

continued for a while, when both suffered a sort of relapse, though no modification was, at any time, made in the place until their cure took place.

Now, these people after an apparent cure, as others must have noticed, are liable to a falling back and should not be lost sight of for some time. Should a relapse occur, it is not necessary to say that it should be promptly and effectively met and general directions for future care or mode of living given and insisted upon being closely followed.

DUNHAM, Que., March, 1904.

Selected Articles.

MEDICAL TREATMENT OF DIABETES.

By W. H. Thomson, M.D., LL.D., New York.

The pathology of diabetes mellitus has been the most elusive subject of modern medicine. Repeatedly during the past forty years we have seemed to be on the verge of important discoveries relating to it, only to find that our uncertainties, instead of being dispelled, had simply taken new forms, which in turn have raised other problems to solve.

As to medicines, I would begin with the statement that I but rarely prescribe opium, codeine or any other of the opium derivatives; and I beg leave to take a short time to explain why, in such a constitutional disease as diabetes, I cannot regard this drug as of real service, though it has been long and generally recommended in text-books. Natives, such as opium, belladonna, strychnine, aconite, etc., are agents which affect certain functions of the nervous system. They, therefore, are only functional remedies, and they have no power whatever in therapeutic doses to directly affect structure or nutrition, however long they be prescribed. All that they ever do is temporarily to produce some functional symptoms, but they never affect the texture of