



## EDITORIALS

### *ANSWERING THE CHALLENGE OF DIABETES: THE NEW YORK DIABETES ASSOCIATION, A PIONEER AFFILIATE*

Nineteen fifty-four marked the twentieth anniversary of the organized campaign against diabetes in New York City. It was the day after Christmas of 1934 that the New York Diabetes Association was founded. The prime movers were a small group of physicians and public health workers who approached the problem with constructive imagination. Two former presidents of the Association, the late Dr. Herman O. Mosenthal and the late Dr. Charles Bolduan were the guiding spirits.

What the Association has done in advancing diabetes control, as well as the developments that lie ahead, are here reviewed. In starting this campaign two decades ago, the Association helped lead the way to the recognition of diabetes as a public health problem. Today, there is an American Diabetes Association with nearly forty local affiliates throughout the country. There are also 850 committees organized within medical societies which are working to find the individuals with undiagnosed diabetes, and bring them to medical treatment. The United States Public Health Service and some city and state health departments have incorporated diabetes control as an important aspect of their programs. The fight against diabetes has come of age. But this disease is a perennial foe and the years ahead must bring an intensified attack.

From its inception, the New York Diabetes Association has directed its efforts toward professional and lay education, emphasized research and made facilities available for diabetic patients. An important phase of the latter has been the operation of a summer camp, to provide vacations for diabetic children and at the same time demonstrate that a diabetic can live a full life.

During its first three years the Association was an affiliate of the New York Tuberculosis and Health As-

sociation. In 1938 it became independent and incorporated as a nonprofit membership agency. A Clinical Society, the professional arm of the Association, was created in 1944, and two years later a Lay Society was organized to interest patients and the general public in its work.

At present its strength is derived from the following groups all of whom serve on a voluntary basis:

1. An active Board of Directors composed of physicians and public-spirited lay men and women.
2. An advisory Council of distinguished citizens who act as consultants for the Association.
3. A Clinical Society made up of physicians and scientific workers, which has the responsibility for the professional program.
4. A Lay Society of patients and other interested laymen which carries on the nonprofessional work of the Association.
5. A Camp Committee which directs the operation of the summer camp.
6. A Camp Service group, which helps raise funds for the camp.

The Association is an Affiliate of the American Diabetes Association, receives support from the Greater New York Fund, is a member of the Welfare and Health Council of New York City, and works in close cooperation with the County Medical Societies, the New York Academy of Medicine, the New York City Health Department and other public and voluntary health and welfare agencies.

Its annual budget amounts to \$70,000 of which \$55,000 goes towards the operation of the summer camp NYDA. Only about 4 per cent is spent for direct fund raising. Its office staff numbers three permanent employees.

#### TWENTY YEARS OF PROGRESS

The Association's major activities comprise the following:

##### *1. Professional Education*

No public health activity has ever been successful without a well-planned program of professional education.

To meet this need the Association's Clinical Society has conducted educational programs for physicians including lectures, seminars, conferences, and round table

An abridgment of the Report of the President to the Board of Directors of the New York Diabetes Association, Inc., Nov. 9, 1954.

discussions on various aspects of diabetes. Several series of articles and helpful booklets on modern concepts of diagnosis and treatment have been made available to the medical profession. Scientific exhibits have been displayed at the Graduate Fortnight of the Academy of Medicine and at other conventions devoted to medicine and public health.

To promote active collaboration between internists treating diabetes and specialists in other diseases in which diabetes plays a role, cooperative meetings have been arranged with sections of the New York Academy of Medicine and other local specialized medical organizations.

To promote improved standards of patient care in the more than seventy diabetes dispensaries operating in the city, a program to standardize clinical procedures was inaugurated. Thus, systematic efforts have been made to secure acceptance by dispensaries of the methods of meal planning and food exchanges described in the *Diabetes Guide Book for the Physician* of the American Diabetes Association as a basis for diet prescription. When generally adopted, it will constitute an important contribution to the welfare of the diabetic patient.

