

assimilative power, and the bread was increased to $4\frac{1}{2}$ ozs. per diem without any return of sugar. No further indication of growth of power has since appeared, and the patient, who was last seen on November 14, 1908, is so far maintaining a perfect state of health with food adjusted to the curtailed carbohydrate assimilative power that he possesses.

When restoration of assimilative power sets in, there are unmistakable signs to denote its occurrence. These consist of a fall in weight and a bodily feeling of sinking or food want. As long as there is no return of assimilative power, the restricted diet suffices to meet the requirements of the system, and a proper state of equilibrium exists within. Not so, however, when restoration of carbohydrate assimilative power has taken place. Here the restricted diet, as in the healthy person, fails to meet the demands of life, and Nature reveals it through the signs that have been referred to. Whilst no carbohydrate assimilative power exists, a supply of carbohydrate cannot be needed by the system. When, however, the power becomes restored, carbohydrate becomes immediately, to a proportionate extent, wanted,—a fact that is plainly shown by Nature's revelations. These revelations, associated with sugar-free urine, may be safely read as meaning the setting in of returning assimilative power, and that action should be taken accordingly. The action needed is the supply at first of a limited amount of starchy food. The urine immediately tells the tale if too much is given. Afterwards, the starchy food must be increased as the restoration of power advances, always keeping the amount given within the boundary line of the power existing.

The extent to which the assimilative power becomes restored varies greatly in different cases, but in each a sharply defined line throughout the progress exists. In a certain number of instances it becomes restored completely, which implies that the attack of diabetes has been in a direct manner thrown off. It is usual for it to become restored up to a certain point and there to remain more or less fixed. If a patient, in the presence of these circumstances, should take carbohydrate food beyond the power existing to assimilate it, and thus give rise to a renewal of the transit of sugar through the system, the assimilative power will again decrease, and should a marked amount be allowed to pass through, the condition may be expected in the course of time to become as bad as it was at the beginning, if not even worse. It is in this way that relapses take place, and for the maintenance of a satisfactory state, the maintenance of sugar-free urine constitutes a *sine quâ non*. The sugar that pervades the system as an effect of the disease thus becomes a paramount factor in relation to issue.