Organization Section

Address of the President

Henry B. Mulholland, M.D., Charlottesville, Virginia

For some months, I have given considerable thought to the subject matter of this, my farewell address as your President. The events of the past year have suggested that this may be the appropriate time to indulge in a little self-analysis, briefly taking a look into the past. This will give us an opportunity to take stock of our major accomplishments up to the present. Then we shall endeavor to project ourselves into the future, to predict as well as we may the direction our course should take.

A week from tomorrow—June 12th—will mark the fifteenth anniversary of the founding of the American Diabetes Association. During these fifteen years, it is fair to state that we have passed the period of adolescence and have begun to mature.

Because there are so few in the audience who participated at the birth of our organization, it might be appropriate to relate to our present members a few interesting highlights in connection with its origin.

At a meeting of the American College of Physicians three years before the Association was founded, an interested group of physicians discussed the idea of forming a national diabetes association. Nothing happened for about a year. After a considerable amount of correspondence between those who were present at the original meeting—particularly between Cecil Striker and the late Herman O. Mosenthal—it was agreed that the first step was to invite the cooperation of existing local diabetes groups, of which there were then only five.

It seemed perfectly natural at that time that the idea of a group of physicians associating themselves because of their mutual interest in diabetes should evolve from a discussion of difficulties in evaluating an insulin preparation.

The original group of men, together with twelve representatives of the known local diabetes organizations, met in Cleveland in April of 1940. Cecil Striker presided as Chairman of that meeting, which was attended by the late Herman O. Mosenthal, who acted as Secretary, Samuel Altschuler, Joseph T. Beardwood, Jr., the late Charles F. Bolduan, C. F. F. Gibbs, Louis B. Owens,

HENRY B. MULHOLLAND, M.D., PRESIDENT, 1954-55

Dr. Mulholland was born in Knoxville, Tennessee, in 1892. He started his medical education at the University of Toronto and transferred to the University of Virginia Medical School where he graduated in 1920. At the present time he is Assistant Dean and Professor of Internal Medicine of that institution.

Dr. Mulholland was one of the first members of the American Diabetes Association, and a Councilor since 1947. He has been Chairman of many Association Committees including Emergency Medical Care, Scientific Programs and Scientific Exhibits. He became a Vice President in 1952, and has served as President during the past year.

Dr. Mulholland has served as a Consultant to the government and a member of Commissions on many occasions. Likewise, he has long been active in the American Medical Association and other medical organizations.

Delivered at the Banquet, 15th Annual Meeting, Atlantic City, New Jersey, June 4, 1955.

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William S. Reveno, Laurence F. Segar, George C. Thosteson, J. L. Tuechter and Frederick W. Williams.

As many of you know, Cecil Striker became the first President of our Association, and Herman Mosenthal was the second President.

It is only fitting and proper that the names of the others who attended the meeting of June 12, 1940, be mentioned: Sidney Adler, Samuel S. Altschuler, George E. Anderson, Benjamin I. Ashe, the late Joseph H. Barach, who served as President of our Association for two terms, Joseph T. Beardwood, Jr., Belford C. Blaine, the late Charles F. Bolduan, Frank B. Cross, Beeckman J. Delatour, Joseph N. Ganim, Charles M. Levin, I. Arthur Mirsky, J. West Mitchell, Paul F. Polentz, Herbert Pollack, Philipp Schmahl, James R. Scott, Beverly C. Smith, the late Anna O. Stephens, George F. Stoney, Edward Tolstoi, Millard Wallenstein, and last—but not least—Fred Williams, now serving as Second Vice President of our Association. The twenty-six physicians whose names I have just read were the original founders of our Association.

When one considers that the Association operated with a budget of around $50 a month in the beginning and that today we have more than 2,000 members with a budget of over $200,000 a year, you can fully appreciate its steady growth. As evidence of their interest in diabetes, 300 physicians attended the first Annual Meeting of the American Diabetes Association in Cleveland, June 1, 1941.

Through the broad vision and the character of the devoted men who have been Officers and Councilors, we have seen the American Diabetes Association grow from a gathering which met once a year to exchange scientific information to a group concerned with the broader aspects of diabetes, fully recognizing its responsibilities to physicians, patients and the public.

OUR EXPANDING HORIZONS

Within this enlarged horizon, we must be prepared to shoulder greater responsibilities. It is my intention to outline to you my conception of our future goals.

