

V. Mering points out the importance of "individualizing" the treatment of diabetes mellitus. When the perchloride of iron reaction is present carbohydrates must not be entirely withdrawn from the diet. In such cases v. Mering allows 100 to 150 grammes of bread daily and one liter of milk, and gives at the same time large quantities of sodium bicarbonate.

According to v. Mering glycerin has an injurious effect on the sugar excretion, and is little better than the carbohydrates; but saccharin and krystallose may be used for sweetening articles of food and drink.

He believes that muscular exercise has a very beneficial influence, not only in the mild cases but also in the severe forms. Muscular exercise causes a diminution of the sugar excretion, but great caution is necessary in severe cases of diabetes, and overstrain must be avoided, since sudden death may occur in such cases through cardiac failure. He recommends massage in wasted patients. Residence at the seaside or in mountain districts in summer, and in a mild climate in winter, is advisable.

As regards drug treatment the sources of fallacy are pointed out. It is important to remember that everything which diminishes the appetite reduces sugar excretion.

According to v. Mering opium is the only drug which influences the sugar excretion favorably; but its effect is only temporary. In some mild cases sodium salicylate diminishes the sugar excretion temporarily.

For the itching of the skin he recommends sodium salicylate; for pruritus vulvæ the local application of orthoform ointment (10 per cent.); and for the "rheumatic" and neuralgic pains, antipyrin, phenacetine, and acetanilide.

When coma is threatening he advises large doses of alkalies, 450 to 750 grains daily of bicarbonate of soda; the rigid diet should be discontinued, and milk, bread, and soup (thickened with barley) should be given in moderate quantity. If coma should occur 750 grains of sodium bicarbonate dissolved in one liter of water (35 ounces) may be injected into a superficial vein.

Oskar Simon (*Prager med. Wochenschrift*, 1905, No.34) points out that in cases of slight acetonuria the acetone will often disappear from the urine when butter is excluded from the diet. But in other cases withdrawal of butter from the diet has not this effect. He records three cases of severe diabetes in which withdrawal of butter from the food did not check the acetonuria and diaceturia, but the addition of a