

right in the United States, and United States authors are now able to secure copyright in Great Britain (which covers Canada). Therefore the copyright owners now refuse to print in Canada. They supply this market with editions printed either in the United States or Great Britain. This is considered a great injury to the printing, paper and allied industries in Canada. It is, moreover, a source of trouble and annoyance to the people of Canada, as the British market is so far away that, after the supply on hand of a book is exhausted, some weeks must elapse before a new supply can be procured.

Recently a circular has been issued in England, containing objections to the Canadian Act. Space will not permit us to deal with the whole list, but the more important of them are that Canada has asked the British Government to sanction arrangements to take copyright in Canada away from all British authors except such as are Canadians. Such is not the case. Canada does not propose to take away copyright in Canada from British authors. The British author and the United States author may, under the Canadian Act, secure copyright in Canada on exactly the same terms as the Canadian author.

Also it is objected that the Canadian Act will injure the value of the British edition, because the Canadian edition could be imported into the United Kingdom and the other colonies, and compete with it. But from the report of Lord Knutsford's Copyright Commission of 1892, it appears that, at the instance of the British copyright owners, *the law of Great Britain was framed so that the importation of Canadian reprints of British works into Great Britain is prohibited.*

Most of the other objections are based on the supposition that the author loses control over his work under the Canadian Act. Nothing could be further from the fact, since, by complying with the terms of the Act, authors and copyright owners retain entire control of their works and may suppress old editions, or issue new ones as desired.

As Canadians, interested in the development of our printing and kindred industries, we should all, and on every occasion endeavor to keep alive the sentiment that our Parliament has full and undoubted rights to enact legislation on copyright as necessary from time to time, just as it has

power in all other subjects entrusted to it by the British North America Act of 1867.

DIABETES MELLITIS.

A very fertile field for the scientific investigator is to find the exact pathological conditions underlying the group of objective and subjective symptoms met with in diabetes mellitus. The morbid anatomy is most varied, and has caused much discussion. This disease has no peculiar lesion or series of lesions. It is not a distinct disorder in the usual sense of the term, that is, a disease having a common cause. It has no distinct characteristic symptomatology or pathology; and its principal clinical manifestation, viz., sugar in the urine, depends upon various morbid processes.

It is apparent that cause and effect have frequently been confounded; that at autopsies we are generally dealing with effects and not with causes.

Laboratory experiments have not enlightened us much as to the pathogenesis of the disease. The chemical theories advanced thus far have proved untenable. What lesions are found at post-mortems? Theoretically we expect to find changes in the fourth ventricle, but practically they are conspicuous by their absence. Various lesions are found in the brain, such as hæmorrhages, tubercular meningitis, etc., but they have no causal relation to the malady in question. Dr. William Mosher, of Brooklyn, in an excellent paper agrees that all these results or changes may be found at autopsies, but does not consider them causative. The lungs are frequently tuberculous, and at times œdematous. Hamilton and Sanders regard diabetic coma as dependent upon fat emboli in the pulmonary capillaries, with consequent slow carbonic acid poisoning.

Of course this is theory. That fat emboli do occur in some cases is beyond dispute. Frerichs ascribes the coma to acetonæmia. The kidneys, too, frequently show deep seated changes. The epithelial cells lining the looped tubes of Henle undergo glycogenic degeneration. The lesions in the liver are protean. In some cases the organ is found in a condition of passive hyperæmia, in others fatty, in still others slightly cirrhotic.

In short there is nothing from which to draw