

the brownish-red coloration with perchloride of iron, I have obtained benefit in many cases from the use of sodium bicarbonate in large doses (as recommended so strongly by Naunyn).

I have given very large doses, 200 to 400 grains daily, and when coma is commencing I have given 900 grains (about two ounces) of sodium bicarbonate in the 24 hours. It is remarkable how well such large quantities of sodium bicarbonate can be taken by diabetic patients. I have usually given it in large quantities of ordinary drinking water, or in soda-water, or in milk. The solution is taken in small quantities at frequent intervals during the 24 hours. This alkaline treatment, of course, does not have much influence on the sugar excretion; but it often improves the general condition, and appears to have a decided action in preventing diabetic coma.

In these severe forms it is very important to keep the bowels regular by the use of Hunyadi water, effervescent Carlsbad salts, or some mild purgative, since constipation appears to predispose to diabetic coma.

Strychnine may be of some slight service in these severe cases, and, if the pulse is very feeble, small doses of digitalis are indicated.

Limited space does not permit an account of the various other drugs which have been employed in diabetes, but which I have not found of much service.

In the severe forms coma is especially liable to develop; hence everything which is known to have any influence in exciting this complication should be avoided if possible (as for example long railway journeys, sudden change of diet, a very rigid diet, constipation, mental anxiety and worry). The onset of coma is indicated by rapidly increasing weakness and loss of flesh, by a rapid pulse, by the sudden appearance of a very large number of granular or hyaline casts in the urine, by nausea and epigastric pain, by deep breathing ("air-hunger") and by drowsiness.

In three cases I have seen these early comatose symptoms subside after I have given very large doses of sodium bicarbonate. In one of these cases the patient died four or five weeks later of phthisis; in the second case death occurred three months later, and in the third after ten weeks. In three other cases of diabetic coma I have seen decided temporary improvement under this treatment. But in the latter three cases, after the temporary improvement, comatose symptoms soon returned and death occurred. I believe it is important in all cases of commencing coma to give large doses of sodium-bicarbonate—two ounces in the 24 hours. The sodium bicarbonate should be given