

installed waiting seating for 100 patients, which soon became the average attendance on three days a week. My invaluable diabetic technician came with me and found bench space for the necessary simple chemical tests. So I left the general laboratory to a competent biochemist (which I never was) to the satisfaction of all parties.

(2) The admission of diabetics with serious conditions requiring inpatient treatment depended on the loan of a bed from co-operative physicians who often had insufficient beds for their own patients, so that new bed accommodation was needed for the new treatment. In the days of voluntary hospitals money for expansion had largely to be raised from philanthropic sources; it was estimated that the large sum of at least £20,000 would be necessary for these two purposes. This was not so difficult to raise as was expected. It was a prosperous time in London and many rich diabetics were very grateful for their new insulin treatment, and when the hospital need was explained and twenty told that they would have the honor and pleasure of subscribing £500 each, they re-

sponded very well. Mr. H. G. Wells, perhaps feeling hard-up at the time, thought his best help would be a letter of appeal in *The Times*. Enough money was soon collected to begin building a Diabetic Block with sixteen beds and, most important, a coma room ready equipped for such emergencies. Fortunately this was completed before World War II, which it survived intact. The rest of the money came in a legacy from a rich South African who had started his insulin treatment in King's College Hospital. These subscribers formed the nucleus of the Diabetic Association, soon formed to help the growing number of living diabetics.

After a few years of insulin I was restored to full virility and had the prospect of good future health and longevity, and so when I met a lovely and most attractive young woman I felt justified and indeed impelled to persuade her to marry me. We have disproved the gloomy and mistaken fear of parents, whose daughters want to marry long-standing young diabetics, that they will have no family, by having three fine sons.

BOOK REVIEWS

FAMOUS FACES IN DIABETES. *Compiled by Cecil Striker, M.D., with a foreword by Elliott P. Joslin, M.D.* \$25.00, pp. 250, over 200 illus., Library Edition, G. K. Hall & Co., Boston, 1960.

Out of the study of diabetes and of the problems following in its wake has grown a vast, complex structure of knowledge. Upon a series of great foundation blocks stands a superstructure built of thousands of individual bricks in an ever-growing pattern tracing the design of the metabolic process. To comprehend it fully demands more than familiarity with the two-dimensional present; the third dimension of its evolutionary perspective must be added.

To compile a detailed record of the development of this immensely important branch of science would be a memorable and monumental task. Cecil Striker, who has been so close to many centers of activity in diabetes in recent years, has sensed the importance of such a record and has been willing to take on the labor of drafting its outline. His approach has been by way of a biography of the personalities who have made its history, a "Who's Who" of diabetes, with a portrait and thumbnail sketch of each man and his contribution. Even though many are too brief to satisfy one's curiosity and interest, and despite inevitable omissions—chiefly of contributors to the current explosive expansion of research—it is remarkable that a single author has been able to give us so complete a bird's-eye picture of the subject within the limits of these brief sketches of 173 personalities.

Since so much of the structure has been built in our own time, it is well that its picture should be drawn for us by one who, as a founder and the first President of the American Diabetes Association, has been so closely acquainted with its contemporary history.

And it is no more than natural that the Association, its outstanding members, and its activities should occupy a large part of the foreground. The history of diabetes is being written here and now, and at a rapid rate. Dr. Striker deserves congratula-

tions and thanks for giving to medical history this picture as seen today.

COMA DIABETICUM. *By Rudolf Baumann, \$7.00, pp. 210, Verlag Volk und Gesundheit, Berlin, 1959.*

The author had observed 231 cases of diabetic coma during a relatively short period of five years (1952-57). He is Director of the Diabetes Treatment Center for the city of Berlin to which all cases of diabetic acidosis are sent. Such a center offers the advantages of both a well-trained team continuously available for emergency treatment, and a teaching service for specialized training. The book comprises mainly a careful analysis of clinical and laboratory findings, therapeutic procedures and results. Most of the statistical data are in agreement with the well-documented observations of other authors. The overall mortality rate was 23.8 per cent. It was highest in patients over fifty years of age, and in patients in whom coma existed twelve hours or more prior to admission to the center. There was a significantly higher incidence in women than in men, (about 3:1), whereas the sex distribution of diabetes in the population was 2:1 (females to males).

Of interest is the author's objection to the generally accepted use of large doses of insulin in the emergency treatment of coma. He employs and recommends small doses intramuscularly or subcutaneously, to be repeated frequently, if necessary. He believes that large doses of insulin, even if free from glucagon, cause an initial transitory aggravation of the hyperglycemia, and moreover may be responsible for "insulin resistance." This belief is based on Pavlov's concept of the "inhibition by supramaximal stimuli." One wonders whether wider use of insulin in larger doses might not have decreased the mortality in this series.

The book is well printed and well illustrated with an introductory chapter summarizing the present knowledge of the pathophysiology of carbohydrate metabolism and of diabetic acidosis.