

growth, put into an elaborated state. The process falls under the denomination of assimilation, and when the sugar is thus disposed of and incorporated as a constituent of the large newly-constructed molecule, it is placed in a position to be secure from running off with the urine during the transit of the blood through the kidney.

Looked at in this way, the error in diabetes consists of a faulty assimilation of the sugar absorbed from the alimentary canal. Digestion prepares for absorption, and assimilation, which follows immediately upon it, puts the absorbed digestion products into an elaborated state, in which form they pass through the thoracic duct into the blood and there constitute the pabulum from which the tissues draw their nutrient supply. This agrees with what used to be the idea entertained by physiologists with regard to the course taken by the food principles—namely, that they became elaborated into chyle which served as a feeder to the blood. It is only in more recent years, as I have previously notified, that the shunting on to a wrong track has occurred, and that, notwithstanding chyle so obviously consists of elaborated food, the food principles have been looked upon as reaching the circulation in an uncombined, small-molecular state, for transmission in such state to the tissues.

The view I am advocating not only fits in consistently from beginning to end with what I take to be properly read physiological considerations, but supplies a working basis for the treatment of diabetes which places us upon perfectly intelligible ground. It provides for the occurrence of assimilative action preparatory to the circulation being reached, and thereby for conveyance in an assimilated state to the seat of utilisation. Thus circumstanced, the digested food products are not in a condition to run off with the urine in traversing the kidney, but stand in the blood as a retainable reserve, ready to be drawn upon by the tissues as need may arise.

To mal-assimilation of carbohydrate food is to be assigned the error existing in diabetes, and what is wanted to be effected by treatment is restoration of the defective assimilative power. Restore this power, and the patient will be no longer diabetic. Assimilative power being restored, he will then be able to take carbohydrate, and this, meeting with the power to assimilate it, will no longer pass through the system as sugar to be thrown out as waste material with the urine.

Restoration of carbohydrate assimilative power, then, is the goal of the medical practitioner in the treatment of diabetes. For the attainment of his object, it may without hesitation be said that food is the prime factor to be brought into play. Sugar in the system is the baneful