

and it is possible that in long-continued constipation the pancreas may be more liable to infection by these organisms, which occur so abundantly in the intestine. Finally, the indulgence in cider and sweet food, which immediately preceded, or at least accompanied the commencement of the symptoms, added another link to the chain of causation.

It may be stated as a general rule admitting of exceptions, that the younger the patient the more rapidly fatal diabetes is apt to be, so that most cases of what might be termed acute diabetes occur in young people. Any acute infectious process, such as influenza, is very liable to terminate fatally, as in my case. I am not aware that there has been any decided advance of late years in the treatment of diabetes. Regulation of the diet, general hygienic and symptomatic treatment are still recommended. There appears to be a tendency to be a little less strict in the restriction of diet than was thought at one time advisable. Of the various drugs recommended, opium and its derivatives appear to be still the ones most relied upon.

No opium was used in this case, excepting towards the termination, when one or two doses of morphine were given to relieve pain and restlessness. Various intestinal antiseptics have been recommended. In this case I used boracic acid, and there certainly was a diminution in the glycosuria, but it is difficult to say how much of this diminution should be credited to the medicine, and how much to the restriction of diet.

Diabetic coma generally proves fatal, although recoveries are reported. Active purgation and the use of saline infusion injected into the bowels, under the skin or into the veins, are the most likely remedies. I did not use the saline injections in my case, as I considered it hopeless. A case successfully treated by this means was reported in the *Epitome of the British Medical Journal* of February 25th of this year. In five days 14 pints of saline solution were used, 3½ of which were injected directly into the veins, and the rest subcutaneously. Besides this, he had three enemata containing 17½ fluid ounces each. The patient died four months after of empyema and phthisis. The pancreas was found to be partly absent. The reporters of this case collected nineteen others which had been treated by saline injections. Of these, only one recovered from the coma, but few or none appear to have received such copious injections as mentioned above.