully applied in the direction needed, and there are now establishments in London from which the diabetic can reliably obtain his required supply. At the same time, there are foods produced and sold under the name of diabetic foods that are not entitled to receive this designation, and they constitute the source of