Raoul Boulin

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Raoul Boulin, distinguished French physician and student of diabetes, died Aug. 1, 1958, at the age of sixty-five. Hardly halfway through his medical studies when the first World War broke out, he served as Battalion Medical Officer in a shock division and was mentioned in dispatches several times. In 1920 he passed the competitive medical examination and quickly obtained the highest University and Hospital degrees from Paris University. Appointed "Médecin des Hopitaux" of Paris in 1928, he passed the agrégation (University staff) examination in 1933. In 1954 his work in metabolic disorders was acknowledged by the creation of a special Chair in Paris University devoted to diabetes and nutritional diseases, we believe the very first in the world. He was Honorary President of the French Diabetes Association at the time of his death.

In the course of his medical studies, he worked under Widal, Ravaut and Marcel Labbé. While serving with Labbé at the Medical Clinic at the Hospital Cochin, he began his clinical research.

At an earlier stage, he had published with Ravaut remarkable papers on the modifications of the cerebrospinal fluid and on Nicolas-Favre disease.

Highly intelligent, and possessing great intellectual honesty, Raoul Boulin left an imperishable mark, based on rigorous observation and care, not only of the sick people in this department, but also of the great many private patients whom he regularly visited. He created at the Hospital de la Pitié one of the most active diabetic welfare centers in the world, which annually attracted more than 9,000 patients in consultation. Under his care nearly 100 acidotic patients in coma were treated. Thanks to the well-trained medical team he developed, the rate of mortality due to coma was only 2 per cent.

He wrote more than 400 articles on diabetes. Among his most important contributions, we may note his outstanding work on hemochromatosis, its unelaborate forms, the endocrine and metabolic disorders it provokes, and its familial nature. He more particularly studied the paradiabetic complications and invented the valuable provocative hyperglycemia test which he detailed with Marcel Labbé. In his last years, he gave a new impulse to research in the prevention of diabetes among predisposed subjects and created a special consultation department for their care.

He also particularly studied the treatment of diabetic coma, its renal and hepatic complications, and especially the electrolytic disturbances. Having witnessed the first use of insulin, he devoted numerous articles to the various long-acting insulins; in his last paper he reported his experiments with the hypoglycemic sulfonamides on 200 diabetic subjects studied for more than two years.

He was especially interested in diabetes of children and adolescents and used to insist upon their need for proper diet.

France and medicine generally have lost a distinguished physician and student of diabetes. He was one of the most famous French consultants in diabetes, and his pupils in France as well as abroad are numerous. Always courteous toward everyone, ignoring anything which could look like intrigue, he was highly esteemed by all. He was most interested in the work of his foreign colleagues and always looked forward to meeting them at the International Congresses. He had special respect for Dr. Elliott Joslin, whose friendship he had enjoyed and cherished for many years.

Grow old along with me; the best is yet to be,
The last of life for which the first was made.
Our times are in His hand, who saith
A whole I planned. Youth shows but half;
Trust God, see all, nor be afraid.

By Robert Browning in *Rabbi Ben Ezra*
Houghton Mifflin Company.

Since, of course, the metabolism of carbohydrates, fats, and proteins is closely integrated through the tricarboxylic acid cycle, it is well within the range of possibility that before too long the entire metabolic processes of man may be diagrammed as a single, elaborate biochemical pattern. Through the continuing study of more and more mutant individuals, each enzyme in the pattern will become identifiable in terms of the activity of a specific gene (a specific portion of a deoxyribonucleic acid molecule), and each genetic enzyme dysfunction will be related either to a mutation of that gene, resulting in a lack or modification of the enzyme, or to a mutation of a different gene, acting in such a way as to inhibit the activity of the enzyme.

Laurence H. Snyder, in "Fifty Years of Medical Genetics," from *Science,* Jan. 2, 1959.