

DIABETIC NOSTRUMS AND QUACKERY

Responsible persons in both government and medicine have long regarded it as their duty to protect the public from medical quackery. The only means of so doing are public education and legal procedures aimed at restraining or punishing the purveyors of such misbranded remedies.

Governmental agencies and medical organizations should, and do, supplement each other in these activities. In the matter of education, both have done less than is needed. Specialized medical societies, such as those for diabetes, tuberculosis and cardiac disorders, because they publish literature for patients and their relatives and friends who are personally interested in particular diseases, have a unique opportunity not enjoyed by organizations which spread their educational efforts over the populace at large. Reaching highly selected audiences, these societies can expose specific fraudulent practices to those who will listen because they are directly concerned.

Respecting the restraint and punishment of charlatans and the suppression of their wares, the government has the ultimate responsibility. The Food and Drug Administration, the Federal Trade Commission, and the Post Office Department have been active in ferreting out violations of the law and bringing offenders to justice. Here again, however, the medical organization interested in a single disease can be of the greatest service in calling attention to undesirable situations of which it has special knowledge and which, because of their number and local character, might otherwise be overlooked by the federal authorities.

Since 1941 the American Diabetes Association has had a standing committee dealing with nostrums. This type of activity is now included in the duties of the Committee on Therapeutics. This committee contributes to public education by cooperating with the editors of the ADA FORECAST in dispelling popular illusions about the treatment of diabetes and in exposing fraudulent remedies and "cures". Questions addressed to the Association are referred to the committee. The chairman, acting either upon his own responsibility or upon the advice of his colleagues, provides the answers to these queries within the scope of the committee.

The appearance of new nostrums, and the resurrection of old ones, frequently are brought to the attention of the committee by its own members, who are scattered widely over the country for scouting purposes, and by other alert members of the American Diabetes Association. Information thus acquired is checked with the

comprehensive files of the Bureau of Investigation and the Council on Pharmacy and Chemistry of the American Medical Association, with which the committee maintains a close liaison. The matter is then referred to the Food and Drug Administration, the Federal Trade Commission, or the Post Office Department, or all three, for action. Not uncommonly these agencies learn of a new nostrum for the first time through this committee. Committee members have testified, as individuals, in legal actions brought against unscrupulous manufacturers and distributors. The record of convictions in such cases is impressive.

The value of the Committee on Therapeutics stands in almost direct proportion to the diligence of physicians in reporting to it any obviously worthless treatment for diabetes which they may encounter.

HENRY T. RICKETTS, M.D., *Chairman,*
Committee on Therapeutics

RECOVERY FROM RETINOPATHY

Spontaneous recovery from diabetic retinopathy is extremely rare. Improvement in vision of any degree is encouraging, but the complete disappearance of the objective evidence of retinopathy is of considerable significance. Poulsen's well-documented case report appearing in this issue of DIABETES, thus deserves special attention.

The significance of the observations in this case is two-fold. First, the complete reversibility of the pathological changes in the retina is demonstrated. Second, light is thrown on the etiology of the condition. The occurrence of Simmonds' disease preceded the spontaneous cure of the retinopathy. Thus hypofunction of the pituitary and presumably of the adrenal glands appeared to exert a beneficial influence in respect to the retinal condition. This rare accident, therefore, supports the theory first suggested by Becker that relative hyperfunction of the adrenal may be the precipitating cause of the retinopathy in diabetics.

In any case, solid evidence that recovery from diabetic retinopathy can occur should give great encouragement to all who are searching so eagerly for effective treatment and for means of prevention of this serious complication of diabetes.

JONAS S. FRIEDENWALD, M.D.

THE HEART IN HEMOCHROMATOSIS

In a recent paper, Swan and Dewar¹ called attention to those occasional patients with hemochromatosis in whom

cardiac symptoms and signs dominate the clinical picture. They reported two cases in one of which there was recurrent, prolonged, severe substernal pain with T-wave changes in the electrocardiogram consistent with a myocardial infarction. This patient recovered so that there is no definite evidence as to what part hemochromatosis played in the cardiac complication. In the second case, death from congestive heart failure occurred. Postmortem examination showed an enlarged heart weighing 400 gm., normal valves and coronary arteries and an intense, patchy siderosis of the myocardium with considerable destruction of muscle and replacement fibrosis.

In his monograph on hemochromatosis, unique in this field, Sheldon² concluded that myocardial failure was uncommon as a cause of death. However, in a review of the more recent literature, Swan and Dewar found a number of reports of cases of hemochromatosis in which there occurred symptoms followed by death in congestive heart failure. They summarized the findings in 14 of these. Among the 27 fatal cases occurring in the series of 30 patients with hemochromatosis reported by Marble and Bailey,³ there were six whose death was attributed to heart failure, with or without coronary insufficiency or thrombosis. In the 15 of the 27 fatal cases in which postmortem examination was done, the heart muscle usually had a deep brown or reddish brown color. Coronary sclerosis was found in 7 of the 15 cases and at times was extreme. Microscopically, specific pigment granules were noted in the muscle fibers in 10 of 15 cases. The pigment tended to collect around the nuclei and in some the entire muscle cell was replaced by pigment granules.

Apart from the fact that voluntary and plain muscle are relatively free from involvement, the finding of large amounts of iron pigment and fibrosis in heart muscle is not surprising since it is common knowledge that in hemochromatosis there is usually widespread deposition of hemosiderin and hemofuscin throughout the body. However, it is not generally appreciated that in the occasional patient the deposition of iron pigment in the heart muscle may be so marked and

the subsequent fibrotic response so extensive that a greatly weakened myocardium may result.

Of particular interest are the following clinical features: 1) The patients affected are usually not elderly, being below 60 and often below 50 years of age; 2) Symptoms of cardiac decompensation usually progress with relative swiftness; 3) Measures commonly employed in treatment such as rest, digitalis, low sodium diet and diuretics provide at most only temporary benefit. The course is usually progressively for the worse and death may take place within several weeks or a few months after the onset of definite cardiac symptoms. Consequently, whenever a diabetic patient in the fourth to sixth decades with hepatomegaly and skin pigmentation develops rapidly progressive congestive heart failure which does not respond to treatment in the usual fashion, then hemochromatosis with unusually severe involvement of the myocardium should be suspected.

ALEXANDER MARBLE, M. D.

SELECTION OF THE PRIZE STUDENT ESSAY ON DIABETES

The Editorial Board of DIABETES has been assigned the task of selecting the best paper submitted by a student or intern for the prize which will be awarded by the American Diabetes Association. It has already begun its work and will proceed with the appraisal of entries in the coming months.

As announced last summer, the prize of \$250, donated by the St. Louis Diabetes Association, will be awarded to the author of the best paper on any subject related to diabetes. It can be a report of research, a biographical or historical note, a case report, or a review. Although entries will be accepted until April 1, it is hoped that a good share of the additional manuscripts will be submitted early since this will facilitate the work of the Board.

Members of the Association are invited to bring the prize to the attention of students and interns. An interest stimulated early in a medical career may yield important dividends in the development of the field in which we are all especially interested.

¹ Swann, W. G. A. and Dewar, H. A.: The heart in hemochromatosis. *British Heart Journal* 14:117-129, 1952.

² Sheldon: Hemochromatosis. London, Oxford University Press, 1935.

³ Marble and Bailey: (*Am. J. Med.*, 11:590-599, November, 1951.)