

cians who were well schooled in the ways of diabetes, but the same principles of diabetic education apply to others, for the diabetic physician lives under the same physiologic and psychologic laws as the diabetic layman.

PUBLIC EDUCATION

Our efforts in public education have been associated for the most part with case-finding activities carried out through local units of the medical profession. Since diabetes affects an appreciable segment of the population, either directly or indirectly, it is axiomatic that public awareness of the problem is potentially of great value to the individual diabetic. Such awareness is of value in our efforts to find the unknown diabetic so that medical care can be provided early in the course of his disease. In some instances diabetes may be prevented in the blood relatives of diabetics if they learn that avoidance of obesity is important. The opportunities for gainful employment for diabetics can be increased. Proper care for diabetics in emergencies can be enhanced. We have all heard of diabetics who have been cast into jail in the midst of an insulin reaction, to languish there until physiologic processes brought about recovery from a stupor which was mistakenly thought to be alcoholic. We have also heard of death attributed to forceful withdrawal of insulin on the grounds that the police suspected opiate addiction. Perhaps the police force should be a special object of our educational work! In an emergency of a grander scale, such as might result from sudden exposure of a large population to atomic irradiation from abroad, would not a public awareness of the special hazards to the diabetic be of great importance? Lastly, public interest in diabetes is important in promoting research. Who can deny that such public interest, shaped in part by the activities of our Association, helped to stimulate the establishment of the National Institute of Arthritis and Metabolic Diseases, where diabetes is the principal metabolic disease under study and whose financial grants

support much of the research now undertaken in many universities?

Likewise, public awareness of diabetes can be expected to increase support for the research activities of our own Association.

I cannot escape the conclusion stated at the outset of this discussion, that the greatest future of our Association lies in the field of diabetic education. Education will stimulate research, for the instinct to inquire about diabetes depends upon some acquaintance with the problems posed by the disease. With the limited funds now at our disposal, our monetary support of research must necessarily be limited.

We do what we can, but to my mind, our educational activities are the ones in which we have made and will continue for a long time to make the most significant contributions.

It would be advantageous to have much larger funds with which to stimulate and support research in diabetes. However, for a variety of reasons which need not be detailed here, our Council has expressed itself against becoming a voluntary health agency engaged in public fund raising. Rather than turning to the general public for support, it seems more fitting to limit our appeals to the beneficiaries of our endeavors, the diabetics themselves and their families. In so doing, we must not fall into the error of some organizations which have permitted fund raising to become an end in itself, nor must we delude ourselves that money will do things that it will not do. These mistakes we want to avoid. The position of dignity and respect which our Association has won in the eyes of the medical profession and the public must not be undermined by avarice. Claude Bernard once said that the liver is not diseased in diabetes, but that it "sins through exuberant vitality." We are exuberantly vital, but let us not in our exuberance be likened to the liver of the diabetic, which in a lawless manner produces an extravagant amount of sugar of little benefit to the patient.

The Annual Meeting, June 19-20

THE SCIENTIFIC SESSIONS

The Program, which was described in a previous issue of *DIABETES*, attracted a large audience. Clinical and experimental papers were subjects of keen attention. A particular highlight of the Sessions was the panel discussion, "Diabetes and Pregnancy," with Garfield G.

Duncan, M.D., as moderator and M. Edward Davis, M.D., Lester J. Palmer, M.D., E. Stewart Taylor, M.D., and Priscilla White, M.D., participating. The Banting Memorial Lecture delivered by Sir Henry Hallett Dale, to be printed in a coming issue of *DIABETES*, was enthusiastically received.

BUSINESS MEETING

The Annual Business Meeting of the Association was held June 20. The report of Randall G. Sprague, M.D., President, was followed by reports of the Secretary, Treasurer, Executive Director, Nominating Committee, and Committee on Finance.

Report of the President

The Association continues in a healthy condition, and its several programs are going forward in a generally satisfactory manner. At this time I should like to comment on two happenings of the past year.

Within the year we have lost by death three distinguished physicians who played unusually important roles in the founding and development of the American Diabetes Association. These are Dr. Joseph H. Barach, of Pittsburgh; Dr. Herman O. Mosenthal, of New York; and Dr. Rollin T. Woodyatt, of Chicago. By their deaths, the Association, their patients and the medical profession as a whole have suffered a great loss.

