- RANDALL G. SPRAGUE, M.D., Professor of Medicine, Mayo Foundation, Graduate School, University of Minnesota; Consulting Physician, Section of Medicine, Mayo Clinic, Rochester, Minnesota.
- J. SHIRLEY SWEENEY, M.D., Associate Professor of Clinical Medicine, Southwestern Medical School of the University of Texas; Baylor University Hospital, Dallas, Texas.
- MAXWELL THOMAS, M.D., Associate Clinical Professor of Ophthalmology, Southwestern Medical School of the University of Texas; Senior Consultant, Veterans Administration Hospital, Dallas, Texas.
- PAUL J. THOMAS, M.D., Clinical Associate Professor of Medicine, Southwestern Medical School of the University of Texas; Chief of Medicine, Baylor University Hospital, Dallas, Texas.
- JESSE E. THOMPSON, M.D., Clinical Assistant Professor of Surgery, Southwestern Medical School of the University of Texas; Parkland Memorial Hospital, Dallas, Texas.
- JULES W. VIEAUX, M.D., Associate Clinical Professor of Obstetrics and Gynecology, Southwestern Medical School of the University of Texas; Baylor University Hospital, Dallas, Texas.

- JOHN H. WARVEL, M.D., Assistant in Medicine, Indiana University School of Medicine and Diabetic Clinic, Methodist Hospital, Indianapolis, Indiana.
- PRISCILLA WHITE, M.D., Instructor in Pediatrics, Tufts Medical School; Instructor, Harvard Medical School; New England Deaconess Hospital, Boston, Massachusetts.
- FREDERICK W. WILLIAMS, M.D., Associate Clinical Professor of Medicine, New York Medical College; Morrisania City Hospital, New York, New York.
- HENRY M. WINANS, M.D., Emeritus Professor of Medicine, Southwestern Medical School of the University of Texas; Baylor University Hospital, Dallas, Texas.
- STEWART WOLF, M.D., Professor and Head, Department of Medicine and Consultant Professor of Neurology and Psychiatry, University of Oklahoma School of Medicine, Oklahoma City, Oklahoma.
- JAMES T. WORTHAM, M.D., Assistant Dean and Associate Professor of Medicine, University of Arkansas School of Medicine; Chief, Endocrine Metabolism Service, University Hospital, Little Rock, Arkansas.

COMMITTEE REPORTS

Council Sessions, June 3-4, 1955 15th Annual Meeting Fund-raising Policy

Report of the Committee on Policies:

A meeting of the Committee on Policies was held in Atlantic City, New Jersey, on June 1, 1955. It was attended by Edwin L. Rippy, M.D., Chairman; Henry T. Ricketts, M.D., Vice Chairman; Arthur R. Colwell, M.D., Blair Holcomb, M.D., Henry B. Mulholland, M.D., William H. Olmsted, M.D., John A. Reed, M.D., E. Paul Sheridan, M.D., Randall G. Sprague, M.D., J. Richard Connelly, ex officio, and Mrs. Jessie H. Raborg of the Association staff.

Dr. Edwin L. Rippy, Chairman, who presided, stated that the Committee should discuss the following problems:

1. The proposed new categories of membership—Affiliate Members and Corresponding Members, and methods of presenting them to the Board of Governors and the Assembly of Delegates.

- 2. The financial situation of the American Diabetes Association at present and in the future and the over-all philosophy of fund raising.
- 3. A policy regarding establishment of fund-raising activities by the local Affiliates.
- 4. The question of issuance of charters to the local Affiliates.

There followed a discussion regarding financial needs and goals of this organization and their relationship, as a result of which it was generally decided that the financial needs of the American Diabetes Association are not great, that large sums of money if obtainable could conceivably alter the long existing philosophy of active voluntary participation by physicians and laymen on a national and local level.

