did not clearly learn, but I gathered the patients paid little and gifts were few. I judged the personnel—doctors, nurses, technicians—gave liberally of their own time. This venture in the treatment of diabetes in a large city is worth watching.

Would it not be helpful to all readers of DIABETES, Mr. Editor, if we could have a letter each month from members in one or more countries telling us news of what is going on in diabetes in their lands?

ELLIOTT P. JOSLIN, M.D.
Joslin Clinic
Boston, Massachusetts

Editor: The Editorial Board is presently considering ways and means to facilitate the wider distribution of the Journal to foreign lands and to increase contributions from foreign students of diabetes and related disorders. Newsworthy letters or general articles from abroad will be welcome.

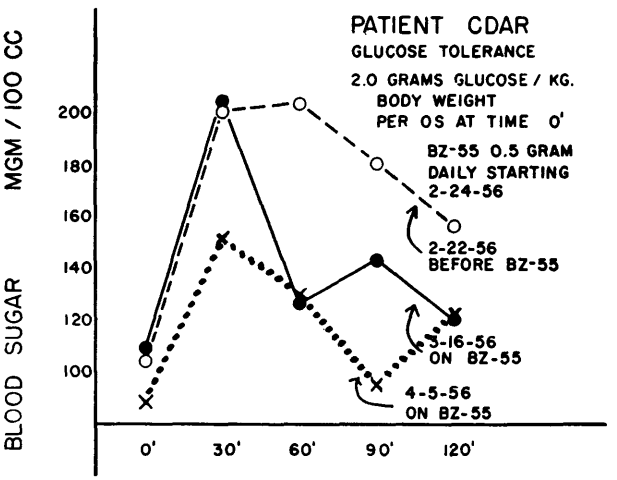

FIG. 1. Change in glucose tolerance in a juvenile diabetic. A glucose tolerance test done on May 15, 1956, was normal. The patient receives 0.25 gm. BZ-55 twice daily.

NORMALIZATION OF INSULIN TOLERANCE WITH SULFONAMIDE IN AN EIGHT-YEAR-OLD CHILD

To the Editor:

The "Insulin-Sparing-Sulfonamides" (if this proves to be the correct designation of these drugs) have several possible fields of clinical application.

It occurred to us that if they were true "insulin sparers" it might be possible, by diminishing the load upon islet cells, to postpone the onset of clinical diabetes in a child with asymptomatic glycosuria and a highly abnormal glucose tolerance curve.

Accordingly, N_1-sulfanilyl-N_2-n-butylcarbamid (BZ-55) was administered to an eight-year-old child, the son of a staff physician, whose glycosuria had been discovered some months previously in the course of a routine urinalysis. Glucose tolerance tests had been found to be grossly diabetic in type on several occasions. The results of sulfonamide administration are shown in figure 1. The data appear to be quite unequivocal. The child is in excellent health and continues to follow a diet low in concentrated carbohydrates, identical with that which he received prior to sulfonamide administration.

Only time will determine whether clinical diabetes can be permanently deferred in this child and in other similar patients. This type of observation emphasizes the importance and usefulness of detection drives designed to unearth juvenile diabetes in the preclinical phase.

Addendum: Subsequently it became necessary to reduce the dose to 0.25 gm. once daily, because of clinical hypoglycemia.

LAURANCE W. KINSELL, M.D., *Director*
ROGER W. FRISKEY, M.D., *Research Associate*
FREDERICK R. BROWN, JR., M.D., *Research Fellow*
Institute for Metabolic Research
Highland Alameda County Hospital
Oakland, California

The BZ-55 was furnished through the courtesy of Eli Lilly and Company, Indianapolis, Indiana.