

It would seem that we have to deal with :

CHANGES ASSOCIATED WITH SYMPTOMS OF DISEASE.	<p>I. GLANDULAR INADEQUACY.—Excess of substance acted upon by the internal secretion of a gland, without due compensation.</p> <p>(1.) <i>Absolute</i> : Altered condition of gland leading to diminished activity and diminished internal secretion.</p> <p>(2.) <i>Relative</i> : No disease or alteration of gland but excessive production or assimilation of the substance acted upon by the internal secretion.</p> <p>II. GLANDULAR OVER-ACTIVITY.—Excess of internal secretion without compensation:</p> <p>(1.) <i>Absolute</i> : Altered condition of gland leading to increased activity and increased pouring out of internal secretion.</p> <p>(2.) <i>Relative</i> : No disease or alteration of gland, but diminished production or assimilation of the substance acted upon by the internal secretion of that gland.</p>
CHANGES UNACCOMPANIED BY SYMPTOMS OF DISEASE.	<p>III. COMPENSATION.—Lesions of gland or altered systemic condition unaccompanied by symptoms.</p> <p>(1. Altered condition of gland leading to (a) increase or (b) diminution of internal secretion, with due compensation.</p> <p>(2.) <i>Gland unaltered</i> (a) increased or (b) diminished production or assimilation of substance acted upon by internal secretions, with due compensation.</p>

Let me here emphasise the fact that I do not pretend that this table includes every possible condition leading to local or general disturbance of these glands affording an internal secretion, and leading to the symptoms most often associated with disease of these glands. For example we know from experiments (with phlorizin that glycosuria may, among other things, be the result, not so much of increased production of sugar as of increased removal of this body through the kidneys. Such cases are not embraced in this table. Again, what I may term compound cases as, for instance, of glandular inadequacy, in part from disease, in part from increased production of the substance acted upon by the secretions are presented only by implication. All I urge is, that this table, conforming with what experiment has shown may occur, may very possibly be utilised to explain the apparently contradictory revelations of the post-mortem room.

I would now proceed rapidly to review those conditions, local and general, concerning which we have already a modicum of knowledge and which fall within the scope of to-day's discussion.

THE PANCREAS AND DIABETES.

Let me in the first place take into consideration lesions of the pancreas and their relationship to diabetes. Much more than a century has passed since attention was first called to the pronounced changes to be seen in the pancreas in some cases of diabetes. We all