

only sixteen, an abstract of which is given. The cases include all grades of coma, and are accepted on the authority of the reporters. The diagnosis does not appear to have been established in a number of instances. In some cases the histories do not harmonize with the usual symptoms of true diabetic coma. The diagnosis of threatened coma is not always easy. Disturbances of digestion and general depression may precede its onset, but it is not a necessary sequence, and recovery from such conditions has not infrequently occurred spontaneously. The alkaline treatment is certainly a remedy for diabetic coma, as acid intoxication is its cause. The proper administration of alkalis will sometimes indefinitely postpone the onset of coma, and it will occasionally arrest its progress at the beginning, and in some rare cases rescue a patient from its fully developed stages. The alkalis are purely symptomatic remedies which combat effects and not causes. They can only be of use before changes in the tissues have occurred. Acting as a chemical antidote, it is necessary that the dose of alkalis should be sufficient to neutralize the offending acids. The greater success reached in the treatment of children is probably due to the larger amount of alkali employed. Various routes have been employed for the introduction of alkaline solution, and all have been followed by successes. Hypodermic injections are usually followed by supuration and necrosis. The intravenous route is free from this danger, and its stimulant effect may be of great advantage.

The patient observed by the writer was thirteen years old, and he had been under observation for four months, during which time he had suffered from excessive hunger and thirst and had passed large quantities of urine. His strength had steadily failed, and the weight had fallen from 79 to 55 pounds. At the time he was admitted to the hospital he was semicomatose. The breath smelt strongly of acetone, the skin was harsh and branny, with a purpuric eruption. The extremities were cold and cyanotic. The pulse was rapid and barely perceptible, the temperature 99 deg. The pupils were dilated but reacted to light. The urine contained 5.3 per cent. of sugar and a trace of albumin. Acetone and diacetic acid were present. Directly after his admission he was given eight ounces of sterile salt solution, in which bicarbonate of soda was dissolved almost to the point of saturation, under the skin of each breast. An unsuccessful effort was made to give the alkaline solution by the bowels. A heaping teaspoonful was added to a tumbler of water and was given by the mouth to the