Dr. Joseph H. Barach was one of the founders of the Association, and he served as its fourth President. He was the Presiding Officer at the Annual Meeting in Toronto in 1946, on the occasion of the celebration of the twenty-fifth anniversary of the discovery of insulin. He conceived the idea of the Banting Medal and, indeed, actually provided the medal.

Dr. Herman O. Mosenthal was one of the most active moving spirits in the founding of the Association, and he gave tirelessly of his energies in the early planning of the Association's activities. He was its second President, and continued to manifest a vital interest in the affairs of the Association virtually until the time of his death a few months ago.

Dr. Rollin T. Woodyatt was a Member of the Council at the time of the founding of the Association, and served on the Council for six years. In 1948 he delivered the Banting Memorial Lecture at the Annual Meeting in Chicago. He made notable contributions to knowledge about diabetes in the experimental laboratory, in the care of patients and in the teaching of students and physicians.

It is gratifying to be able to report to you that the Committee on Membership and the Council have voted that Drs. Barach, Mosenthal and Woodyatt be elected to Honorary Membership in the Association posthumously.

I should like next to report that last September the Association was invited to participate in public hearings before the House Committee on Interstate and Foreign

Commerce in Washington. The chairman of this committee is Representative Charles A. Wolverton, of New Jersey. The subject of the hearings was "The Causes, Control and Remedies of the Principal Diseases of Mankind." The invitation was received on short notice. After the opinion of the Executive Committee had been obtained as to the Association's participation in the hearings, very little time remained for preparation of formal statements. However, statements were prepared through the efforts of Drs. John A. Reed and Howard F. Root, Mr. Herbert H. Marks, Mr. J. Richard Connelly and myself. The hearing on diabetes was held on October 7, 1953, with Dr. Reed, Mr. Connelly and myself representing the Association. Additional participants were Dr. Arnold B. Kurlander, Assistant Chief, Division of Chronic Disease and Tuberculosis, United States Public Health Service, and Dr. Hugh L. C. Wilkerson, Chief, Diabetes Section, Division of Chronic Disease and Tuberculosis, United States Public Health Service.

The representatives of the Association presented statements on the general problem of diabetes and on the program and activities of the Association in the field of diabetes. At the conclusion of our statements, Congressman John W. Heselton (Massachusetts) stated that he wished to ask in a spirit of friendliness why the American Diabetes Association is not devoting more of its funds to the support of research on diabetes. In anticipation of this question, a statement of the objectives, activities and various programs of the Association had been prepared by Mr. Connelly and was presented. At the conclusion of Mr. Connelly's statement, the chairman of the Committee said, "Mr. Connelly, I think the Association for whom you have spoken is entitled to a great deal of credit. I think that is one of the most comprehensive programs that has been presented to us by any organization. When I realize that you are doing it as a private organization, you might say, with no public appeal for funds, I am astounded that you could have such an expansive and expanding program as you have indicated. I think you are to be highly commended for the evident worthwhile work that is being done by your Association."

RANDALL G. SPRAGUE, M.D.

Report of the Secretary

My report will be condensed in the interest of time.

Your Association engages primarily in education which is divided into three portions: Professional education of which this meeting is a part; patient education, and public education and case finding. Those of you who have engaged in any medical society endeavor, be it on

a city, local, county or state or national level, know of the necessity and properness of good administrative mechanics behind all of a society's projection of purposes.

May I assure you as the Secretary of this Association that this is so with your American Diabetes Association.

I made trips to the national office in New York City to review from time to time the administrative setup. I have only recently done so since the removal of the offices to their new quarters at 1 East 45th Street, New York City.

I wish to report good departmentalization of the office with most competent assistance.

I wish to take this opportunity to extend to Mr. Connelly, our Executive Director, on the part of the officers and the Council, and I know the membership, our sincerest appreciation of his value and worth to our organization and to thank him for his untiring administrative help to all of us, and to pass on to his staff in New York likewise this appreciation.

As an ex officio member of all committees of your Association, it has been my obligation to attend the meetings of the committees from time to time. I know here again the entire membership will join me in expressing thanks to the chairmen and all the members of these committees for their magnificent endeavors and fruitful production.

In short, in the fulfillment of the many endeavors of your Association, the mechanics of administration and staff is excellently geared to the performance of these functions.

