

"spectrum" of their blood hormones. The pathologist using the refined histochemical methods of the day will report on the biopsy specimens and add his findings to the many which the clinician will evaluate.

—CHARLES H. BEST, M.D.

DIABETES DETECTION DRIVE—1951

Under the capable, enthusiastic and discriminating direction of Dr. John A. Reed of Washington, Secretary of the American Diabetes Association, the fourth annual campaign to discover unrecognized diabetes was launched in November 1951. A full week of national and local activities inaugurated a Drive which will continue on a modified scale throughout the year. Initiated by the American Diabetes Association in 1948, this campaign has broadened in scope and improved in effectiveness each year. The one this year is the largest and best yet.

Several important objectives are accomplished by the American Diabetes Association's detection activities. A substantial number of unknown cases is found. Many patients known to be diabetic are inspired to stop neglecting themselves. Perhaps of even greater importance, diabetics and the interested general public alike learn to understand diabetes better as a result of sound and authoritative information released through public channels during the Drive. Employment, insurance and other public attitudes are cultivated more intelligently thereby. Regional diabetes units are given an active and specific outlet for their energies in behalf of diabetics. Finally, the American Diabetes Association grows in prestige and in public confidence in direct proportion to the quality and amount of constructive accomplishment achieved in these and other areas by the campaign.

The medical profession must now be fully aware of the fact that the Association's basic philosophies in the conduct of this Drive are: help for all diabetic patients in all conceivable ways; active participation and direction by the profession; and avoidance of direct appeal for funds from the general public. The dignity and public trust resulting from these policies are assets which should be prized highly by everyone connected with the Association.

Many different patterns of performance in the execution of this work have evolved in various parts of the country. No standardized method has been accepted so far. Publicity efforts, urine testing procedures, follow-up diagnostic work, reporting of results and referral of

patients for care are handled by a variety of different mechanisms, especially at local levels. This is as it should be, for the present at least. The best methods will emerge in time, with the Association acting as referee and clearing-house for the exchange of useful information. Probably a standardized method should never be adopted as long as active work is conducted independently by local diabetes units, each with its own problems and personnel. In the meantime the resourcefulness and imagination of many people working in a fertile field of common interest will perfect methods and mechanics more rapidly than a small national group could ever do.

The multitude of unselfish, crusading volunteers all over the country are to be congratulated for their interest, resourcefulness and devotion. Dr. Reed, and Dr. Howard F. Root who preceded him as commander of all detection activities, have won the admiration and confidence of the Association and the public for the energetic and wise manner in which the Drives have been conducted. The campaigns stand as imposing monuments of Association achievement.

—ARTHUR R. COLWELL, M.D.

President, American Diabetes Association

EMERGENCY MEDICAL CARE OF DIABETICS

Publication of the official Statement of the American Diabetes Association's Committee on Emergency Medical Care in *The Journal* of the American Medical Association in its December 1, 1951 issue¹ places the studies and plans of this Committee at the disposal of the medical profession, the Civilian Defense Administration and diabetics themselves. These plans were formulated as the result of over a year and a half of careful study intended to protect the interests of this large segment of population in event of war or any other major catastrophe. The emergency procedures recommended have been worked out in cooperation with the Federal Civilian Defense Administration and other responsible government agencies, the American Medical Association, and similar interested organizations. These recommendations should now be incorporated into all national and local programs designed to protect our civilian population in time of national emergency.

An abridgment of the original report appeared in the first issue of *Diabetes*,² together with a proposed handbill for general distribution, "The Diabetic and the Atomic Bomb." These simplified instructions to the patient should be reproduced by all responsible agencies