

The Beginning of The Diabetic Association in England

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"The love of money is the root of all evil" saith the prophet. But the need for money in a good cause can be a powerful stimulus; indeed it led to the beginning of *The Diabetic Association* in 1933. I make no apology for this title as it was the first and only Association then, although such organizations have now spread everywhere. Indeed it was the first time that a body of sufferers from any disease banded themselves together for mutual help.

I hope I may be forgiven for being personal in this story. In London, as elsewhere, insulin had produced by 1931 a vital snowballing of living diabetics. At King's College Hospital, I myself had been given charge of them in our small biochemical laboratory. They occupied all odd seats so extensively as to threaten the extinction of Bunsen burners and all other routine work. Our voluntary hospital had no money to spare for equipping a new department, so I started to raise money from some of my rich and grateful diabetic patients for a new diabetic department. Amongst these I approached the great writer, H. G. Wells, who, not feeling so affluent in his contribution as I expected, offered to write a letter of appeal to *The Times*. This is interesting in being the first public intimation of the profound debt diabetics felt for the progress of treatment and the discovery of insulin. I shall quote parts of Wells' letter of appeal.

THE SELECT COMPANY OF DIABETICS

"Sir, — May I make an appeal through your columns, not to all your readers, but to that select percentage of them who are diabetic and who 12 years ago would have been "suffering from diabetes"?

"Some hundreds of thousands of people to-day who have this physiological idiosyncrasy are living active and happy lives thanks either to a scientifically regulated dietary or to the use of insulin. Many of them — many of us, to be more personal—would either be dying slowly and uncomfortably or be already dead if it were not for the work of a small group of experimentalists and practitioners who have brought this particular maladjustment under control, and none of us can feel anything but the liveliest gratitude for that work.

"An opportunity occurs for expressing this gratitude in a very direct and effective fashion. We can contribute to the research that is still perfecting the very precise and beautiful treatment by which we have been restored to normality, and we can help to extend its benefits to many fellow diabetics not so well off as ourselves who would otherwise be obliged to cease work and so cease to be self-supporting.

"I suggest that it would be a becoming thing of the elect class of grateful diabetics to whom I appeal to tax themselves for the benefit of our cult. If 40 of us would put up £20 each the thing would be done. When I think of the relief our treatment has given us and the real invigoration, the bracing effect, of its clear and rational discipline, £20 seems to me a small sum. Indeed, as I think the matter over I am a little surprised we have not already formed a Diabetic Association, to watch over and extend this most benign branch of medical science to which we owe our lives. I will not, however, let my imagination run on to an Annual Dinner for Old Diabetics, or to the organized propaganda of our simple requirements among cooks and hotel and restaurant proprietors. The immediate business in hand is to raise that £800, and I shall be very glad to hear from all my fellow diabetics who are

willing to assist in any measure in raising this not very considerable sum. The participation of friendly non-diabetics will rouse no resentment. Advice and suggestions may be freely tendered. The figure of £20 is given merely by way of illustration. Cheques should be made out to "H. G. Wells Diabetic a/c," King's College Hospital, S.E.5."

Sincerely yours,
H. G. Wells.

This letter raised enough money from some 30 subscribers for my immediate hospital purposes and put into mind the idea of an Association of diabetics for self-help in social matters and to raise money for research, really my main interest. This was the start of our Diabetic Association and the movement was soon inaugurated at our annual hospital dinner where we diabetic subscribers ate our special privileged food and talked over the idea.

Next the sympathy of various doctors specially interested was sought and, with them and the patients they brought, the movement was started, almost entirely in London. I soft-pedaled my interest in starting the movement, an interest which (as a diabetic myself), was really altruistic but might have been, and in some quarters was, considered a Lawrence "stunt".

I shall never forget the first meeting in Wells' apartment of some 50 earnest people, diabetics from all ranges of life. We knew we wanted to do something good and important for the lives of diabetics and the progress of knowledge. But how and where and what, was vaguely tentative in our minds. However, we formed a Diabetic Association on the spot with Wells as President, an advertising expert as Secretary, an accountant as Treasurer, a small Council of lay diabetics with a few doctors, and determined to publish a Journal to unify and spread our efforts, at first in such diabetic clinics as were in being throughout the country.

So it started and spread slowly but surely and our quarterly journal consisted of useful simple advice to patients on diet and insulin. Soon it became incorporated legally in law as a philanthropic non-earning association by which means income tax is avoided and other privileges gained. Fundamentally the organisation and directive power has always been in the hands of lay diabetics and our constitution insists on a preponderance of lay

diabetics on the governing council in excess of the interested doctors who also cooperate — only one-third of the total council can be practising physicians earning money from the treatment of diabetics. This has proved a good rule which we have never seen reason to change. The conjoined work of doctors and laymen has always remained happily co-ordinated with no divergent strains and stresses — perhaps a unique situation, though common enough in the practical compromise ingrained in this country when occasional divergent interests meet.

Perhaps an unusual feature in our Association was the different grades of membership we created for the relatively rich and poor. The former became full members with voting rights for an annual subscription of one pound (5 dollars then) and the others paid two shillings (half a dollar) for membership which included their receipt of the same quarterly journal established in 1934.

Such was the beginning — an association essentially for lay diabetics: to help them in their social and personal problems — but not to advise them on their personal treatment which was their own doctors' concern: to educate and encourage them to lead a normal life without handicap from their disease and to dispel invalidism: to fight old-standing prejudices concerning their employment and insurance.

Since the early days, with an ever-growing membership, we have done more and more. Before the war we had holiday homes for children on a small scale and these are now happily recreated for some 300 children. Other fields of activity have been set up with two convalescent homes for men and women. Five educational homes have been established for children from 3 to 16 whose lack of care at home in poor families make their lives and education impossible. We have strained our finances lately — almost to bankruptcy — by setting up a home for elderly poor and uncared-for diabetics. And we endow at present five young and keen research workers on diabetes in different hospital laboratories.

But enough of our present efforts. It was the beginning 20 years ago that I set out to describe. But it is good to feel that the little fire we lit has led to Diabetic Associations all over the civilised world and, indeed, recently to an International Diabetes Federation of all national associations which met this year in Holland.