JOHN A. REED, M.D.

Report of the Treasurer

Since there is not much time at this Business Meeting this report of necessity must be brief. Any Active Member of the Association who may desire to study the Financial Statement for the last fiscal year may receive a copy by writing to the National Office.

I am pleased to report to you that the Association is within its budget for the past fiscal year. It is also a pleasure to report that our Executive Director has been able to set aside year by year funds to make up a reserve. Our Association should have such a financial backlog in case of a national emergency.

Approximately one-half of our income is earned by the Association. This comes from membership dues, subscriptions to the ADA FORECAST, our journal DIABETES, and other self-financing projects and interest on savings. The balance of our income is received as gifts and grants from corporations who generously support our activities. The corporate contributors are as follows:

- Abbott Laboratories
- Ames Company, Inc.
- Armour Laboratories
- Becton, Dickinson and Company
- Burroughs Wellcome & Co., Inc.
- The Chicago Dietetic Supply House
- The Denver Chemical Mfg. Co., Inc.
- Eli Lilly and Company
- Monsanto Chemical Company
- E. R. Squibb and Sons
- The Union Central Life Insurance Company

On behalf of the American Diabetes Association, I wish to take this opportunity of expressing our deep gratitude and sincere appreciation to these corporations for their loyal support.

Your Council is aware of the necessity of increasing our income to meet the future needs of the Association. It is also aware of the financial needs of our Affiliate Associations. In the report of the Committee on Finance, as accepted by the Council, recommendations are set forth to meet this situation. Time does not permit presenting them in full at this time, but the recommendations can be summarized as follows:

First, the Council believes that fund raising should be limited to diabetics, their families and friends, and not be carried to the general public.

Secondly, the Council recognizes the financial needs of its Affiliates and pledges to do its part in such a limited campaign. It expects the Affiliates in turn to recognize the financial needs of the Association and to give generously to the work of the national Association.

To put the plan in just a few words, the national Association will join with its Affiliates in a financial campaign which will be conducted among diabetics. The Council believes that a financial campaign characterized by truthfulness, moderation and dignity, can be successful and result in a sounder financial condition of the Affiliate Associations on the one hand and the national Association on the other.

WILLIAM H. OLMSTED, M.D.

Report of the Executive Director

It is a real pleasure to greet the membership once again, an occasion, however, that happens only too infrequently.

This is unfortunately one of the inherent limitations of a national organization. Even in a meeting such as this we are all very busy, and there is little opportunity to do more than just greet each other in the hall.

I want to thank Dr. Reed for the very kind and thoughtful words. However, any progress that is made

in administration is due to the co-operation which we receive from the Secretary, the President and the officers and Councilors and the entire membership of the Association. Also, I think Dr. Sprague is being very modest. Dr. Sprague, serving as chairman of the group for the Wolverton Committee, the House Committee on Interstate and Foreign Commerce, presented a brilliant statement to them. Dr. Reed also presented a statement that was equally worth-while.

We are in very good shape administratively. However, I do have an apology, an explanation to the membership relative to the Membership Directory. This has been delayed due to a complete reorganization of our membership records. We hope to have the directory in the mail this summer. We have an August deadline. We hope to make it. The directory in addition to an alphabetical and geographical list of members will include a new Constitution and Bylaws of the Association, a list of all Honorary Members and all past officers and Councilors.

As I am sure most of you know, our affiliate service program is in full swing. Mr. S. Ross Pond is serving as Field Representative. If any of you are interested in organizing an affiliate association in your area, if you will get in touch with Mr. Pond or me, we will be glad to help you.

Probably one of the administrative highlights of the year is the new office which Dr. Reed referred to. We hope that all the members will feel free to drop by and visit us.

An item which appeared in one of the national magazines might be of interest to you. You probably saw it in *Newsweek*, and we would like to report at this time that *Newsweek* has been contacted relative to the item which appeared in the May 25 issue about an alleged substitute for insulin. No satisfactory information was secured. Further, the matter was investigated with other reliable sources, and they had no information about the alleged product.

Once again I would like to thank the membership for its cooperation and invite you all to drop by and see us at the new office.