More tangibly, it was generally agreed upon that it would be desirable to create an earned income of approximately \$300,000; that it would be desirable to become eventually financially independent of contributing corporations and that interpreted into terms of additional income at the present time we might strive to increase such by at least \$100,000.

After considerable discussion, the following recom-

mendations were made by the Committee on Policies to the Council:

1. A reaffirmation of our present policy of opposition to public fund raising by the national organization and its Affiliates as previously adopted and defined as follows:

Any appeal for funds directed to the general public, and the use of any or all of the mass communication media to ask for money must be considered as general public fund raising since it is directed to the public at large. Such media would include newspapers, television, radio, movie theater screens, general mailings, posters, car cards and canisters.

- 2. The reaffirmation of our intention to continue a campaign of limited fund raising by the Affiliate Associations as outlined by the manual now in preparation if and when approved by the Executive Committee.
- 3. A recommendation to the Council favoring the principles of issuing charters to Affiliate Associations.

EDWIN L. RIPPY, M.D., Chairman

Addendum: The report was presented to the Council on June 3, and was accepted. A member of the Council then moved: "Be it resolved that the Affiliate Associations be urged to intensify their campaigns for increased lay and professional membership; let that be one of their primary objectives." The motion was seconded and unanimously carried.

Report of the Committee on Finance*

The meeting at Atlantic City, New Jersey, on June 2, 1955, was called to order by the Chairman, Dr. William H. Olmsted. First order of business was reviewing the first meeting of this Committee, held in Philadelphia in January. From that meeting there was one piece of old business, namely, the canvassing of the Affiliate Associations as to what time they considered it best for them to conduct a financial campaign. We had 19 replies from 39 Affiliates. There were two periods that were considered by the Affiliate Associations; one the period of October-November, the other the period of May-June. Grouping the replies under these two periods, we found that for the October-November time there were seven in favor; for the May-June period there were also seven. Unfortunately, some of the strongest Affiliates that we have failed to answer this inquiry and, therefore, it is not of too much significance. The fact remains that those who did reply are almost evenly divided between the fall and the spring.

The Chairman then reviewed the recent financial policy adopted by the Council of the ADA. He read the recommendations verbatim and also reported the meeting of the Committee on Policies and its conclusions which had taken place the preceding day. In the light of these

recommendations by the Council, and with the knowledge of the local situations, the Chairman asked the members of the Committee to discuss freely their ideas and opinions regarding the financial policies of the ADA.

The discussion that followed was entered into by everyone present. After lengthy discussion, a committee consisting of Dr. Helen E. Martin of Los Angeles, Dr. Joseph I. Goodman of Cleveland, Dr. Edgar A. Haunz of Grand Forks, N. Dak., and Dr. Christopher J. McLoughlin of Atlanta were appointed to draw up recommendations to the Council. They brought back such a recommendation, and with the help of Dr. Howard F. Root made the following recommendation:

The Committee on Finance of the American Diabetes Association strongly recommends to the Council that the plan for fund raising now in effect be broadened to indicate a public appeal for funds. The Committee further recommends that the principles of planned fund raising be defined by the Council, so as to be consistent with local requirements, and also be binding upon Affiliates.†

This recommendation was voted upon and carried twelve for and seven against. Meeting adjourned.

WILLIAM H. OLMSTED, M.D., Chairman

*Accepted by the Council.

†Referred by the Council to the Executive Committee.

"Fund Raising," an editorial by Dr. Henry T. Ricketts, President, American Diabetes Association, appears on the editorial pages of the current issue of DIABETES.

Report of the Committee on Professional Education!

A meeting of the Committee on Professional Education was held in Atlantic City, New Jersey, on June 2, 1955. It was attended by Randall G. Sprague, M.D., Chairman; George E. Anderson, M.D., Arthur R. Colwell, M.D., E. Perry McCullagh, M.D., Thomas H. McGavack, M.D., Robert H. Williams, M.D., Henry B. Mulholland, M.D., ex officio, J. Richard Connelly, ex officio, and Mrs. Jessie H. Raborg of the Association staff. Edwin L. Rippy, M.D., and Franklin B. Peck, Sr., M.D., were present as guests. The following topics were discussed.