#### 2. Research

When the Association was founded, organized research in the field of diabetes was entering a new phase. Any modest grants that the Association could award to research were parcelled out to the hospitals. These sums were too small to make much impact. The Association, therefore, is now devoting its relatively small funds to bringing knowledge of research to the attention of the medical profession.

A *Symposium on Diabetes* was held on Oct. 8, 1953, and again on Oct. 14, 1954. Distinguished scientists and clinicians presented authoritative summaries and reviews of current research in the field of diabetes and general metabolism and their application to the general practice of medicine.

#### 3. Public Education

Unfortunately, large numbers of people still are not sufficiently aware of the success of modern treatment of diabetes or of the great dangers from delay in diagnosis and treatment, or from relying upon "quacks." During the first twenty years, the Association has used several educational media to acquaint the public with facts about the disease in the hope that they would seek medical treatment promptly.

Intensive popular educational campaigns have been conducted in cooperation with the New York City Health Department, the Health Council, and County

Medical Societies. Radio talks have been broadcast and lectures given by physicians before social, civic, health and welfare groups. Informative literature has been distributed and popular exhibits displayed in strategic locations. The message has reached thousands of homes through leaflets, articles in the press and poster displays in drug stores and motion picture houses.

The New York Diabetes Association has cooperated with the American Diabetes Association and the County Medical Societies in the annual Diabetes Detection Drive. The Clinical Society's Committee on Diabetic Detection and Lay Education has been developing a program to enable industrial and commercial firms to set up diabetes detection screening projects for their employees.

#### 4. Camp NYDA

During the past eighteen years, Camp NYDA, located since 1946 on the Association's forty-acre property in the Shawangunk Mountains, has provided summer vacations for over 1,000 diabetic children. The Camp is supported by voluntary contributions, and no child is refused admission because of inability to pay.

Under medical supervision and with the aid of experienced educators, the young diabetics learn how to care for themselves. They are taught the proper value of food and nutrition, how to test their own urine, and how to administer insulin. Normal life and camp activities are stressed. Happy as well as healthy children is the aim.

The increased publicity received by the Camp has presented the Association with the problem of a large waiting list. As a partial solution, beginning with 1954, the camp will accommodate three groups of eighty children each for three weeks instead of the previous four-week period for two groups of eighty children. This makes it possible to give vacations to 240 children instead of 160.

#### 5. Other Activities

Those suffering from diabetes are often mistakenly looked upon as chronic invalids and excluded from jobs and other activities they could perform competently without handicap or hazard. The Association, through its Lay Society, has tackled such difficult problems as insurability and employment for diabetics. Support has been enlisted from prominent and successful persons who are diabetics in order to show the public that the disease does not bar great achievement.

Through its Information Service, the Association has answered inquiries received from the general public and professional persons.

The influence of the Association has been more than local. In 1939, it helped promote plans for the establishment of the American Diabetes Association.

#### LOOKING AHEAD

This brief summary of the past twenty years indicates that the Association is playing an important part in the control of diabetes. But the Association needs more financial resources in order to carry out its functions adequately. Its educational work must be intensified, a systematic program of patient education must be developed, the facilities at Camp NYDA must be expanded, and there is need for statistical analysis of the effects of the various newer forms of therapy.

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#### "IN THE INTEREST OF DOCTOR AND PATIENT"

"Your Council voted to establish the Banting Medal to be given to the retiring President and Banting Memorial Lecturer. This procedure is to be made retroactive."

This statement appears on page thirty-six of the *Proceedings* of the American Diabetes Association for 1944, in the "Report of the Secretary" by Cecil Striker, M.D.

The motion to establish the Banting Medal was passed at the Council Meeting held Feb. 19, 1944. It had been introduced upon the instigation of Joseph H. Barach, M.D., one of the founders of the Association and its President for the years 1944-46. In addition to being given to the Presidents and the Banting Memorial Lecturers, the medals may, in Dr. Barach's words, "also be presented as the occasions arise to other distinguished members of the profession who have made notable contributions to the knowledge of diabetes."