J. RICHARD CONNELLY

Report of the Nominating Committee

Before presenting this report, I wish to state the requirements of the Constitution and Bylaws concerning the composition of this Committee. The Nominating Committee is made up of the three most recent past Presidents. The individual who is the senior in point of

service as past President and who is present at the meeting shall be Chairman. If any of the three past Presidents are not present at a meeting, it is the privilege of the Chairman to select a past President who is present to fill the vacancy. The nominations of this Committee are submitted to the Council for approval, and are then in turn submitted to the membership at the Annual Meeting.

In connection with this particular Committee, I would like to say that Dr. Arthur R. Colwell of Chicago, who is the second member on the Committee, was prevented for personal reasons from being here. As provided in the Constitution and Bylaws, the Chairman selected a past President present at the meeting to fill his place, and in that place Dr. Howard F. Root of Boston served.

The duties of the Nominating Committee, as I am sure you all realize, are becoming increasingly difficult because of the very large number of highly qualified men, men qualified not only from the standpoint of ability and of what they have contributed to the field of diabetes, but from the standpoint of service, and I would like to emphasize service. Holding to these principles and considerations, we prepared a slate for the Council. The Council has approved this slate of candidates and I will now read them to you.

For the three-year term on the Council expiring 1957:

Dr. Garfield G. Duncan of Philadelphia
 Dr. Edwin L. Rippey of Dallas
 Dr. E. Perry McCullagh of Cleveland
 Dr. Herbert Pollack of New York City
 Dr. Franklin B. Peck, Sr., of Indianapolis
 Dr. Blair Holcomb of Portland, Oregon

To complete the unexpired term expiring in 1955, created by the death of Dr. Joseph H. Barach:

Dr. Joseph T. Beardwood, Jr., of Philadelphia

To complete the unexpired term expiring in 1955, created by the resignation of Dr. Peter H. Forsham:

Dr. Forsham has served two years of a three-year term on the Council and finds that his obligations prevent him from being of such service as he would hope to give this organization. He asked me to present to the Council his resignation and expressed the hope that he would be requested to give service to our Association at a later date, when he has fewer obligations with The Endocrine Society.

Therefore, to fill that unexpired term:

Dr. Thomas P. Sharkey of Dayton, Ohio is nominated.

Then, because the nomination for Second Vice President creates a vacancy on the Council, to complete the unexpired term expiring in 1956 the name of:

Dr. Francis D. W. Lukens of Philadelphia is presented.

Now for the officers:

President: Dr. Henry B. Mulholland of Charlottesville, Virginia

First Vice President: Dr. Henry T. Ricketts of Chicago

Second Vice President: Dr. Frederick W. Williams of New York City

Secretary: Dr. John A. Reed of Washington, D. C.

Treasurer: Dr. William H. Olmsted of St. Louis

It was moved and seconded that the nominations be closed and the nominees included in the report of the Nominating Committee were duly elected.

LESTER J. PALMER, M.D., *Chairman*
FRANK N. ALLAN, M.D.
HOWARD F. ROOT, M.D.

*Report of the Committee on Finance**

Your Committee believes a medical organization such as ours, interested in patient and public education, has as its first function the construction of its programs. Its efforts should be concerned with working out programs which are needed and have proven to be workable and effective. There must be conviction in the minds of those responsible for the programs that they have been effective and should be expanded as needs arise. The emphasis, therefore, is on programs, and fund raising is a secondary but necessary matter. When the organization finds that its programs will need more money for support, the question arises how *much* money will be needed. It is obvious that the cost of the program must have the same meticulous study that has been applied to the study of the programs themselves. We believe it is only honest to state publicly the estimated cost of the programs. This means that if fund raising is attempted, a definite goal should be set.

If any sort of fund raising is undertaken, then we must recognize that there are various ways of appealing to the public as a whole, or to any section of it. Disregarding what we personally believe to be wrong methods, let us consider the principles underlying good methods of fund raising. Our Community Chests might be taken as an example. Community Chests are a personal, man to man, appeal for a group of causes which a Committee of citizens has thoroughly investigated, and which they recommend to the public as being worthy in all respects of their support. The workers who raise the money know the cause to be worthwhile. The publicity is, we believe, characterized by honesty, straight-

*Presented to the Council at the 14th Annual Meeting.

forwardness and dignity. In most cities the public is invited to inspect the agencies that make up the Community Chest throughout the year. Everyone may know how the money is spent. When the ADA goes into fund raising, basing such a financial campaign on the diabetics themselves, we have many fine examples of how to conduct ourselves in an honest and dignified manner.

