

The American Diabetes Association and the Future

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One often hears corporations referred to as "self-perpetuating individuals." This term recognizes the indubitable fact that any institution composed of a group of mortals may, under our legal system, take on an aspect of immortality through the process of incorporation.

Only one thing, other than people, is required for such continuance and, just as important, for growth; and that is: Money. No matter how rich and how powerful an individual human may be, when his days are numbered his wealth and his power count for nothing, and he can take neither type of asset with him, as the old saying has it. But an institution can co-exist with eternity, so to speak, if it is adequately provided with members, and if they in turn are sufficiently generous with their goods and chattels to permit the institution to have an on-going life of its own by providing it with the wherewithal for a viable annual budget.

Even the newest member of the American Diabetes Association is aware of the fact that it is a nonprofit institution that depends on individual and group (foundation or corporation) generosity for a large part of its support. True, membership dues, sale of publications, and other self-generated sources of income carry about 60 per cent of the annual costs of operating our Association today; but it is the other 40 per cent that is the difference between a healthy organizational continuity and expansion, and an ailing, failing downward trail toward an early economic death.

The generosity of certain corporations, foundations, and individuals in supplying that needed 40 per cent of our annual budget is more than welcome; it is absolutely and utterly essential. But more is needed, if ADA is to maintain an operational expansion commensurate with the nation's population increase, with the ever-larger percentage of older people in that population, and with the consequent growth in the number of people with diabetes, diagnosed and undiagnosed. The result of these increases is a continuing enlargement in demand for the Association's services in its four major areas of activity: professional education, patient educa-

tion, public education and case-finding, and research.

The satisfying of this demand is a costly undertaking, and calls for an ever-larger annual budget for our operations. As with almost all other nonprofit institutions, whether they be universities or churches, voluntary health agencies or learned societies, the American Diabetes Association must depend more and more on *bequests* as a source of needed permanent endowment and current income. In the past, the expansion of several of the Association's programs, particularly that of research, has been made possible at least in part by several substantial bequests which it received. The need for more such bequests continues, on an ever-more-urgent scale, if these essential programs are to continue to expand to meet the requirements of the future.

Certainly, as a means of benefiting your organization's programs in professional education and research, and also of helping to support its activities in patient and public education and case-finding, a generous bequest to the American Diabetes Association in your will is without equal. Since such bequests are generally free from estate and inheritance taxes, they usually have important tax advantages for your heirs.

ADA AND YOUR PATIENTS

There is another important aspect of the subject of bequests which I would like to call to your attention: the desirability of encouraging patients with diabetes, or their relatives, to remember the American Diabetes Association in their wills. The May-June 1964 issue of ADA FORECAST will publish an article by me appealing to all readers to do just that. I feel that it is most important that every physician should be aware of this article's coming appearance, and should be ready to answer any questions his patients may have on the nature of our Association, its current programs, and its future plans. Especially important will be information they may ask for concerning the nature of the new Research Foundation of the Association, and the kind of activity this Foundation may be expected to undertake, since it is frequently the case that lay individuals are more interested in making bequests—or gifts, for

that matter—to institutions engaged in research than to those with broader and less dramatic goals such as education and detection.

A suitable form for a clause making a charitable bequest to the Association or to its Foundation may be phrased as follows:

"I hereby give and bequeath to the American Diabetes Association, Inc. (or The Research Foundation of the American Diabetes Association, Inc.), a corporation organized under the laws of the State of Ohio, and having its principal office at 18 East 48th Street, New York, New York 10017, the sum of dollars."

Your attorney may wish to make changes in this form, and also will be able to provide you with the proper phraseology for a bequest of real property or securities, in place of a stated and fixed sum of money, if you so desire.

In view of our personal concern with the problem, both as individual physicians caring for patients with diabetes and as members of the American Diabetes Association, I am firmly convinced that we should be especially interested in seeing to it that the Association receives the kind of support that it needs, through the establishment of bequests in our wills and also in those of patients.

BOOK REVIEWS

ANNUAL REVIEW OF BIOCHEMISTRY. Edited by J. Murray Luck. \$8.50, pp. 864, Annual Reviews, Inc., Palo Alto, California, Volume 32, 1963.

In addition to a broad survey of recent developments in the chemistry and metabolism of nucleic acids, complex lipids and water-soluble vitamins, volume thirty-two of the *Annual Review of Biochemistry* includes chapters devoted to protein structure, biological oxidations, mechanisms of enzyme action, neurochemistry, and the technics of gas chromatography and mass spectrometry.

Readers who work in areas related to metabolic disorders should find the chapters pertaining to carbohydrate and lipid metabolism of particular value. Cabib has reviewed recent publications dealing with the synthesis and metabolism of glycogen, the regulation of glycolysis, and the action of insulin. Information concerning the mobilization, transport and metabolism of free fatty acids is covered in the review of lipid metabolism by Mead. In his chapter on the biochemistry of sulfur-containing compounds, Black discusses recent data on the metabolism and mode of action of insulin. The large number of articles encompassed in each review tends to limit the depth of chronological presentation and the amount of critical discussion that can be allowed. However, two chapters have escaped to some extent from these restrictions. The review of biological transport by Hokin and Hokin provides a comprehensive introduction to current ideas in this important field. The chapter on steroid hormone action by Tomkins and Maxwell provides a systematic survey of the effects of steroid hormones on isolated enzyme systems and on amino acid metabolism and protein synthesis.

For students of the biochemical aspects of diabetes, this compendium can serve as a valuable key to a wider base of knowledge.

COUNSELING IN MEDICAL GENETICS, 2nd edition. By Sheldon C. Reed. \$5.50, 278 pp. W. B. Saunders Company, Philadelphia and London, 1963.

Genetic counseling is not a forte of most medical practitioners. Yet much human concern laid at their doorsteps or

hidden behind a professed reason for office visits requires an ability either to give this kind of counseling or to recognize the need for it and to make a referral to a genetic counseling clinic. Since such clinics are few and therefore not generally available, a book that suggests technics for genetic counseling and offers the scientific basis for some of the information and advice to be given is of inestimable value. Reed's *Counseling in Medical Genetics* is such a book.

The book is written in a style that is easy to read. To understand it requires only a minimum knowledge of genetics and no previous background in genetic methods. Each chapter is followed by examples of specific situations and the kind of advice given.

The first few chapters of the book supply the necessary background information. The remainder take up specific issues such as the chromosome breakthrough, mongolism, mental retardation, "cures" for genetic diseases, diabetes, hairlip, cleft palate, clubfoot, allergies, blood genetics, disputed paternity, skin color, heart diseases, psychosis, genetic effects of radiation, and the environment. An appendix listing the rare genetic traits is also included.

Dr. Reed's opinion is that "It is the physician who is likely to have a hand in shaping the future evolution of mankind because our reproduction is no longer capricious. The desire for a happy family of normal children is one of the strongest human motivations. For the first time in history the physician is able to be of major assistance in achieving the highest of life's goals. . . . The physician of today not only helps couples achieve a family size appropriate to their environment, but, by means of genetic counseling, he can assist them to approach the quality of children they desire. . . ."

Dr. Reed states that while the geneticist has or can get the data needed for making helpful recommendations to patients, few requests for such information are addressed directly to him. In most instances it is the physician from whom such advice is sought and, given the knowledge necessary for genetic counseling, he actually is the one who is in the best position to help the patient, for he has specific information concerning him and the totality of his problem.

This book is strongly recommended for general reading by the physician. It also makes a useful reference text for the consultation room.