

seemed to be not quite so well. Up to this time he had been coming to the office. When I arrived he expressed himself as feeling better. His pulse was 68, temperature 98°. As this was the nearest approach to normal that his temperature had been since he came under my observation, and as he reported that during the previous twenty-four hours he had only passed 108 ounces of urine with a sp. gr. of 1034, I was inclined to think that his condition, instead of being worse, was possibly a little better than it had been. During the day I made a quantitative analysis of the amount of sugar in the urine, and estimated that the patient was passing a little more than ten ounces in the twenty-four hours. Next day I was sent for again to see the patient, and found him complaining of soreness in the limbs, headache, a slight cough, temperature 101.8°, and pulse 120, an increase of 42 over what it was on the preceding day. As other members of the household were suffering from "la grippe," I concluded that this was the cause of the fresh symptoms. For the next few days the temperature ranged between 102° and 104°. The respirations were slightly increased in frequency. The cough was not very troublesome. The expectoration was slight and a few times of a dark color, but never rusty. Examination failed to reveal any tubercle bacilli. No marked physical signs developed to indicate consolidation or other serious trouble in the lungs. About twenty-four hours before death the patient complained greatly of pain in the lumbar region, at times crying out with it, although partially unconscious. Secretion of urine was diminished in quantity. Some which was set aside for examination was unfortunately thrown out. Profound coma set in, and the patient died on the 26th of January—five days from the onset of the influenza, seventeen days after consulting me, and about one month from the onset of diabetic symptoms. No *post-mortem* was held.

According to statistics diabetes mellitus does not appear to be so common in America as Europe. The mean annual mortality for the whole of Europe is about 5 per 100,000 of persons living. In Paris, however, it is as high as 14, and in Scotland, Norway, and Prussia, as low as 2. The rate in America is given as 2.8. Among 35,000 patients treated at the Johns Hopkins Hospital and dispensary, there were only ten cases. An examination of the registration reports of Ontario for the five years, from 1893 to 1897 inclusive, shows that 615 deaths were due to diabetes, no distinction, however, being made between cases of diabetes mellitus and diabetes insipidus. Let us assume that these were all cases of diabetes mellitus. Of the 615 cases, 379 were males and 236 females, the ratio being about the same as what generally occurs, viz., 3 to 2. The annual death rate per 100,000 of persons living was 4.47, being