To sum up: The philosophy we propose the American Diabetes Association to follow can be characterized as follows: (1) thorough study of program from standpoint of need and effectiveness; (2) just as thorough study of the cost of such a program with proof that the amount asked for is conservative; (3) campaign methods that are honest, straightforward and dignified.

Study of our Financial Program Needed

First, let us call your attention to the fact that we have been asking and getting approximately \$100,000.00 per year as gifts. This money, coming as it does from so few large givers, is insecure. But, in addition, it is questionable in our minds whether this above sum will meet the needs for anticipated expansion. Although we may expect Affiliates to raise the money for their own budgets, the expansion of the Affiliate Program means increased expense in the national office. We must give the Affiliates increased service and help with their programs. We will receive from them financial support as we in turn give them service. But all this means a steady expansion of the national office and substantial increase in cost of operation.

Furthermore, there are plans for expanding the programs on Professional Education, Patient Education, Public Education and Case Finding. The Committee on Research has asked for funds, amounting to \$50,000.00 per year, starting immediately. All Committees need to study their programs and the financial needs, now, and as of the future.

Altogether the financial picture of the near future can be summed up as a need for increased funds. Just how much must depend on immediate studies by this Committee with the help of the various Committees concerned.

The Present Situation

In a series of recommendations passed at the January 16-17, 1954 meeting, the Council has outlined the principles involved in fund raising, and asked this Committee to come to the Council with definite plans based on these principles. At that time the Council adopted the following recommendations, which the Committee on Finance now reaffirms:

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Recommendation No. 1. "It is recommended that the Council of the American Diabetes Association approve the principle that diabetics, their families and friends, be asked to contribute to the financial support of the organization; further, that the Council reaffirm the Association's policy of not engaging in a general public fund-raising program."

Recommendation No. 2. "It is recommended that the American Diabetes Association organize an annual fund-raising campaign which shall be based in part on the participation of the Affiliate Associations. It is also recommended that Affiliates be urged to participate in such a campaign, and contribute generously to the General Fund and the Clinical and Research Fund of the American Diabetes Association."

Recommendation No. 3. "It is recommended that the following principles be accepted as a guide to the degree of participation of the American Diabetes Association, on the one hand, and the Affiliates on the other, in fund-raising campaigns. The national organization shall furnish information on the methods of conducting fund-raising campaigns and materials for use in these campaigns, and shall provide such publicity as is consistent with Recommendation No. 1. The Affiliate shall conduct the local campaign and shall provide workers and a field organization for this purpose."

Recommendation No. 4. "It is recommended that, since many thousands of diabetics are not included in the membership of Affiliates, the American Diabetes Association ask these diabetics to contribute to the nearest Affiliate or directly to the national organization, which in turn will give proper credit of any donations to the Affiliate, if one exists in that area."

Reorganization of the Committee on Finance

To gain support of the financial policies which we have adopted, all Affiliates and individuals must be informed. Furthermore, they must be convinced they have a voice in creating financial policy—we must hold their good will. It is our proposal that the Committee on Finance be composed of Affiliate representatives, Governors, and others the President may select. The question of whether this large Committee on Finance should include laymen was discussed at length by the Executive Committee on June 16. The conclusion reached was that at this time laymen should not be included, but that the question may be reconsidered at a later date.

Such a large Committee is unwieldy and ineffectual unless provided with excellent leadership. Therefore, we propose that the President appoint an executive committee of this large group, consisting of the chair-

man and four vice-chairmen. At least three of these five shall be members of the Council.

The duties of this executive committee shall be to suggest policies to the whole Committee and, secondly, to keep all members informed.

Participation of the National Office in the Financial Program

Such a financial program as we have in mind, and such an expansion of the Committee on Finance as we have proposed, will require additional personnel in the national office. We believe that such additions to the staff should include one individual who has, in addition to other qualifications, some experience in fund raising.

There is plenty of work to keep such personnel busy throughout the year. For instance:

- a. A campaign manual is needed for the use of Affiliates in raising money, to set forth the financial philosophy of our Association and to guide them in the organization of campaigns.
- b. There is need for a study of the philanthropic policies of industrial concerns such as food manufacturers, pharmaceutical houses, insurance companies, etc., which might be interested in our programs.
- c. Foundations should be similarly studied.
- d. Letters to members and to diabetics, and editorials and appeals in FORECAST and DIABETES, need to be written, periodically.
- e. Other activities outlined in Recommendation 6, as passed by the Council January 16-17, 1954, should be undertaken.

