

tells us that varied extents of tolerating capacity are found to exist and that they are associated with a very sharp boundary line. The ingestion of carbohydrate within a given quantity fails to produce any visible effect, whilst if the given quantity is exceeded by ever so little, sugar is discoverable in the urine in proportion to the extent to which the line has been overstepped. It is easy to understand that there may be a definitely limited assimilative power—indeed, there is a definite limit to the assimilative power existing in the healthy state—and that whilst the power that exists surpasses that required for the work to be performed, there will be no show of anything wrong, whereas if the work to be performed—the amount of carbohydrate to be assimilated—should exceed the power to perform it, the effect will be that the work which escapes being performed will render itself manifest by the unassimilated carbohydrate passing into the circulation as sugar, and thence flowing off with the urine.

Regarded in this way our position in relation to the management of diabetes becomes one of great clearness and simplicity. We know precisely the ground upon which we stand, and can shape our measures into form with great definiteness to bring about a desired result. How, on the other hand, does the matter stand under the supposition that it is natural for the food carbohydrate to traverse the circulation in the form of sugar? Not the slightest relationship is discoverable between the proposition and the working result obtained. Whatever may be effected by the measure adopted, no rational explanation applicable to it can be deduced from the proposition.

Restoration of carbohydrate assimilative power is, as I have said, the great object to be attained in the treatment of diabetes, and, as I have further said, for the attainment of the object, it is necessary to reduce and remove, by dietetic measures, the sugar which is acting perniciously in traversing the system. The primary effect of the removal of sugar from the urine is to bring back health and strength to the patient. Virtually, as long as the urine is maintained in a sugar-free state, there is nothing to exert a damaging influence upon the system, and the only perceptible difference existing between a patient in this state and a healthy person is the different effect arising from partaking of carbohydrate food. Only when such food is taken beyond the power existing to assimilate it does the patient betray the existence of anything wrong.

Restoration of health is something for the patient to be thankful for, but this is by no means all that the removal of sugar from the urine by proper dieting effects. By maintaining a sugar-free state of urine—in