We should not allow ourselves to become a group of specialists concerned only with treating the condition diabetes mellitus. Primarily our main concern should be to see that our patients obtain the best possible medical care, and to this end, therefore, our objective should be to interest every general practitioner in the detection, treatment and care of the diabetic.

One of the four major principles we have adopted as members of this Association is that of professional education. Involved in this activity is the Annual Meeting like the one we are holding today, with its fine professional papers and the annual Banting Memorial Lecture. Of equal importance is the Journal DIABETES, established only three years ago but already recognized as an excellent medical periodical, containing as it does the finest abstract service of any medical journal in this field.

Started with some misgivings, the attendance at our annual postgraduate seminars has far exceeded our greatest expectations. Our Committee on Professional Education has been considering the extension of similar courses on a regional basis. However, after a survey, we are satisfied that some of our Affiliates already are fulfilling this proposed activity through local scientific meetings and discussions which are held under their guidance. With roughly 3,000 members of Clinical Societies in thirty-eight Affiliates, it is hoped that this endeavor will be carried on by them in behalf of the physicians in their areas.

The American Diabetes Association is happy to announce that a revised *Diabetes Guide Book for the Physician* will soon be on the press. This has been one of our most popular publications, and serves to present in simple fashion the diagnosis and treatment of the patient in their broadest aspects.

PROGRAM FOR PATIENT WELFARE

By far the most important and brightly shining star in our horizon is the patient, whose physical welfare is paramount. Because of this, in broadening our scope, much concern has been given to this phase of our activities.

The lay magazine, ADA FORECAST—edited, incidentally, by one of the founders of our Association, Fred Williams—is a real achievement. The magazine has over 30,000 subscribers, has a special Canadian Edition, and its contents are copied and translated by other diabetic publications in many foreign countries.

Dissemination to the diabetic of useful and accurate information through this source is vital. Another effort of great importance to diabetics and their families is the annual Detection Drive. To be sure, detection is important, but the greatest good is accomplished as a result of the widespread public interest aroused in diabetes during Diabetes Week.

Unlike other health groups, we have made no direct appeal to the public for funds. Emphasis is laid on the effort to search out those with this condition in its early stages. This is a very sound principle because, in so doing, early treatment may prevent disastrous complica-

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tions later on. Even more significant perhaps are the educational aspects which sensitize the general public as well as the diabetics to the importance of diabetes and the part it plays in the welfare of the people in every community.

However, patient education does not stop there. Our National Office receives thousands of letters from diabetics and their families regarding every angle of the ailment. Many pieces of literature are sent out on their requests, and thirty-four articles which appeared in ADA FORECAST have been reprinted to meet this demand. Too much emphasis cannot be placed on the fact that we must always be on the alert to find new means and methods of enlarging our service to these individuals.

One of the most interesting developments of the past decade—insofar as our Affiliates are concerned—has been the establishment throughout the nation of diabetic camps for children. One of the latest, established in Tennessee, was made possible through the philanthropy of Mr. and Mrs. Gordon P. Street of Chattanooga, who gave $100,000 for a 360-acre tract of land on Lake Chickamauga near Soddy, Tennessee. Known as Double G. Ranch, the camp has one mile of water frontage on the lake, for canoeing and a swimming pool large enough to accommodate 120 children—twelve cabins, each built to sleep ten youngsters; innumerable buildings for the camp staff, office, storage houses and a health lodge with a ward, all built with rustic finish. Then there is a large council ring in the center of the camp for vespers, meetings, campfires and other group activities. A large athletic field is at the edge of the camp site. Double G. Ranch opens officially on July 31, with cost based on ability to pay. However, no child is to be denied the privileges of attending the camp because of inability to pay.

It takes little imagination to visualize the good that may come from giving diabetic boys and girls a chance to spend part of their vacation period as other children do, to say nothing of the tremendous importance of the educational opportunities such a gathering presents. Our Committee on Camps is now taking the leadership in formulating standards for such camps.

The American Diabetes Association's Committee on Employment is concerned with seeing that diabetics get a fair chance to compete with nondiabetics in industry, stressing the fact that most diabetics are just as competent to play their part in the national economic picture as nondiabetics.

A Committee on Therapeutic Agents and Devices has as its responsibility the consideration of any agent used in the treatment of diabetics, with its prime purpose to protect patients from nostrums and unethical methods of treatment.