Postgraduate Course Series

1. Admission of graduate students, fellows, residents, interns and medical students to Postgraduate Courses

The Committee felt that a policy with respect to the admission of local individuals in these categories should be established. It is therefore recommended to the Council that such individuals on full-time study in medicine and allied sciences in the schools and hospitals of the area in which a Course is held be admitted without charge to the scientific sessions upon presentation of a

‡Accepted by the Council.

letter requesting their admission from their Dean or the head of their department or service.

It is further recommended that a statement outlining this requirement for admission be included in the printed program and in a sign at the registration desk. Such students would be asked to use seats behind those in a restricted or reserved area set aside for the regular registrants of the Course.

2. Survey of Interests and Qualifications of Registrants at Postgraduate Courses

The Committee feels that an analysis of the professional interests and qualifications of those attending the Postgraduate Courses would be helpful in planning future Courses. The Committee therefore plans to undertake such an analysis of the members of the Third Postgraduate Course and all subsequent Courses. In the case of the Third Course the survey can be carried out as a project in the National Office. In the case of the Fourth and subsequent Courses, the necessary data can be obtained at the registration desk.

The Committee feels that the submission of such data to each member of the faculty of each Postgraduate Course, covering the members of the immediately preceding Course, would aid him in planning his presentation.

3. Indoctrination of Faculty Members

In addition to providing each Faculty member with information regarding the expected character of his audience, it was the opinion of the Committee that those responsible for the planning of each Course should make other efforts to indoctrinate each Faculty member in what type of lecture is most effective and best received in the Courses.

4. Financial Report of Income and Expenses of Third Postgraduate Course

A financial report provided by Mr. Connelly was presented concerning the Third Postgraduate Course in Philadelphia on Jan. 19-21, 1955. The Committee was pleased to note that there was an excess of income over expenses of \$1,639.84.

5. Questionnaire to Registrants

It was the opinion of the Committee that the information submitted by registrants on the questionnaires has been very helpful in evaluating the effectiveness of the first three Postgraduate Courses and that this procedure should be continued. In order to make the questionnaire more easily used by the registrants it was felt that not only the title of each paper should be given as in previous questionnaires, but also the name of the individual presenting the paper. It is understood that the information obtained from the questionnaires will not be circu-

lated outside the Committee on Professional Education and the Council of the Association.

6. Summaries and Abstracts

There was considerable discussion of the advantages to the registrants of advance circulation of summaries or abstracts of papers to be presented at the Postgraduate Courses. Dr. Rippy and those associated with him in the planning of the Fourth Postgraduate Course were asked to consider the matter and submit plans to the Committee together with an estimate of the cost of preparation and distribution of such summaries and abstracts.

Fourth Postgraduate Course Dallas, Texas, Jan. 25-27, 1956

The Committee was pleased to learn from Dr. Rippy that plans for this Course are already well advanced. Dr. Rippy will present a summary of the plans to the Council.

Location of Fifth Postgraduate Course and Council Meeting in January 1957

An invitation to hold the Fifth Postgraduate Course and the Interim Council Meeting in January 1957 in Columbus, Ohio, at the Ohio State Health Center has been received from Dr. George J. Hamwi.

The Committee discussed this and other possible locations and recommends to the Council that Dr. Hamwi's invitation be accepted, providing there are no other suggestions which the Council would like to have considered.

Other Proposed Activities

1. Survey of teaching of diabetes in American medical schools

The Committee has not yet begun this survey, but suggests that it be undertaken during the coming summer by the new Committee on Professional Education.

2. Glossary of terms regarding diabetes, criteria for the diagnosis of diabetes, and classification of different types of diabetes

The Council recommended at its January 1955 meeting that a special committee be appointed for the preparation of such a glossary, diagnostic criteria and classifications.

