first production it has lost nearly all its efficacy. Another is the inability to form a correct estimate in the majority of cases of how much to use.

The writer deprecates the hit or miss method of using this agent—the giving of it on the presumption that if it does no good, it will do no harm—on the grounds that, first, it is not scientific, and, next, there is no remedy in general use to-day that could be discredited by the same general and indiscriminate use.

The writer holds the opinion that at present the value of the antistreptococcic serum is limited, but hopes that some time in the near future a serum will be made that will have the same definite value and results as that of anti-diptheretic serum.

THE TREATMENT OF DIABETES MELLITUS.

The discovery by Claude Bernard of the glycogenic function of the liver apparently threw a flood of light upon the origin of this disease, and has dominated the treatment of the affection for the last quarter of a century, until within a comparatively recent period. The aim has been in all cases of glycosuria to eliminate starches and sugars from the diet and to keep these patients upon a strictly non-diabetic diet. Theoretically, this elimination was supposed to lessen the amount of sugar in the blood and thus lessen the toxemia.

The delightful simplicity of this theory commended it to therapeutists, but a study of considerable proportion of these cases in which starches and sugars have been almost eliminated from the diet has shown that they did not do nearly as well as those who were allowed a moderate amount of these substances. The further study of these cases has shown that the whole question in diabetes is not apprehended in the elimination of sugar. We have differentiated glycosuria, so-called, from diabetes, recognizing that the former is not nearly so serious a disease as the latter, but that no hard and fast line can be drawn between the two conditions, as there are cases which partake somewhat of the character of glycosuria and others of diabetes, while occasionally these conditions are interchangeable in the same patient. A further study of these cases shows that there are other elements than the mere sugar production which enter into the clininal picture. As a rule, the diabetic has an excessive appetite, with a craving for starches and sugars. This is due to the enormous elimination of sugar and a consequent demand of the system for water and for materials for the manufacture of sugar. Even if his diet is re-