BUILDING A TIGHTLY KNIT ORGANIZATION

For several years, Committees of our Organization have been working hard, and have literally burned the midnight oil, in an effort to bring about a closer tie between the National Organization and our Affiliate Associations. This group has been working with one thought in mind, namely, the mutual advantages accruing to each other through a closer relationship. I feel it is most timely and important to present to you an outline of the proposed plan together with some of the thinking behind its evolution.

Clinical Societies will continue to be the core of this revised organizational structure. In order to give each Affiliate a definite part in the National Organization picture, an Assembly of Delegates has been established. Each Affiliate selects a delegate from the Clinical Society and one delegate from the Lay Society, if the Affiliate has a Lay Society.

In addition, a Board of Governors has been formed. The National Organization appoints one Governor for each state, with certain exceptions. Each Governor acts as coordinator and adviser, within his respective state, in the entire field of diabetes and related subjects. The Board of Governors on some occasions meets jointly with our Council. The Governors also serve as the senior delegates to the Assembly of Delegates.

The Assembly of Delegates discusses such matters as it sees fit, and, in addition, considers problems which may be referred to it by our Council.

Thus, with this official tie-in with the Council, and the fact that the Councilors will have the Governors at one of their sessions, the delegates have an opportunity to participate in the formulation of policies and the business of the National Organization.

In order for this plan to work, there must be mutual respect and understanding on both sides. The American Diabetes Association expects to be of more and more real aid to its Affiliates in solving many of the problems arising out of their operations. The American Diabetes Association stands ready to aid its Affiliates in their financial drives—in fact in *any* aspect of their activities.

We shall not have sufficient time today to go into the details of the structure which we hope to set up with the Affiliates. Suffice it to say that members of Lay Societies will be given every oportunity to play an important part in the activities in their area with, of course,

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the primary objective being the physical welfare of the diabetic.

It is a foregone conclusion that such a closely knit operation cannot grow up overnight. It will take time to set it up; in fact, it may be several years before we have a really sound structure. To this end, it is our sincere hope that the American Diabetes Association will eventually stand firmly upon its own feet in every way, including financial stability.

To fulfill its ultimate purpose, a health organization must have as one of its major functions the support of research in its field. Without this stimulus, its program would be sterile, lacking the spark that kindles the interest of its members. This activity is most important in the dissemination of knowledge in regard to diabetes mellitus and its problems and the addition of significant facts to their eventual solution.

The Association's Committee on Research and Fellowships, of which Charles H. Best is Chairman and Francis D. W. Lukens Vice Chairman, has been diligently at work for some time setting up such a program for this vital phase of our activities. History records that insulin was discovered through the dogged persistence of a physician, the late Sir Frederick Banting, aided by a brilliant young postgraduate student, Charles H. Best.

The American Diabetes Association firmly believes that this principle of aiding individuals is sound, and that it can best serve by helping and supporting promising young men who not only are interested in working in the field of diabetic research, but who have shown promise and ability. This year we have given two Fellowships to such individuals, and we are happy to announce that both will appear on our scientific program to report on some of their work. It is our earnest hope that—as more money accumulates for research—more of these Fellowships will become available and, to carry out the idea of support of an individual, that they may be extended over a period of several years.

To assure the ultimate achievement of our purposes and objectives, we must find the means and without too much delay. The future course of our Association may well depend on the manner in which our Affiliates respond to our request that they organize fund-raising campaigns to provide money not only for their own needs but an additional amount to help support the activities of the National Association.

During the past year more than 250 members have been appointed to various working Committees. I want to express my personal thanks to those who have served on these Committees and have given unstintingly of their time and effort to the many problems of our organization.

To remain vital and strong, we must have the deep interest and wholehearted backing of our entire membership. We must not permit the load to be carried by a few. The responsibility for the success of our Association's activities rests upon securing the full support of every member.

Perhaps it would be relevant to look back fifteen years to the time when twenty-six men founded the American Diabetes Association whose vision is fully realized here today. Their accomplishments should stimulate us now to greater efforts.

Let us always keep in mind the four major objectives of our Association—professional education, patient education, public education and case finding, and research. And let us add a fifth objective, namely, service to the patient and the public.

We definitely stand at the crossroads and the issues must be faced. In order to carry out these objectives, it is necessary that our financial structure be on a sound foundation and that the budget be balanced. Otherwise, we can do nothing but go back to an organization interested only in scientific aspects of diabetes.

To achieve these objectives, I call upon each and every member of the American Diabetes Association to rededicate himself to the principles and objectives upon which our Association was founded.

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