



## EDITORIALS

### CAMPS FOR DIABETIC CHILDREN

Summer camps for diabetic children are here to stay. It was in the summer of 1929 when Dr. and Mrs. Henry John took a group of diabetic children to camp in their woods 25 miles east of Cleveland. This is the oldest camp in existence in this country, although one did operate near Detroit for some years following 1925 under the direction of Dr. Leonard F. C. Wendt. In 1955 there will be at least 25 camps for diabetic children operating in the United States and Canada. Some of the newer and smaller camps serve perhaps a dozen diabetic children for two weeks while others now serve as many as 100 children a month for three months. The facilities vary greatly; some utilize a portion of kitchen facilities, under the supervision of a nurse and dietitian in a Boy Scout's or a Camp Fire Girl's Camp. Some take over a camp used primarily for other purposes for two weeks with volunteer workers. Still others own their own facilities or are sponsored or owned by a local diabetes association. They all have one common bond, namely, an interest in the health and happiness of the diabetic child.

The value of a session at camp for most diabetic children is immense. The average diabetic child because of necessary restrictions is denied the pleasure and freedom of living and playing with his friends at camp. Many diabetic children carry a heavy psychological burden, sometimes because of poor adjustment to the difficulties imposed by their disease but perhaps as often transferred to them by tense and over-anxious parents. Sometimes they have suffered in health as well as in mind through the pity or overindulgence of unwise parents. One needs to live with a child with severe diabetes at camp or at home only for a short time to realize the constant stress which is placed on the mother and what relief is afforded her when her child goes to camp for a few weeks. The change in situation with wise, firm, kind handling is sufficient to aid greatly in the psychological adjustment of most diabetic children.

Much diabetic education can be subtly woven into the many activities at camp, and much teaching of

extracurricular subjects can be done. The children learn from their songs and dances, their plays and stunt nights, the dinner speeches, tennis, swimming, hiking, cook-outs, archery, and riflery. They learn by direct teaching as well as by observing their nurses, dietitians, counselors, and each other. Many camps have found it useful to become members of the National Archery Association, and the National Rifle Association so that proper scoring and official recognition of merit can be given. Many camps follow the instruction system for life-saving and swimming set by the American National Red Cross. The Junior Audubon Clubs may be useful in setting up nature-study programs.

All camps, big or small, old or young, wrap up as much of this as they can into a neat parcel tied together with the best possible medical, and dietetic care, and dress it all up to look as little as possible like a hospital. Diabetic children who come to camp in poor health leave in good health in almost every instance; and many who never have had the value of good diabetic control may remain in good health, as the result of good medical care at camp, for an indefinite period afterwards.

Medical directors of camps and those interested in training of young men and women in pediatrics or in metabolic disease should not overlook the valuable training which can be gained by them at camp. One month at camp will give more experience in childhood diabetes than most physicians get in a lifetime.

Physicians everywhere who have contact with diabetic children are urged to tell their families about the existence and the value of "Diabetic Camps." If this is done the present capacity of these camps, which is about 2,400, will soon be overreached, and we may hope that before long many hundreds more diabetic children can be helped to be healthier people and happier, better citizens through the efforts of camps.

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## THE CONGRESS OF THE INTERNATIONAL DIABETES FEDERATION

The Diabetes Congress to be held in Cambridge, England, July 4 to 8 will mark another landmark in the development of the world-wide campaign against diabetes. Delegates from national diabetes associations will confer on problems of organization. Physicians and research workers will attend scientific programs. Laymen concerned with the problems of diabetes because of their interest in personal and public health will participate in special meetings and demonstrations. Through these activities attention will be given to every phase of diabetes—experimental, clinical, economic and social.

The International Diabetes Foundation which has made arrangements for this Congress is a young organization. Its foundations were laid at a meeting held in Brussels, Belgium, in the summer of 1949, which was attended by leaders in work with diabetes from several countries. It was formally established at the first International Diabetes Congress held in Leiden, Holland, in 1952. Its objectives are to disseminate information regarding diabetes and to serve the interests of diabetics throughout the world. This second Congress represents its most ambitious project in relation to these objectives.

The formation of special organizations concerned with

diabetes is the development of the past quarter century. It is believed that the first step was taken in New York City when the New York Diabetes Association was initiated in December 1929. The first national association was The Diabetic Association which had its beginning in London, England, in 1931. Since then local diabetes societies have appeared in approximately forty areas of the United States and national associations are now active in a score of countries. The American Diabetes Association formally established in 1940 is linked with other national organizations in the International Diabetes Federation. Members of our Association can take pride in the fact that Dr. Elliott P. Joslin, Honorary President, and Professor Charles H. Best, Past President, are Honorary Presidents of the International Diabetes Federation. Dr. Howard F. Root, also a Past President, is First President of the Federation.

Our present-day knowledge of diabetes has been accumulated through the efforts of citizens of many countries. This is illustrated by even a partial list of those who have made significant contributions—Willis of England, Langerhans, von Mering and Minkowski of Germany, Laguesse of France, Opie and Bensley of the United States, Banting and Best of Canada, Houssay of Argentina and Hagedorn of Denmark. The international exchange of ideas and experiences through personal contact can facilitate the further development of an understanding of the unsolved problems of diabetes.

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### *A Definition of Diabetes Mellitus*

Diabetes is an hereditary disease, characterized by an increase of glucose in blood and the excretion of this sugar in the urine; it is dependent upon a deficient formation or diminished effectiveness of insulin secreted by the beta cells of the islands of Langerhans of the pancreas and is functionally interrelated with conditions arising in the liver and in endocrine glands other than the pancreas particularly the pituitary and also the adrenal and thyroid.

By Elliott P. Joslin, M.D., and Associates, in *Treatment of Diabetes Mellitus*, Philadelphia, Lea and Febiger, 9th ed., 1952, p. 251.