

agent, and unless this is brought down, no real good can be expected to arrive. The toxicity of the sugar will nullify every other effort. If the sugar can be reduced and removed, the foundation is laid for the desired restoration of assimilative power, whilst in the absence of its reduction, the condition, with varying degrees of rapidity in different cases, may be reckoned upon to grow worse and worse.

This being found from practical experience to be the case, any hypothesis which encourages the idea that it is a natural condition for free sugar to be reaching the circulatory system from carbohydrate food acts detrimentally to the interests of the art of medicine by suggesting the absence of the need for putting into force the one measure that the circumstances show to be essential for beneficial treatment. Upon these premises, the medical practitioner has ground for exclaiming against the misguiding influence derived from his physiological training. But physiologists see nothing of the testing of the truth of their teaching that is afforded by the application of endeavours to correct the physiological error constituting the source of diabetes, and they thereby are shut off from the enlightenment contributed by practical medical experience.

It will be seen that under this view the error is located in the first link of the metabolic chain instead of the last, which is assigned as its seat under the glycogenic doctrine. There is absolutely nothing to lend support to the view that the fault in diabetes (the simple or alimentary form of it) consists of a non-consumption of carbohydrate, except in so far as consumption is prevented by exit in the form of sugar with the urine in consequence of being permitted to enter the circulation as free sugar.

With faulty assimilation, as represented, at the foundation of diabetes, it is perfectly intelligible how it is that sugar finds its way into the urine from the food. From the principle of action involved, it is also explicable how the blood and urine under normal conditions remain unaffected, in relation to sugar content, in the face of the very varying quantities of carbohydrate ingested. Under all circumstances, alike in health and diabetes, as long as the carbohydrate taken is within the assimilative power existing, it becomes assimilated, and hence fails to reach the blood and urine as sugar, whilst should it surpass in amount the power existing to assimilate it, that which is not assimilated will find its way as sugar into both blood and urine.

This harmonises with what is observed in cases of diabetes in which the curtailment of carbohydrate tolerating power is susceptible of being displayed—that is, in the alimentary type of the disease. Experience