

farmers of Michigan, who lived successfully on this diet and were able to carry on their daily responsibilities before the wide use and availability of insulin. Although these diets dripped with fat, all of us at that time had the daily experience of seeing many diabetics able to carry on under such a regime.

It is not my assignment to outline Dr. Newburgh's scientific activities, although I could have spent considerable time doing so. Instead I have been asked to speak, and I quote Dr. Ricketts, "A few informal remarks, to occupy not more than five minutes, and pertaining more to your personal contacts than with Dr. Newburgh's scientific accomplishments." The scientific accomplishments are a matter of record but the personal interchange is hard to document. However, it is often through the spoken word that the intangible qualities of an individual are transmitted. I shall never forget when I first arrived on his service that he arranged for a stall for me at the University of Michigan Library and said in a rather casual fashion, "I would suggest that you go through Benedict's *Human Vitality and Efficiency under Prolonged Restricted Diet* (which is seven hundred and one pages) and after you have gone through this, possibly we could discuss it." Further, I shall never forget the daily rounds at the old University Hospital where along with the human interest in the patient, Dr. Newburgh led a very objective discussion of the chemical phenomena that were going on in that patient. As every investigator exemplifies an unsatisfied individual, so Dr. Newburgh always propounded the eternal question of why, why, why. It was my great privilege to be quite closely associated with him daily and although I believe that he demonstrated the most objective point of view in trying to understand mechanisms, there were other facets of his personality that warmed one to him. He had a delightful sense of humor and enjoyed participating at home in the daily chores such as washing dishes and building fences and at an informal gathering could often be found seated on the floor in the midst of

a heated discussion. Above his objectivity and warmth of personality, however, there was an outstanding trait, namely, humility. He was always surprised when anyone praised him. After he had taught for thirty-six years, a dinner was given in his honor upon his retirement. I shall never forget the remark he made to me when I went from Cincinnati to Ann Arbor for the occasion. "Gosh," he said, "you came all the way up here for this!"

Every medical school has its great characters. Some seem to be so identified with the place that when we read or learn of their retirement, it is hard to grasp because we have come to think of them as being almost immortal. For more than thirty-six years Dr. Newburgh taught at Ann Arbor, during which time thousands of students passed under his tutelage. I am sure that from each one he drew unqualified admiration, devotion and affection. He was not only a superb teacher whose enthusiasm for metabolic diseases was infectious, but also was one of the most courteous gentlemen one could ever wish to meet. To those who were finding the going too rough, his appearance on the scene was always a relief, because he could restore order from chaos, remarking in an inimitable way, "This is the mechanism."

His influence extended far beyond the University of Michigan through the medium of his students, who were imbued with his ideas and ideals, through his publications and active personal participation in scientific meetings.

Few men have given longer service more humbly and few can have had a greater influence for good over such a large number of men. I am sure the diabetic population of the world has been enormously benefited as the direct and indirect result of Dr. Newburgh's teaching. In his later period he became interested in renal diseases and made another important contribution to this field of medicine. But that is another chapter.

It is with mingled pride and humility that I accept the Banting Medal on behalf of Dr. Newburgh.

## Annual Business Meeting

The Annual Business Meeting of the Association was held June 10. The remarks of Henry T. Ricketts, M.D., President, were followed by reports of the Secretary, Treasurer, Executive Director, and the Chairman of the Nominating Committee.

### *Remarks by the President*

The first scheduled item in the business session is

remarks by the President. I should like to report briefly that the Association is undergoing a normal, healthy growth. The year has been marked by a number of important developments, not the least of which is the retirement of the original Editor of DIABETES and his replacement by Dr. William C. Stadie as Editor and Dr. Irving Graef as Associate Editor.

Committee activities have been going on vigorously.

A new committee has been established, entitled the Informational Committee on Oral Antidiabetic Compounds. This will be a source of information for professional members of this Association as well as the laity through the lay magazine FORECAST.

The Committee on Research and Fellowships has awarded three fellowships during the past two years to recipients of very high caliber.

The Committee on Employment has done an excellent survey of practices in industry concerning the employment of diabetics, and their report will be published in our journal.

The Committee on Camps has come up with a set of minimum medical standards for camps which will be of help, I am sure, to the camps for diabetic children throughout the country.

The work of the Committee on Scientific Programs needs no comment. I should like personally to commend that Committee, and its Chairman, Dr. John A. Reed, for the excellence of the program which they have put on at this meeting.

Our publications are all going strong, and are in a healthy financial situation. These are the journal, DIABETES; the lay magazine, FORECAST; a new and very popular publication, *Facts about Diabetes*, designed primarily for the general public but also for diabetic patients; and finally, *Diabetes Guide Book for the Physician*, the revised edition of which is in page proofs and will soon be released.

