that HLA-B7 and HLA-B18 might be associated with a different and perhaps milder form of juvenile diabetes.

Irvine, W. J.; McCallum, C. J.; Gray, R. S.; Campbell, C. J., Duncan, L. J. P.: Farquhar, J. W.; Vaughan, H.; and Morris. P. J. (Dept. of Endocrinol. and Immunol. Labs., Diabetic Dept., Royal Infirmary, Diabetic Clin., Royal Hosp. for Sick Children, Univ. Dept. of Ther., Edinburgh, Scotland, and Nuffield Dept. of Surg., Oxford Univ., England): PANCREATIC ISLET-CELL ANTIBODIES IN DIABETES MELLITUS CORRELATED WITH THE DURATION AND TYPE OF DIABETES, COEXISTENT AUTOIMMUNE DISEASE, AND HLA TYPE. Diabetes *26*:138, 1977.

In a study of 972 patients with diabetes mellitus, humoral pancreatic islet-cell antibodies (I.C.Ab.) were detected in highest prevalence in insulin-treated diabetics with (38 per cent) and without (22 per cent) associated overt organ-specific autoimmune disease (A.I.D.) where consideration was not given to the duration of diabetes. They were also detected in 8 per cent of diabetics treated with oral hypoglycemic agents (O.H.A.), but not in diabetics requiring diet alone and in only 0.5 per cent of 434 control subjects. Six per cent of 522 patients with overt organ-specific A.I.D. but not diagnosed to be diabetic had I.C.Ab.s. I.C.Ab.s were present in the sera of 2 per cent of 157 first-degree relatives of I.C.Ab.-positive subjects.

In insulin-treated diabetics and, to a lesser extent, in diabetics not requiring insulin, the prevalence of humoral I.C.Ab. was strongly dependent on the duration of the diabetes, being 60 per cent during the first year from diagnosis in the insulin-treated group and falling to 20 per cent at two to five years and to 5 per cent at 10-20 years. The prevalence of I.C.Ab. in insulin-treated diabetics showed no correlation with the patient's age at the time of testing when the duration of diabetes was taken into account.

Diabetics who did not require insulin for treatment but who were I.C.Ab.-positive showed a significant tendency to subsequently require insulin and to have a higher prevalence of other autoantibodies than insulin-independent diabetics who were I.C.Ab.-negative.

Persistence of I.C.Ab. for more than five years from diagnosis of diabetes was associated with coexistent overt organ-specific A.I.D. and with HLA-B8,A1, and A1 + B8.

Rubinstein, Pablo; Suciu-Foca, Nicole; and Nicholson, J. F. (Lindsay F. Kimball Res. Inst. of N.Y. Blood Center, and Coll. of Phys. Surg. Columbia Univ., N.Y.): GENETICS OF JUVENILE DIABETES MELLITUS. N. Engl. J. Med. *297*:1036, 1977.

We investigated the genetic predisposition to juvenile diabetes in the families of 31 index cases in relation to the inheritance of the HLA system. The diabetes-predisposing gene was found to be recessive because the diabetic sibs in index cases shared both their HLA genes with a significantly increased frequency. Penetrance was estimated at 50 per cent because half the HLA-identical sibs in index cases were diabetic. These conclusions fit with published observations that the risk to sibs of patients is about 10 per cent, when both parents are normal.

In three informative cases of recombination within HLA the predisposing gene traveled with the HLA D segment of the recombinant haplotype. We prepared tables for the computation of risks to relatives, based on the hypothesis of recessivity, HLA linkage and 50 per cent penetrance.

Future Meetings

1978

June 11-13	**Sheraton-Boston Hotel, Boston, Mass.**	**38th Annual Meeting**
June 15, 16	2nd Medical School, University of Naples, Italy	"Medical Complications of Obesity"
June 19-21	Marseille, France	5th International Meeting of Endocrinology at Marseille (Diabetes and Obesity)
June 26-28	University of Milan, Italy	Int. Symp. on Peripheral Neuropathies
July 2-8	Dresden, GDR	XII FEBS Meeting
July 5-7	Royal Infirmary of Edinburgh, Scotland	Int. Symp. on the Immunology of Diabetes
August 31-September 1	Aarhus University, Denmark	Nervous System Abnormalities and Nervous Disease in Diabetes Mellitus
September 15, 16	London, England	Autumn Meeting, Medical and Scientific Section, British Diabetic Association
September 25-27	Zagreb, Yugoslavia	5th EASD Postgraduate Course
September 28, 29	**Rochester, New York**	**Combined Health Care Professionals Course—Region I**
September 28-30	Zagreb, Yugoslavia	14th Annual Meeting, EASD
October 5-7	Florence, Italy	4th International Symposium on Pediatric and Adolescent Gynecology
October	**Seattle, Wash.**	**16th Research Symposium**
November 9-11	**Phoenix, Az.**	**CHCPC—Region IV**
November 11, 12	**Birmingham, Ala.**	**CHCPC—Region II**