In view of the foregoing considerations it is the opinion of the present Committee on Finance that an amendment to the Bylaws providing for an enlarged Committee on Finance, along the lines suggested above, should be adopted.

In the meantime, it is our opinion that additional personnel concerned primarily with the financial needs of the Association should be employed. I, therefore, move that the Executive Director be authorized by the Council to employ necessary additional staff, one of whom should have, in addition to other qualifications, some experience in fund raising.

THOMAS P. SHARKEY, M.D.,
Chairman

WILLIAM H. OLMSTED, M.D.,
Vice Chairman (Acting Chairman)

ARTHUR R. COLWELL, M.D.

HOWARD F. ROOT, M.D.

CECIL STRIKER, M.D.

JOHN H. WARVEL, M.D.

THE BANQUET SESSION

The Banquet was both a sociable and a serious occasion. Sir Henry Hallett Dale spoke informally on early memories of the discovery and development of insulin with which he was intimately concerned in Toronto and England. He was introduced by Randall G. Sprague, M.D., who presented him with the Banting Medal in behalf of the American Diabetes Association.*

PRESENTATION OF THE BANTING MEDAL TO SIR HENRY HALLETT DALE BY DR. RANDALL G. SPRAGUE, PRESIDENT, AMERICAN DIABETES ASSOCIATION

Sir Henry Dale has come to our country, accompanied by Lady Dale, for the dual purpose of seeing some of the beauties of the western part of the United States and delivering the Banting Memorial Lecture before us today. Sir Henry, we are honored to have you and Lady Dale with us, and we consider ourselves highly privileged to have heard your lecture.

In introducing Sir Henry, I might list the many fields of research in which he has been an active participant or a moving spirit, or both, and the many honors that have come to him. Instead, let me simply say that he is one of the most distinguished and honored men of science of our time. Trained in physiology, he has been an active contributor to medical science throughout the entire modern period of its rapid development; that is, since the turn of the century.

A short time ago, when Sir Henry was in Rochester, Minnesota, on his way westward, he remarked that, when he took his clinical training, scarcely any therapeutic agents available were directed specifically at the cause of a disease; virtually all of the medicines of that day were for alleviation of symptoms. When he entered the clinical wards at St. Bart's, his professor of medicine singled him out, saying, "I am told that you spent two extra years at Cambridge in physiologic research." Sir Henry admitted that he had. "Well, young man," said Professor Gee, "when you enter my wards, leave your physiology behind you. There is no place for it here. What I am teaching is an empirical craft into which science has not yet penetrated."

Such was the state of clinical medicine when Sir Henry decided to devote his life to research in medicine. He worked under Professor Starling at University College, London, and subsequently became Director of the

Wellcome Physiological Research Laboratories. In 1928 he became director of the National Institute for Medical Research at Hampstead, a position which he held until 1942. In 1936 he shared the Nobel Prize for Medicine. Since 1936 he has been chairman of the Wellcome Trust of London. During the war years, most of which followed his retirement from the directorship of the National Institute for Medical Research, he was preoccupied with the scientific aspects of England's war effort, and had little time for pursuit of the lines of research which previously had been his greatest interest. Parenthetically, I asked Sir Henry what he thought about retirement, and he responded with great vigor, "It's a bad thing—they work you harder than ever before, and pay you less."

Without even mentioning many of the important positions he has held and researches for which he has been responsible, it is apparent that Sir Henry has contributed greatly to medical science. Not the least of his contributions have been based on his qualities of leadership, inspiration and sincerity in all he undertakes. He has stimulated young men with whom he has been associated to do their finest work. And so his mark in medical science will not be just that of one man, but that of his great self and his many pupils.

Sir Henry, it is the pleasure and honor of the American Diabetes Association to present you with the Banting Medal in recognition of your great contributions to medical science.

PRESENTATION OF THE BANTING MEDAL TO DR. RANDALL G. SPRAGUE, BY DR. FRANK N. ALLAN, PAST PRESIDENT, AMERICAN DIABETES ASSOCIATION

It has been traditional that the man who has most recently retired from the scene of presidential office returns from the wings at the next Annual Meeting to perform a final duty. He is given the opportunity of rendering to his successor, the president then in office, a tribute in recognition of his services.

