

the following criteria may be accepted as indicating the limits of normal variation:

NORMAL STANDARD FOR TEST MEAL FOR RENAL FUNCTION

	Diet		
	High	Low	Normal
Maximum specific gravity..	18 ÷	20 ÷	20 ÷
Degrees variation of specific gravity, usually	9 ÷	9 ÷	No value
Specific gravity of night urine	Of no significance		
Volume c. c. of night urine	750 c. c. or less		
N and NaCl per cent. in night urine or highest per cent. in any specimen	<div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">}</div> <div> Normal if 1 per cent. or higher, not necessarily abnormal if less. </div> </div>		

The present observations on patients bear out the facts previously established for renal disease. Furthermore, it is shown that the identical results are obtained, irrespective of whether the high or low protein diets are administered during the day of the test.

Warning is given that cases suffering with edema have factors involved which put them in a category somewhat apart from other cases. A retention of fluid is indicated by oliguria and a high specific gravity and an excretion of the retained water by polyuria and a low specific gravity. In most instances the specific gravity determination in a single specimen furnishes the clue as to whether or not edema is being eliminated. The change from an oliguric to a polyuric one is usually sudden and not gradual. Within a period of two hours the transformation of renal activity occurs.

Twenty Years' Experience with Electricity and X-Rays as Therapeutic Agents. Henry R. Slack, LaGrange, Ga. Read before Fourth District Medical Association of Georgia, Warm Springs, August 20, 1918.

When the writer began to study electro-therapeutics he thought, as so many medical men do, that, like x-rays, it was a comparatively new thing. Imagine his surprise when looking up the literature on the subject in the library of the New York Academy of Medicine, he found a pamphlet written by Rev. John Wesley in 1759 entitled "Desideratum, or Electricity Made Plain and Useful by a Lover of Mankind and Common Sense." In this he gave the details of a vast number of cases treated by electricity. Among other things he mentions that electricity accelerates the passage of calculi through ureters; that electrifying in a proper manner cures hysteria, fits, flooding, headache, rheumatism, gout, sciatica, swelling joints, palpitation of the heart, and other diseases.

The author states that he has been successful with many cases of acne. X-ray will cure eczema after everything else has failed. Static electricity is the most valuable agent we have for arterio-sclerosis, and also has beneficial affect in hemiplegia, sciatica and lumbago. The crown breeze is a most efficient remedy for insomnia.

High frequency will cure torticollis quicker than any other remedy. Tuberculous affections are benefited more by x-rays and electricity than by any medicines. Slack has seen marked improvement even in well advanced pulmonary tuberculosis follow x-ray treatment.

X-ray will often cure epitheliomas without surgical interference, but it is better to use it in connection with surgery, and it should always be employed after an operation for cancer. It is as near a specific for eczema as anything in medicine.

The Allen-Joslin Treatment of Diabetes Mellitus. Albert Woldert, Tyler, Tex. New York Medical Journal, Vol. 108, No. 18, November, 1918, p. 764.

The modern treatment of diabetes mellitus is based upon certain facts established especially through the researches of von Noorden, Naunyn, and later by Allen, Joslin, Hill, Eckman and others. In this country the work of Allen deserves special praise. Briefly, the Allen-Joslin treatment in mild and moderately severe cases consists in having the patient fast for two to four or five days until sugar free. During this period the patient should only take beef broth and a moderate amount of coffee and water. Usually this treatment entirely rids the urine of sugar within two or three days' time. This starvation treatment should be done for the mild cases and moderately severe cases. In severe cases, complicated cases or long-standing cases the starvation treatment should not be given, but in such instances fats should be gradually omitted, then a gradual reduction in the protein food, and afterwards a gradual reduction in the carbohydrates, with eventual fasting if necessary.

The starvation treatment would be dangerous to severe cases if begun at once. Hence a gradual reduction of the foods should be given in such instances before beginning the fast. In all cases after the urine has become sugar free, the next question to solve is to keep the glucose from reappearing in the urine. To do this the tolerance of the patient for carbohydrates must be found out; secondly for protein; and lastly for fats. As soon as the sugar has disappeared from the urine the patient is put upon a 5% vegetable diet, composed of lettuce, cucumbers, spinach, asparagus, rhubarb, sauer kraut, beet greens, celery, cooked onions, tomatoes, okra, cauliflower, eggplant, cabbage, radishes, leeks, and string beans, usually eating two tablespoonfuls at each meal. Then later the patient is given 10% vegetables such as pumpkin, turnips, squash, beets, carrots and fresh onions.

These foods are weighed, or measured, and given in such quantity that sugar begins to reappear in the urine, and this marks the point of tolerance for carbohydrates.

In a similar manner the tolerance for protein is afterwards determined by giving one egg for breakfast and supper and a weighed piece of chicken for dinner, together with two heaping tablespoonfuls of two or three of the 5% vege-