Perhaps the most important development that has occurred has taken place within this past week, namely, the modification of the fund-raising policy of the Association to permit general public fund raising on the part of Affiliate organizations. This most of you heard, I think, last night at the banquet. This action puts a different complexion on this Association from that which it has worn since its founding. I should like to admonish the members of this Association that this move could possibly lead to a considerably different kind of control in the local Affiliates of the ADA unless physician members are determined to retain that control in their own hands. This may take some watchdog activity. I hope it will be exercised.

For the coming year, there are two principal problems. The first is the appointment of a field representative, whom we have been looking for, as a matter of fact, and have not yet found. The second, and related problem, is a better and clearer delineation of our Affiliate structure, and the relationship of the Affiliate not only to the national organization but to state organizations and locals within those states. This is a charge

which the Committee on Affiliate Associations has received from the Council and to which it will give, I am sure, close attention.

I am asked to report that the move to re-establish a collaborative, cooperative meeting with the Endocrine Society, to which I made reference in yesterday's scientific session, is already under way. Committees have been appointed and are at work on it. I am sure there will be a re-institution of our previous relationship.

I cannot make this report without reference to the excellence of the National Office and to the highly efficient operations of Mr. Connelly and his staff. I marvel each year I see them going about their business, both in the office and in meetings of this kind. I assure you, you could find no better staff, no more loyal or efficient or hard-working people than you have working in the National Office today. They deserve the highest praise and our deep appreciation.

I should like finally to express my own appreciation of the honor you bestowed upon me last year in electing me your President. It has been a great pleasure to serve in this capacity, and I wish to thank most sincerely the Councilors, the Governors, and the Executive Committee for their superb cooperation.

HENRY T. RICKETTS, M.D.

#### *Report of the Secretary*

I, too, would like to make a few comments about the general situation in the business conduct of the organization. It has grown steadily over the years as its objectives, professional education, patient education, public education and case finding, and research and fellowships have come closer to fulfillment.

It is noteworthy that the educational aspects of this program have now reached the dominant position and actually absorb the major portion of the time and the effort of the central office.

Your office in New York now requires the services of about twenty people, and a considerable amount of additional work must be farmed out. This office is the clearing-house for all the innumerable details involved in the work of five officers, twenty-five working committees, composed of two hundred of your members, in addition to the thirty-nine Affiliate organizations, the Assembly of Delegates, the Board of Governors and the Council.

It also publishes DIABETES and FORECAST and other publications which Dr. Ricketts mentioned, all of which is a sizeable publication undertaking in itself. To the question proposed by Dr. Ricketts last night, "Where does the money come from?", I would like to add an-

other. "How do these people do it?" Over three hundred letters and communications go out of the office per day. There are three trunk lines leading in there, and you never can get a telephone line. I know that the Executive Director often spends six hours in a day answering that telephone. The bill for telephones now runs over some \$300 per month. The answer to my question lies in the devotion of this staff of dedicated people that our Executive Director has assembled, including Mr. Connelly himself. I, too, want to take this opportunity of expressing our thanks to all of them.

The 1957 Postgraduate Course will be held in Columbus, Ohio, on January 30 to February 1. Plans are being negotiated for courses from 1958 to 1959, probably in Atlanta and St. Louis respectively.

The next Annual Meeting will precede the American Medical Association Meeting in New York, and it is hoped that arrangements for better correlation with the Endocrine meeting can be established.

Our membership continues to grow, showing a net gain of 76 members during this year. There are now Honorary Members, 13; Active Members, 2,117; Associate Members, 46; and Corporate Members, 25, with a total of 2,201. Thank you.

FRANKLIN B. PECK, SR., M.D.

#### *Report of the Treasurer*

It is a pleasure to report an increase in the income of the Association for 1955-56. The total is \$259,459.41 with \$8,887.45 of this amount restricted as to its use. Of the total income received, \$106,145.52 was derived from our publications, DIABETES and ADA FORECAST; from Corporations, \$88,550.00; from FORECAST readers, \$9,960.86; from Foundations, \$12,350.00; and the balance of \$42,453.03 from Membership Dues, miscellaneous contributions, interest on savings, and sales of booklets and reprints. Every item of our income shows an increase over 1954-55. This is very gratifying to say the least.

Our total expense for 1955-56 is \$232,487.45, with \$6,003.00 of this amount representing Fellowship stipends, deductible from our Restricted Funds. Net Income over Expense was \$26,971.96.

Our earned Income, that is income exclusive of large corporate and Foundations gifts, is 61 per cent of the total. It is the opinion of your Treasurer that the financial condition of the Association is sound and that, as our Affiliates add to the yearly income such contributions as they can, we shall steadily approach a yearly recurring income from sources within the Association. Further,

your Treasurer expects the Corporations, which have and do contribute so generously, to continue to do so. Thus we may expect to have available more funds for research and other needed projects the Council has considered, but for which funds are not now available.