This year mention should be made of more than leadership in organizational activities, more than achievement in medical science. Attention should be directed to a successful career in which diabetes has not been a handicap. The public knowledge of this example serves as an inspiration to young diabetics and also helps them to receive acceptance in their own fields of activity.

It is most fitting that a man who owes his existence to Banting's discovery should receive as one reward for a successful life, the Banting Medal of the American Diabetes Association.

*Sir Henry's speech, "The Changing Outlook in Medicine," will be published in the September-October issue of *DIABETES*.

Randy, it gives me personal pleasure to present to you on behalf of the American Diabetes Association this Banting Medal on which is inscribed "Presented to Randall G. Sprague, M.D., for distinguished service to doctor and patient."

MEETING OF THE BOARD OF GOVERNORS

Meeting for the first time, the newly-constituted Board of Governors of the American Diabetes Association began its work in San Francisco on June 18, 1954, by organizing and electing officers for the coming year. A joint session of the Board of Governors and the Council of ADA was held.

Louis K. Alpert, M.D., of Washington, D.C., was elected Chairman of the Board, with Edwin W. Gates, M.D., of Niagara Falls, N.Y., Vice-chairman. Henry E. Oppenheimer, M.D., of St. Louis, Mo., was elected Secretary of the group. As Chairman, Dr. Alpert will serve ex officio as a member of the Council of ADA.

Following the joint meeting, the Board of Governors heard its new Chairman outline its functions, emphasizing that the Governors are to serve as liaison between ADA and the local diabetes organizations and County and State Medical Societies. Policies and programs of the national organization will be interpreted to local groups; local interests and needs will in turn be reflected to the Council by the Board of Governors.

MEETING OF THE ASSEMBLY OF DELEGATES

Delegates of Affiliate Diabetes Associations throughout the country met as the Assembly of Delegates in San Francisco on June 18, 1954, having met the two previous years as the First and Second Conferences of Delegates of Affiliate Associations. Due to travel distances involved, a relatively small number of Affiliates was represented by either Clinical or Lay Delegates, although the Governors attended as Senior Delegates.

Dr. Henry T. Ricketts of Chicago, Second Vice-President of ADA, serving as Chairman of the Assembly, characterized the initial meeting of the new Assembly as one of orientation, with the formal organization of the Assembly scheduled to take place at the Fifteenth Annual Meeting of ADA in Atlantic City in June, 1955. Dr. Ricketts also announced that the Field Representative, Mr. S. Ross Pond, had made field visits to all the Affiliates during the previous twelve months, as well as having visited a number of cities where groups were interested in the formation of new Diabetes Associations.

Problems of membership, programing and educational activities were discussed by the Delegates. A considerable interest was expressed in the 1955 Assembly, with indications that Affiliates had already begun to plan for full representation there by their Delegates.

1954 Detection and Education Program

Over the United States, Committees on Diabetes of State and County Medical Societies and Affiliate Associations of the American Diabetes Association are getting ready for the annual observance of Diabetes Week which is the third week in November—November 14-20—this year.

Many of the readers of this journal—physicians who have displayed an active interest in diabetes and its control as a major health problem—are enthusiastically engaged in these preparations. The American Diabetes Association welcomes that cooperation of its members and other physicians. Without it, the work of public education with regard to diabetes, which is a basic part of the Association's program, would be difficult if not impossible of accomplishment.

As in past years, facilities for mass testing in the

Diabetes Detection Drive are a primary part of the educational approach. A thoroughly planned program under competent medical supervision has been worked out. Local committees are being provided with detailed suggestions, based on past years' experience, for the organization of the campaign in their communities, and with a variety of printed matter to help them spread the message of early detection and adequate medical care. Nationally and locally those points will be stressed also in publicity through the press and other media of public information.

This year's will be the seventh annual observance of Diabetes Week. Last year the national Association received reports on 350,000 persons tested. It is estimated that actually over one million were screened and perhaps upwards of two million. The reported screenings are a gain of nearly 50,000 over the previous year and it is hoped that this year will bring a still further increase.

The St. Louis Dreyapak was used as a pilot study last year and is to be employed this year on a far larger