Soon after the striking of the medal was authorized, Dr. Barach prepared design sketches for it which were based on a composite of photographs of Banting, made at various times by his late cousin and life-long companion, Dr. Frederick W. Hipwell. From these sketches, the actual medal was executed by the talented sculptor, A. Paoli, of New York, and Summit, New Jersey. Paoli's personal interest in this commission, which was made possible by Dr. Barach's own generosity, produced a medal that is much more than a faithful reproduction.

When the original of the medal was shown to the members of the Council, practically all of whom had

known Banting personally for years, it met with instant admiration and approval. The original, a large bronze casting made direct from the sculptor's mold, was presented by the American Diabetes Association to the University of Toronto on the occasion of the celebration of the twenty-fifth anniversary of the discovery of insulin by Banting and Best, which took place at Toronto in 1946. At the same time smaller reproductions of the medal were presented to the honored guests of the Association at that anniversary celebration, Drs. Bernardo A. Houssay, of Argentina; H. C. Hagedorn, of Denmark; R. D. Lawrence, of England; and Eugene Opie, of the United States.



THE BANTING MEDAL

Each year thereafter the Banting Medal has been presented at the Annual Meetings of the Association to its retiring Presidents, and to its Banting Memorial Lecturers. It is also awarded on occasion to others "For Service in the Field of Diabetes." By now it has become the honored symbol of the American Diabetes Association, and an award much treasured by its recipients.

Since the institution of Banting Medals they have been presented to these distinguished physicians and scientists:

#### *Banting Memorial Lecturers*

- 1941 Elliott P. Joslin, M.D.
- 1942 William Muhlberg, M.D.
- 1943 Frederick W. Hipwell, M.D.
- 1944 Leonard G. Rowntree, M.D.
- 1947 G. H. A. Clowes, M.D.

EDITORIALS

1948 Rollin T. Woodyatt, M.D.  
 1949 Herbert M. Evans, M.D.  
 1950 F. G. Young, D.Sc.  
 1951 C. N. H. Long, M.D.  
 1952 Charles H. Best, M.D.\*  
 1953 Shields Warren, M.D.  
 1954 Sir Henry Dale  
 1955 Carl F. Cori, M.D.

1948 Edward S. Dillon, M.D.  
 1949 Charles H. Best, M.D.  
 1950 Howard F. Root, M.D.  
 1951 Lester J. Palmer, M.D.  
 1952 Arthur R. Colwell, M.D.  
 1953 Frank N. Allan, M.D.  
 1954 Randall G. Sprague, M.D.  
 1955 Henry B. Mulholland, M.D.

*Presidents of the American Diabetes Association*

1941 Cecil Striker, M.D.  
 1942 Herman O. Mosenthal, M.D.  
 1944 Joseph T. Beardwood, Jr., M.D.  
 1946 Joseph H. Barach, M.D.  
 1947 Russell M. Wilder, M.D.

*Medalists selected "For Service in the Field of Diabetes"*

1946 Bernardo A. Houssay, M.D.  
 1946 H. C. Hagedorn, M.D.  
 1946 R. D. Lawrence, M.D.  
 1946 Eugene Opie, M.D.  
 1949 Frederick M. Allen, M.D.  
 1952 Prof. R. R. Bensley  
 1953 Walter R. Campbell, M.D.  
 1953 A. Almon Fletcher, M.D.  
 1955 Eugene F. DuBois, M.D.

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\*A special plaque was presented to Dr. Best as he previously had been awarded the Banting Medal as a retiring President.

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*A Definition of Diabetes Mellitus*

Diabetes mellitus is a metabolic disorder of endocrine origin. It primarily involves carbohydrate metabolism but also affects the metabolism of protein, fat and minerals. It results from a deficiency, either absolute or relative in the supply of insulin from the islands of the pancreas. This deficiency, however, may be modified by the activity of other endocrine organs (including the pituitary, the adrenals, the thyroid and the liver). The disorder is manifested by hyperglycemia and glycosuria and tends to lead to malnutrition, ketoacidosis and complications affecting the arteries, peripheral nerves, eyes and kidneys.

By Frank N. Allan, M.D., in *Internal Medicine, Its Theory and Practice*, originally edited by John H. Musser, M.D., 5th edition by Michael G. Wohl, M.D., Philadelphia, Lea and Febiger, 1951, p. 514.

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