WILLIAM H. OLMSTED, M.D.

#### *Report of the Executive Director*

Dr. Ricketts, Dr. Peck, Dr. Olmsted: I want to thank all of you for your kind words about the staff and myself. We consider it a real privilege and honor to serve the Association. Although the agenda indicate that this is to be a report, time does not permit, which perhaps is fortunate for all of you. However, I do want to take this opportunity to greet each one.

Through correspondence and various meetings, I have felt that I was acquainted with you. However, last night's reception made me realize—to my embarrassment, I might add—that I only thought I knew the names of all Association members. The very nature of a national organization makes it impossible, I suppose, to be acquainted personally with all the members. I wish it were otherwise.

The change in policy adopted by the Council at this meeting which permits Affiliates to engage in general public fund raising, I am sure will present many problems. To those of you who are members of Affiliates, I would personally like to urge conservative campaigns if your Affiliate decides to enter into this kind of activity, and wait until the National Organization has had an opportunity to set forth certain principles and guides. Although the Council did not intend for the parent organization to become engaged in various campaigns themselves, we will try to provide whatever counsel is necessary.

In closing, I would like to say—as I did last year and the year before—that the American Diabetes Association is an organization of individual members. All members have the same rights and privileges and that is the principle upon which the National Office functions.

It is a great pleasure for me to be associated with the organization, and I enjoy working with everyone. For the staff and myself, I wish to extend to each one of you a very cordial invitation to visit us at the National Office at any time.

Meanwhile, for those of you who are not planning to be in New York in the near future, I will be in the back of the room or in the foyer, and I would be delighted to talk to you any time this afternoon. Thank you.

J. RICHARD CONNELLY

*Resolution by George F. Schmitt, M.D.*

The following resolution was offered by Dr. Schmitt, Miami, Florida.

"Whereas, the current scientific presentation of the American Diabetes Association at the American Medical Association Annual Session is almost solely the work of the Chairman of the Committee on Scientific Exhibits, Dr. William R. Kirtley, of Indianapolis, who has also served with great diligence during the past four years, "Therefore be it resolved: That the membership of the Association take this means of expressing to him their appreciation of his efforts."

This resolution was seconded by Edward L. Bortz, M.D., Philadelphia, and was adopted by acclaim.

*Report of the Nominating Committee*

We have attempted to make recommendations while promoting the objectives of the Association in all fields. We propose for nomination men who have shown capacity for service to the Association through work on the committees of the National Organization, through leadership of Affiliates, and through participation in the scientific programs.

We made our selections purely on the basis of merit, and on reviewing the prospective composition of the Council, were pleased to find a well-balanced representation of different interests, practice, teaching and research. And also, a well-balanced geographical representation.

On behalf of the Committee, I move the nomination of the following:

For President: Dr. Frederick W. Williams, of New York; for First Vice President, Dr. John A. Reed, of Washington, D.C.; for Second Vice President, Dr. Alexander Marble, of Boston; for Secretary, Dr. Franklin B. Peck, Sr., of Indianapolis; for Treasurer, Dr. William H. Olmsted, of St. Louis.

For Councilors for the term ending in 1959: Dr. Louis K. Alpert, of Washington, D.C.; Dr. W. Wallace Dyer, of Philadelphia; Dr. Edwin W. Gates, of Niagara Falls; Dr. Harvey C. Knowles, Jr., of Cincinnati; Dr. Arnold Lazarow, of Minneapolis; Dr. E. Paul Sheridan, of Denver.

(It was moved, seconded and voted that the nominations be closed. The nominees included in the report of the Nominating Committee were duly elected.)

Since the election of Dr. Marble as Second Vice President leaves a vacancy in the Council, we nominate Dr. Arthur R. Colwell, Sr., of Chicago, to fill his unexpired term expiring in the class of 1958.

(It was moved, seconded and voted that the nom-

inations be closed. Dr. Colwell was duly elected.)

FRANK N. ALLAN, M.D., *Chairman*

RANDALL G. SPRAGUE, M.D.

HENRY B. MULHOLLAND, M.D.

*Installation of incoming President*

HENRY T. RICKETTS, M.D., *retiring President*: Now it becomes my duty to transfer the responsibilities and pleasures of my office to Dr. Frederick W. Williams of New York.

Dr. Williams was a member of the organizing committee of the American Diabetes Association and a member of its first Council. He has been a member of practically every committee that the organization has had at one time or another so that he is thoroughly familiar with our structure and our policies, and he knows his job, I am sure, very well.

As you know, he is the present Editor in Chief of FORECAST, and a regular contributor to it.