It is recommended that the Chairman of the new Committee on Professional Education appoint an appropriate Subcommittee for this activity as soon as feasible.

RANDALL G. SPRAGUE, M.D., Chairman

Report of the Committee on Statistics

The work of the Committee during the past year has

been virtually limited to the preparation of the section "Recent Statistics on Diabetes" for the Association's official journal, DIABETES. During the year, such material has been prepared for three issues. In addition to the current information from official sources on mortality for the United States and England and for certain areas within the two countries, the data presented in these issues have included a varied list of topics, such as:

- 1. Causes of death among insured persons with diabetes.
 - 2. Frequency of diabetes in public school children.
 - 3. Diabetes as a cause of blindness.
- 4. Mortality from diabetes according to socio-economic level, England and Wales, 1950.
- 5. Trend of diabetes mortality since adoption of the 6th Revision of the International List of Causes of Death.
- 6. Comparative mortality by cause among (1) diabetics in the general population, (2) insured persons, and (3) patients of the Joslin Clinic—1954.
- 7. Recent official statistics on diabetes mortality by sex, age and color.
 - 8. Mortality from diabetes by States.

The Committee has also given statistical advice and information which the Executive Director of the Association has requested from time to time. It has also given occasional service to other Committees of the Association.

In past reports of the Committee, it has made certain recommendations with regard to statistical activities which could profitably be undertaken by the Association. This matter was explored at some length by the Chairman of the Committee with the President and Executive Director of the Association at a conference in April 1955. On the basis of the discussion at this meeting the Chairman plans to prepare specific proposals for presentation to the Council, after consultation with the members of the Committee on Statistics. This matter is still pending.

The Committee welcomes suggestions or material for inclusion in its periodic summary of statistics on diabetes in the official journal of the Association. The Committee is desirous of serving the other Committees of the Association with regard to statistical aspects of their work.

Proposal by Dr. Lester J. Palmer that a survey be made of life insurance companies which underwrite policies for diabetics

Careful consideration was given by the Committee on Statistics, at its meeting of June 2, to this proposal. It is presumed that this relates to applications by diabetics for new policies of "Ordinary" insurance (i. e., excluding Industrial and Group) subsequent to the diagnosis of their diabetes. The Committee was in accord with the basic idea of Dr. Palmer's proposal. The objectives, however, can best be attained without the use of a questionnaire to insurance companies at this time, partly because the practice of the large life insurance companies in this matter can be ascertained from published information available to the Committee, and it is probably of little or no consequence to the Association whether or not the companies insuring diabetics retain or reinsure the risks.

As regards the mortality experience on diabetics who are accepted for life insurance, it is not enough simply to ask companies whether or not their experience is satisfactory because this is neither objective enough nor would the results of a compilation of such answers give a really satisfactory picture of the situation. Evaluation of the insurance mortality experience is a technical procedure which can best be handled by the insurance companies themselves on the basis of an intercompany study. The proper method of obtaining this information will be discussed later.

Perhaps the most important question to be considered in this matter of insurance for diabetics is the relative success of diabetics in obtaining insurance after they apply. Inasmuch as a diabetic may apply several times before he is accepted, if at all, a compilation based upon inquiry of individual life insurance companies would not give a correct answer. Perhaps the best way to approach this problem is to send a questionnaire to a selected list of physicians who see a great many diabetics and who are called on in the course of the year to complete the forms required by the insurance companies before they will entertain an application from a diabetic. These physicians would be asked to inquire of patients whether or not they obtained the insurance applied for. Generally a period of four to six weeks after completion of the form submitted to the company is enough to allow before follow-up.

The Committee on Statistics recommends that this method be tried. It would suffice to obtain information on 1,000 diabetics, and this number can be obtained through the cooperation of about 50 physicians. The information to be requested should be limited to essential items. In addition to the necessary identifying details, the following should be included:

Duration of diabetes, age at onset, present age, sex, insulin dosage.

