## PUBLIC HEALTH.

## THE DIABETIC JOURNAL.

Small things may lead to unexpected consequences; the foundation last year of the Diabetic Association was due to the fact that the Diabetic Clinic at King's College Hospital was badly in need of fresh apparatus and enlarged accommodation, and Mr. H. G. Wells, in a letter to the *Times*, appealed for financial help to prosperous diabetics who had benefited or were benefiting by scientific work of the type in which the clinic specialised. In a subsequent letter he told how this special appeal, in place of one to the general philanthropic public, was "startlingly successful." A single letter in the columns of our contemporary was all that was necessary to raise the sum required.

"It was evident to everyone concerned in this appeal that there were further possibilities in the idea. Something psychologically and socially valuable had been discovered: the latent solidarity of people subject to a distinctive disorder." It was resolved to try and give this feeling of It was resolved to try and give this feeling of solidarity a more permanent and general form, and as a result of this second letter, The Diabetic Association, with headquarters at 59, Doughty Street, London, W.C.I, was founded, on March 16th last, of which the President is Mr. H. G. Wells and the Hon. Organising Secretary Mr. J. P. McNalty. As a natural sequence there followed the Diabetic Journal (a quarterly), for how can the members of an Association keep in touch with one another without an official organ, and there is now before us a copy of No. 1. Vol. 1, price 1s., edited by Mr. Hugh Walpole, who together with his collaborators, is sincerely to be congratulated on the interest and scope of the Journal. Incidentally it demonstrates the many aspects from which the subject

can be approached.

The editor is fortunate in having secured an article on "The Discovery of Insulin," from Dr. Charles H. Best, M.A., Professor of Physiology in the University of Toronto, who collaborated with Professor (now Sir) F. G. Banting in the research which he initiated, which led to the isolation of insulin. "His working hypothesis," we are told, "amply served its purpose. The hypothesis was an essential part of that mental process which forced Banting to give up his practice and begin the research. It is obvious therefore, that its importance cannot be over-estimated." The article is fascinating reading. "One sample of the first insulin administered to human beings in Toronto was injected by Banting beneath his own skin and a second beneath mine. The first insulin given to a diabetic was administered in the Toronto General Hospital to one Leonard Thompson, aged 14, on January 12th, 1922. We had hoped that this procedure would be something of a ceremony, and that the material would be injected by Banting. I made a special trip to an abattoir, dissected out the pancreas from a likely looking bullock, and made the extracts. We tested them for activity on a diabetic dog, and for absence of toxic effects on ourselves. When the time came for the injection, however, it was given by the house physician in charge of the diabetic ward. The hospital authorities

probably never realised our disappointment."
"What Diabetes really is," is a point concerning which many persons, both diabetics and non-diabetics, would like an explanation. This is given in a lucid article in simple language which can be understood by the man in

the street.

This concludes: "Diabetes is not an infectious disease caused by germs, nor by anything in the nature of cancer, nor by any obvious external cause. Apart from complications it is not a painful disease and therefore it tends to progress, and become firmly established, unfortunately, before many patients take any notice of the disease and come for treatment. It is a disturbance of an all-important body mechanism for using food properly, and until quite recent years in the history of medicine, was a complete mystery. But now we do know its main features.'

Another extremely interesting question raised is "The Pituitary Gland and Diabetes." "The Anterior Lobe of the Pituitary produces a number of active principles. These have to do with growth, sex, development, the fat deposition in the body, the growth of hair and (for our present purpose, most important) the control of the other hormone producing glands. . . . Pathologists have long been in difficulties since the pancreas of diabetics in many cases showed no sign of disease at all; in such cases the fault may be with the anterior lobe of the pituitary. Further, the proximity of the pituitary gland to the brain (unless it is fortuitous, which is incredible) and its now demonstrated diabetogenic influences cannot but make one hope that the nervous factor in diabetes will soon be clarified.

But the objects of the Association are not exclusively,

or even mainly, scientific. The first is:-

"To provide an organisation for the benefit of and service to diabetics and others interested in diabetes; to promote the study of the causes and treatment thereof, and the diffusion of information concerning the same.

The second object is "To act as an authoritative and advisory body to safeguard the social and economic

interests of diabetics, etc."
Further, it desires "To provide nurses and dietitians; boarding houses; convalescent homes; restaurants, and refreshment rooms; schools, laboratories, and clinics, for the benefit of diabetics, either directly or by arrangement

with any person, corporation or institution.

It is interesting to note that Miss M. Abrahams, of St. Bartholomew's Hospital, is Secretary to the Dietetic Advisory Committee, which is at work guarding the interest of those diabetic patients who attend hospitals, and that dietitians or Sisters of various hospitals are enrolling Associate Members (who are confined to patients of the "hospital" class), the annual subscription being 2s. 6d. These hospitals include Guy's, the London, Middlesex, St. Bartholomew's, St. Thomas's, King's College, and the Edinburgh Royal Infirmary. Miss Abrahams, Miss L. Burdekin, Miss R. Simmonds are also on the Provisional Executive Committee, and with the addition of Miss L. Wheeler, are Dietetic Representatives on the Editorial Board for Publications.

Interesting articles are contributed by Sister Lucy Wheeler (Diabetic Clinic, King's College Hospital) on "The Work of a Diabetic Kitchen and Clinic, from a Nurse's Print of W. Diabetic Kitchen and Clinic, from a Nurse's Point of View"; by Miss E. J. Edmonds, Almoner, King's College Hospital, on "Helping the Poorer Diabetic, from the Viewpoint of the Hospital Almoner"; by Miss Rose Simmonds, Dietitian at the London Hospital, on "Diabetic Diets," and by Miss Lucy Burdekin on "Easily Prepared

Suppers for the Busy Diabetic."

Many other interesting subjects are discussed, such as the "Problem of the Convalescent Diabetic," "Diabetes in Children," "Preparatory and Public School Education," "The Diabetes in Children," "The Diabetes in Children," "The Diabetes in Children in Childre "The Diabetic and Unemployment," and the very live question of the administration of preparations (presumably of insulin) for which it is claimed that they are effective

by mouth.

We are glad to note that the Diabetic Association

to its Medical Advisory proposes to refer the matter to its Medical Advisory Committee so that the value or worthlessness of these preparations may be discovered. Few things are of greater importance to the diabetic who is on insulin injections. The expense of needles, needing frequent renewal, is a serious item, and the restriction of having to be at home at certain hours is trying. "Safety first" must, of course, be the rule, but safety compatible with greater liberty would be welcome. would be welcome.

We commend the *Diabetic Journal* to those responsible for organising the supply of papers and magazines for

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