He was the Chairman of the Committee on Scientific Programs in 1955, and of course, has just completed his term as First Vice President.

Dr. Williams' realism, of which he has plenty, his knowledge of medical organizations and of the intricacies of parliamentary procedure, and above all his loyalty to the American Diabetes Association, have made him a valued member of our Council.

These attributes, and many others which I don't have time to mention, will render him a highly effective leader of this Association in the coming year.

Dr. Williams, I am pleased to transfer to you the official gavel of the Association.

*Address of the newly installed President*

Mr. most recent past President and Members: For once in my life, I am speechless!

I don't have to tell you what this means to me. It's a great pleasure and an honor. It is something I had hoped that some day might happen, and I am glad it has taken this long until it did, because it gave me that time to serve and be trained. In the early days little did we think that the organization would ever grow to the extent that it has.

When we all sing the praise of the office staff and Dick Connelly—you all heard the Treasurer's report. How do they do it? Yet, the work always gets done. I regard it as a privilege and an opportunity to serve as President of this unique organization.

I regard it as a high honor, and of course, I approach it with humility, but with the utmost confidence because I am due to serve an apprenticeship of one year under

the Master Magician, Dick Connelly.

FREDERICK W. WILLIAMS, M.D.

COUNCIL SESSION

*Recommendations of the Committee on Policies*

*The following is a restatement of the fund-raising policies of the American Diabetes Association, as it was accepted by the Council at its meeting on June 8.*

1. It is recommended that the American Diabetes Association continue its policy of not engaging in general public fund raising at the national level.

2. It is recommended that the American Diabetes Association withdraw its opposition to general public fund raising by an Affiliate provided its clinical society or medical advisory group considers it essential in the local situation, and approves the methods employed, and provided further that such activities be restricted to the geographical area as defined in the terms of its affiliation. Further, the advice and counsel of the national Association will be available and the Affiliate will be expected to act in accordance with the objectives, principles and policies of the American Diabetes Association.

3. It is recommended that the American Diabetes Association will welcome appropriate contributions from the Affiliates to further the objectives of the Association.

4. It is recommended that the American Diabetes

Association reserve the right to terminate the affiliation of any Affiliate employing fund-raising technics that are unethical, undignified, or otherwise unacceptable to the national Association.

5. It is recommended that a committee be appointed to draw up means of giving advice and counsel to Affiliates employing, among other means, a revision of the *Fund Raising Manual for Affiliate Diabetes Associations of the American Diabetes Association*.

6. It is recommended that the implementation date of supplying advice and counsel as provided in Recommendation Number 5 be Jan. 1, 1957.

It was suggested that the committee referred to in Recommendation Number 5 be a joint committee appointed from the Committee on Finance and the Committee on Policies.

*The Committee on Fund-raising Criteria has been appointed from the membership of the Committee on Finance and the Committee on Policies to study the revision of the Manual referred to in Recommendation Number 5. Affiliates have been urged to hold in abeyance any plans for public fund-raising campaigns pending receipt of the revised Fund Raising Manual, which will be changed in accordance with the foregoing recommendations of the Committee on Policies.*

FREDERICK W. WILLIAMS, M.D., President

## Committees, 1956-57

### AMERICAN DIABETES ASSOCIATION

#### CONSTITUTIONAL COMMITTEES

##### EXECUTIVE

Frederick W. Williams, Chairman  
John A. Reed, Alexander Marble, Franklin B. Peck, Sr., William H. Olmsted

##### NOMINATING

Randall G. Sprague, Chairman  
Henry B. Mulholland, Henry T. Ricketts

#### STANDING COMMITTEES

##### CONSTITUTION AND BYLAWS

Arthur R. Colwell, Sr., Chairman  
Frank N. Allan, Henry B. Mulholland, William H. Olmsted, Henry T. Ricketts

#### FINANCE

Thomas P. Sharkey, Chairman  
Edwin W. Gates, Vice Chairman  
Maurice Protas, Vice Chairman  
Edwin L. Rippey, Vice Chairman  
Cecil Striker, Vice Chairman  
Edward L. Bortz, Arthur R. Colwell, Sr., John K. Davidson, Sidney Davidson, Augustin M. de Andino, Jr., Albert S. Easley, Samuel Eichold, Lewis B. Flinn, William F. Hanisek, Maurice Hardgrove, Reed Harwood, Edgar A. Haunz, Frederick G. Helwig, William R. Jordan, Harvey C. Knowles, Jr., Louis I. Kramer, Stuart E. Krohn, Thomas D. Masters, Richard M. McKean, Carlisle Morse, John A. O'Donnell, William H. Olmsted, ex officio, E. Clarence Rice, Harold Rifkin, Lawrence F. Segar, Wil-