

cent. News of Affiliate Associations was rated "good" by 32 per cent of readers, "excellent" by 16 per cent, and "fair" by 10 per cent. News Notes and Personals scored "good" by 32 per cent, "excellent" by 18 per cent, and "fair" by 10 per cent.

Of the five types of articles published in DIABETES, clinical reviews were favored by 56 per cent of the readers. Close behind came original clinical studies with a vote of 52 per cent, and next were physiological and biochemical reviews with 47 per cent of readers asking for more. Case reports and original scientific papers rate about even, 31 per cent and 30 per cent respectively.

An overwhelming percentage of members answering the questionnaire (69 per cent), specialize in internal medicine and the next largest group (9 per cent) is composed of general practitioners. The remaining 22 per cent is divided into research workers, teachers, and various specialists.

The replies were also broken down according to geographical areas as well as separated into members and nonmembers. Generally, the areas of most dense population, in the East, the West, and the Midwest, were less enthusiastic in their reception of the *Journal* than the outlying areas of less dense population. Over half of the foreign readers were enthusiastic, with a few less voting for "good" and only 5 per cent in the "average" column, and none unfavorable. This indicates that physicians near the large medical centers rate the *Journal* lower than do physicians in small urban and rural areas. There were no great differences between the reactions of the members of the American Diabetes Association and nonmembers, except that the nonmembers tended to rate the publication more highly than did the members.

A repeated complaint by readers concerned the lateness of the *Journal*. This was already under study at the time of the survey and the present schedule is picking up production time with each issue so that publication dates should be on time early in 1956. Another undercurrent of criticism was that outside sources of published material are not sufficiently utilized. (The editors welcome and actually solicit contributions from all sources.)

Continued improvements in format and contents, based on the survey, have been discussed and planned by the editorial board. Many of these will undoubtedly appear in the next volume. Obviously, on the basis of such favorable survey statistics, no drastic change of approach is indicated. Nevertheless, the very thoughtful, critical comments and specific suggestions of members have now become available for editorial consideration and guidance, and will be utilized in developing future policies of improvement. FRANKLIN B. PECK, SR., M.D., *Secretary*
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ARTIFICIAL SWEETENERS

The general public in the United States has become aware of the obesity problem. The lay press, radio and television are expounding the virtues of many food and beverage preparations with decreased caloric content. The bulk of these caloric cuts are based upon the use of nonnutritive sweeteners to replace sugar. The acceptance of canned fruits flavored with artificial sweeteners is manifested by the figures of the food processors; these fruits have been popular in contrast to the old water-packed fruits. The use of artificial sweeteners in the carbonated beverage industry has been even greater than in the canning industry.

The Food and Drug Administration has taken recognition of this extended use of the artificial sweeteners. This organization requested the Food and Nutrition Board of the National Research Council to render an opinion on the nutritional and public health problems involved in the growing distribution of foods containing nonnutritive artificial sweeteners in the place of sugar and other nutritious sweeteners. Specific consideration was given to saccharin and cyclohexylsulfamates.

The Food and Nutrition Board's report opens with the statement, "Recognition is given to the usefulness of safe artificially sweetened foods for the special dietary purposes of individuals who must restrict their intake of sugar, e.g., diabetics." The Board further recommends that "nonnutritive sweeteners be used only for special dietetic purposes and that necessary precautions governing their preparation and distribution be formulated."

The physiological harmlessness of saccharin at levels of maximum probable intake the Board considers has been established. This judgment is based upon its use for over fifty years. The more recently introduced artificial sweetener, "Cyclamate" (Sucaryl), does not have the test of time behind it, nor is its tolerance level known. The Committee of the Board, in its first report, stated that it was impressed with the fact that the "Cyclamate" has physiological activity in addition to its sweetening effect. The Committee concludes that ". . . it is reasonably certain that no nutritional or public health problem will result from the approval of the carefully regulated use of the 'Cyclamate' as a nonnutritive sweetener in 'special purpose' foods." Newer preparations which incorporate the "Cyclamate" with the saccharin give an even greater margin of safety.

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