

other words, by maintaining a normal state of things within the system, Nature steps in and starts mending what is wrong by re-instating the lost assimilative power. In this way there occurs a reversal of what happens whilst sugar is pervading the system, for here there is an advancing loss taking place, as is testified by the progressive growth of a case previous to the disease being recognised and dietetic treatment adopted. At first the condition may be mild, so much so as not to excite attention, when it may be taken that a considerable amount of assimilative power exists, and then, with the growth of the symptoms, a fall of power must obviously be taking place.

When a case falls under observation, everything depends, with respect to capacity for and speediness of restoration of assimilative power, upon the extent to which the disease has become developed. If only of recent onset, a few days may suffice for the removal of the sugar and, shortly after, for signs to present themselves of returning power; whilst if the disease has, through faulty management, been allowed to run on into the development of a thoroughly established condition associated with marked acidosis, the prospect is a poor one of being able to bring about the requisite control of sugar elimination to permit of anything otherwise than continued progress in a wrong direction being looked for. The presence of acidosis is not by any means, it may be said, to be regarded as a bar to subsequent satisfactory progress. It is the point to which it has advanced that determines the issue. I have known cases where more or less return of assimilative power has occurred notwithstanding a considerable amount of acidosis has existed to start upon.

When the setting in of restoration of carbohydrate assimilative power will occur, cannot in any case be predicted. It may be within a few weeks, or a few months, or it may be delayed for a few years. A striking instance of long delay is afforded by the following case of a patient who was 42 years of age when he came to me on October 14, 1904. He was then in a very broken-down state and his urine contained 7.4 per 1,000 of sugar associated with a certain amount of diacetic acid and acetone. Notwithstanding close attention to a properly restricted diet, the declining sugar did not disappear till the end of about six weeks. On November 18, there was a little sugar present, but on December 3rd there was none. The patient became restored to health and continued on the strict diet till July 28, 1906, before any sign was afforded of returning assimilative power. Acting upon the indication then presented, 3 ozs. of ordinary wheaten bread per diem were tried and found to be tolerated. At the end of September there were indications of further restoration of