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ORIGINAL CONTRIBUTIONS

THE TREATMENT OF DIABETES MELLITUS.*

BY ELLIOTT P. JOSLIN, M.D.

Boston.

RATHER more success is achieved by surgeons in the treatment of general peritonitis than is attained by physicians in the treatment of diabetic coma. In neither condition are the statistics flattering to the profession; but the successes obtained by our surgical colleagues in the prevention of general peritonitis make the failure to prevent coma as a cause of two out of every three diabetic deaths mortifying to say the least. We physicians should begin to regard diabetic coma in the same light as your British brother, Mr. Moynihan, has taught the medical fraternity to look upon the late stages of a neglected gastric ulcer, namely, as an emergency which should not have been allowed to arise.

With this issue of the prevention of diabetic coma plainly to the fore as the cardinal point in the treatment of diabetes, it is pertinent to inquire what diabetic patients are most susceptible to coma? And your own experience will enable you to anticipate that the answer, which an analysis of my own fatal cases shows, will be children. Of the 62 diabetic children under the age of 15 who have died under my care, coma was the cause of death in all, and the significance of this melancholy fact is this: that where diabetes appears in its most severe type, as in children, coma is its expression. The propositions are simpler to state than to execute—first, that the best way to avoid coma is to prevent the progress of a case of diabetes from the mild into the severe type, and second, to protect the patient from all those agencies such as infections, anaesthetics like chloroform and ether, undue exertion (mental or physical) which tend toward intensifying the severity of the disease. For if the diabetes is kept mild or moderate the coma need not be feared.

* Address in Medicine, Ontario Medical Association.