

tics, also demonstrates that the frequency is on the increase. He points out that in thirty years, from 1850 to 1880, the mortality from diabetes in this country increased 150 per cent. in every hundred thousand deaths.

In Europe the mortality ranges between five and nine to the hundred thousand. In the Island of Malta, where the mortality from diabetes is extraordinarily high, the census of 1891 showed a death rate of 13.1 to the hundred thousand. In Paris the death rate is gradually increasing during the last three or four decades, and in 1891 it reached fourteen to the hundred thousand.

In the Johns Hopkins Hospital of Baltimore there have been treated, according to Thomas B. Fletcher,* in all sixty-nine cases of diabetes mellitus, in the ordinary acceptance of the term in the medical wards and the medical section of the dispensary during the last eight years. During these eight years 45,636 medical cases have passed through the wards and the out-patient department, so that the diabetic cases comprise only fifteen per cent. of all the medical cases.

It is well known that some races are especially liable to diabetes. Hebrews are especially susceptible, one-fourth of Frerichs's cases being of the Semitic race. It is rare in negroes and Africans, and the Mongolian races are rarely affected in their own countries. Chinese are comparatively exempt. In the colored races the disease is apparently rare; Tyson† has seen several cases, and of the sixty-nine cases of diabetes treated in the Johns Hopkins Hospital five were negroes.

The prevalent belief that persons living in the country are more exempt from diabetes than inhabitants of cities cannot be traced back to any definite statistics; on the other hand, Saundby shows that for many of the

counties of England this discrepancy does not exist.

The above statements, taken for the most part from Fletcher's article, indicate that the distribution of diabetes is very unequal. The same is also observed with reference to its occurrence among the various classes of people; thus wealth and culture are said to increase the liability to diabetes ten-fold. Statistics for London and Berlin show that the number of cases in the upper ten thousand exceeds the number of cases in the lower hundred thousand inhabitants. The same occurs in India, where the disease is much more frequent in the educated upper class than in the ignorant lower class.

In recent years great interest has been created in the part played by the pancreas in the causation of diabetes. For more than a century, however, it has been recognized that lesions of the pancreas may cause diabetes. In 1788 Cawley* reported a case in which the pancreas was atrophic and contained calculi, but it was not until 1877 that Lancereaux† described a special form of diabetes under the name of *diabète pancréatique*, associated with lesions of the pancreas. He stated that this variety was characterized by suddenness of onset, unusual malignancy and rapidly progressing emaciation, and a special tendency toward tuberculosis of the lungs as a complication. Baumel,* in 1882, advanced the view that all the cases of diabetes were due to the absence of a diastatic pancreatic ferment in the intestine, and he was the first to claim that pancreatic disease was the regular cause of diabetes. These observations seemed to leave no lasting impression until the discovery by Minkowski and von Mering, that permanent diabetes mellitus could be produced experimentally in animals by complete removal of the pancreas, and it is now generally recognized that diseases of the pancreas are re-

* New York Medical Journal, Dec. 4, 1897.

† Practice of Medicine, 1896.

* Quoted by Fletcher, loc. cit.