If accepted for insurance: whether accepted on initial application; number of rejections before acceptance;

whether the policy was issued for full amount applied for; if less than full amount issued, specify what proportion or percentage of amount applied for.

If rejected for insurance: To how many companies was application made?

Optional: On a voluntary basis it would be worthwhile asking the actual sum applied for and the amount issued.

The Committee on Statistics further recommends these steps to obtain life insurance company mortality experience on insured diabetics, as defined above:

- a. Communication of the Association's interest in the matter to the appropriate life insurance organizations: The Society of Actuaries, the Association of Life Insurance Medical Directors of America, and the American Life Convention—Medical Section.
- b. As an alternative, the Chairman of this Committee be empowered to make the necessary inquiries because (1) he has had it in mind to do anyway and deferred it until enough time had elapsed for sufficient experience to accumulate; and (2) Dr. Sheridan, of the Committee, and he both have ready access to the responsible officers of the Associations mentioned above.

Committee Recommendation for Statistical Program of the Association Administered by a Statistician on the Staff*

The Committee on Statistics has proposed from time to time that certain activities of a statistical nature should be conducted by the Association as an essential function of the organization. Such a program would fulfill certain needs of the Association and is in line with the practice of other major voluntary organizations in medicine and public health, for example, the American Cancer Society, the American Heart Association, the National Tuberculosis Association, and the National Foundation for Infantile Paralysis. Since even for these organizations the statistical program varies widely, it is proper that any such plan for the American Diabetes Association take into account its particular needs and mode of organization, as well as the modest budget which would be available for such an operation.

The Committee has made a preliminary exploration of the matter, and while it is not yet ready to formulate plans in any detail it expects to do so before the next meeting of the Council and report further on the matter then. It does, however, recommend that the Council provide funds for a program to be operated by a statistician on the Association's staff, with enough clerical and other help from other staff members, so that the cost of this operation initially will not exceed \$10,000 to \$12,000 annually. The initial activities of the statistician would be:

- I. To compile and analyze available data on incidence, morbidity and mortality from diabetes, and such additional statistical information on the disease as will enable the office of the American Diabetes Association to reply directly to inquiries on these subjects.
- 2. To provide information on these subjects to the Affiliates of the Association.
- 3. To assemble, analyze and interpret the data obtained in local Diabetes Detection Drives for use of the Association itself and for its Affiliates.
- 4. To conduct surveys of a limited character by the questionnaire method or otherwise. (The proposal of Dr. Palmer, which is considered earlier, is a good example of one of the functions of the proposed staff statistician.)

HERBERT MARKS, Chairman ALEXANDER MARBLE, M.D. JOYCE T. SHERIDAN, M.D. HUGH L. C. WILKERSON, M.D.

SIXTEENTH ANNUAL MEETING

The next Annual Meeting of the American Diabetes Association will be held in Chicago, June 9-10, 1956, prior to the Annual Session of the American Medical Association, June 11-15. As previously announced, The Drake will serve as headquarters hotel, and a number of guest rooms will be available. An announcement of the meeting, together with a hotel reservation card, has been sent to all members of the Association, who are urged to make their reservations promptly. Please note that the hotel information cards which were mailed in the spring of the year were for survey purposes only. It is essential that members fill out and send directly to The Drake the reservation card which accompanies the announcement. Additional reservation cards may be secured by writing to the National Office.

SCIENTIFIC PROGRAM

Physicians and other scientists are invited by John A. Reed, M.D., Chairman of the Committee on Scientific Programs, to submit abstracts of papers which they would like to present at the Scientific Sessions.

Persons interested are requested to submit ten copies of the abstracts to facilitate review of the material by the Committee. Since a great number of abstracts will be at hand for the Committee to consider, they should be submitted as promptly as possible.

^{*}Referred by the Council to the Executive Committee.