Downloaded from http://diabetesjournals.org/diabetes/article-pdf/27/5/608/349967/27-5-608.pdf by guest on 02 October 2023

	1979	
January 11-13	Rome, Italy	2nd European Symposium on Hypoglycemia
January 22-24	Fairmont Hotel, Dallas, Texas	26th Postgraduate Course
March 19, 20	Charleston, S.C.	CHCPC—Region II
April	New Jersey	CHCPC—Region I
June 10-12	Century Plaza Hotel, Los Angeles, Ca.	39th Annual Meeting
September 7-9	Indianapolis, Ind.	CHCPC—Region III
September 9-14	Vienna, Austria	10th Congress of the International Diabetes Federation
September 27, 28	Denver, Colo.	CHCPC—Region IV
	1980	
Jan. 30-Feb. 1	Atlanta, Ga.	27th Postgraduate Course
February 10-16	Melbourne, Australia	VI International Congress of Endocrinology
June 15-17	Sheraton-Park Hotel, Washington, D.C.	40th Annual Meeting
	1981	
January	Phoenix, Az.	28th Postgraduate Course
June 14-16	Cincinnati, Ohio	41st Annual Meeting
	1982	
June 13-15	San Francisco Hilton, San Francisco, Ca.	42nd Annual Meeting

ORGANIZATION SECTION

THIRTY-EIGHTH ANNUAL MEETING

The Annual Meeting of the American Diabetes Association will be held at the Sheraton-Boston Hotel, Boston, Massachusetts, on June 9-13, 1978. Organizational meetings and the awards banquet, Saturday, June 10, will be followed by the scientific sessions on June 11-13; the schedule and the session chairmen are listed below. Registration will take place everyday while the meeting is in progress. The program, including abstracts of the papers to be presented at the scientific sessions, will be published as a supplement to this journal and distributed to members and subscribers.

SCIENTIFIC SESSIONS

SUNDAY, JUNE 11		
9:00-10:30 a.m.	Fuel Metabolism and Exercise	Roger H. Unger, M.D.
11:00 a.m.-12:30 p.m.	What Causes Diabetes Mellitus?	J. Stuart Soeldner, M.D.
2:00-5:00 p.m.	Clinical Diabetes and Metabolism	George D. Molnar, M.D., and J. Stuart Soeldner, M.D.
2:00-5:00 p.m.	Complications	William H. Daughaday, M.D., and Edwin L. Bierman, M.D.
2:00-5:00 p.m.	Control and Management	Arthur Rubenstein, M.D., and Maria Alogna, R.N.
5:15-5:35 p.m.	THE LILLY LECTURE: "The Role of Glucagon"	J. Denis McGarry, M.D., and Daniel W. Foster, M.D.
MONDAY, JUNE 12		
8:15-10:45 a.m.	Diet and Education	Sr. Ritamary Brown, R.D., and Patricia Lawrence, R.N.
8:30-10:45 a.m.	Transplantation and Management of Diabetes	Saul Genuth, M.D., and Fred W. Whitehouse, M.D.
8:30-10:45 a.m.	Somatostatin	Norbert Freinkel, M.D., and Paul E. Lacy, M.D.
11:15 a.m.-12:30 p.m.	BANTING MEMORIAL LECTURE: "Etiological and Clinical Heterogeneity of Idiopathic Diabetes Mellitus"	Stefan S. Fajans, M.D.
2:00-6:00 p.m.	Complications and Lipids	Pasquale J. Palumbo, M.D., and Mary Ellen Collins, R.D.
2:00-6:00 p.m.	Receptors	Harold E. Lebovitz, M.D., and Jeffrey S. Flier, M.D.
2:00-6:00 p.m.	Behavioral Aspects Relating to Patient Education	Allan L. Drash, M.D., and Rita M. Nemchik, R.N.
TUESDAY, JUNE 13		
8:30 a.m.-12 noon	Insulin and Glucagon Action	Roger H. Unger, M.D., and J. Denis McGarry, Ph.D.

Downloaded from http://diabetesjournals.org/diabetes/article-pdf/27/5/608/349967/27-5-608.pdf by guest on 02 October 2023