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GOOD NEWS ABOUT DIABETES

BY HERBERT YAHRAES



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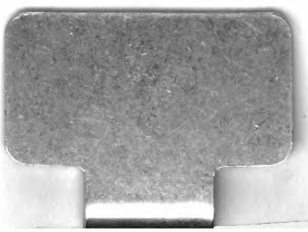

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GOOD NEWS ABOUT DIABETES

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By HERBERT YAHRAES

A LEAN elderly man in a blue flannel suit walked briskly into the classroom, smiled at the students, picked up a pointer and strode over to where a new chart was hanging from a side wall. "I want you to look closely at this," he said. "It contains some very interesting figures—the newest ones. They show you how long a diabetic can expect to live."

The students looked closely, all right, for they were diabetics themselves—new ones: the white-haired housewife, the matron in a new hat with big blue bows, the middle-aged business man, the brunette secretary, the curly-haired youngster accompanied by his mother, and the rest of the two or three dozen people gathered for the Thursday morning class at perhaps the world's most famous diabetic clinic, the George F. Baker Clinic of the New England Deaconess Hospital in Boston.

Mr. Yahraes is author of a series of distinguished pamphlets on medical and health subjects including *Epilepsy, Alcoholism is a Sickness, Rheumatic Fever,* and *What Do You Know About Blindness?*

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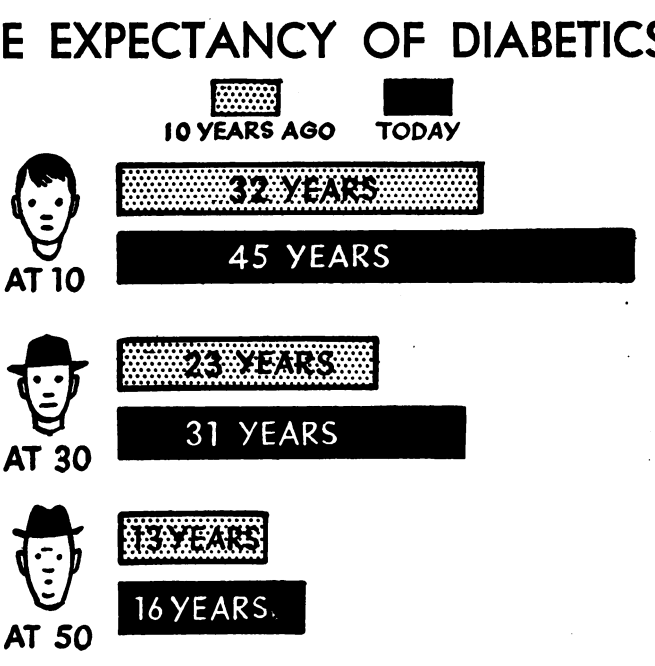
By posters, newspaper stories, and word of mouth, the people were urged to make appointments at Town Hall for simple, free tests that would determine whether or not they had diabetes. Urine and blood sugar tests, preferably obtained about an hour after a meal, were routine in each case,



and in doubtful cases were repeated. The more complicated glucose-tolerance test was used as a check in certain cases.

To get those who were too old or too busy to come to headquarters, the unit sent around a traveling laboratory. It would collect samples of blood and in the morning pick up specimen bottles from front porches like a milkman picking up empties. At the end, more than 70 per cent of the population had been tested. No such survey for diabetes had ever been made anywhere.

After careful analysis, the findings were made public

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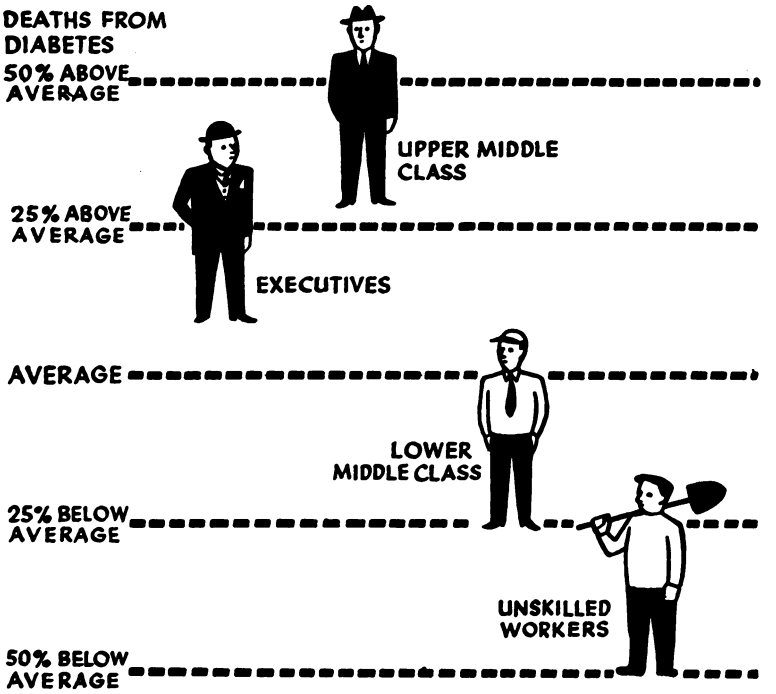
DIABETES IN VARIOUS SOCIAL GROUPS



BASED ON AN ENGLISH SURVEY

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a recent one that many of the first patients treated with it—adults as well as children—are still alive and active. So is one of the two men who discovered it, Surgeon Captain C. H. Best, now Professor of Physiology at the University of Toronto; the other, Sir Frederick Banting, also a Canadian, was killed in an airplane accident while serving his country in World War II. At the time of their work, Banting was a young surgeon just back from service in World War I and Best was a second-year medical student.

Banting and Best isolated insulin from animal pancreas, more than a quarter of a century ago, and used it on patients

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Placed on the market more recently, *globin* insulin, is a combination of insulin with a protein derived from beef hemoglobin. Some physicians look upon it as advantageous in certain cases. Its action falls in between that of regular insulin and of protamine zinc insulin, lasting from twelve to as long as twenty-four hours.

The Next Step

Protamine zinc insulin has one drawback. It eases the diabetic's regime and lengthens his life because it remains effective for twenty-four hours, but it goes to work slowly. That means that one injection may have to be supplemented with a shot of the quick-acting, regular stuff.



What is needed is a ready-made mixture combining the best qualities of each type. Several promising products are being tested, but technologists find it hard to get a mixture that will be stable enough to be marketed, and even harder to get one that will suit everybody. The trouble is that diabetics are human beings. They do not all have diabetes to the same degree, nor do they all eat the same amount of food which raises the level of sugar in the blood, nor take the same amount of exercise, which lowers it. So the kind, as well as the quantity, of insulin has to be adjusted for different persons.

However, the diabetic can make a single-shot mixture himself if his physician deems it advisable and teaches him how.

The Part That Diet Plays

Insulin is one of the Big Three in the treatment of diabetes. The second is diet. While the average person may shiver at the thought of taking insulin even once a day, the diabetic comes to regard the injections as no more of a chore

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they seem to be needed—as in the case of the diabetic railway clerk, whose hours of duty run to sixteen. Even the most liberal doctor warns against overindulgence.

3. *It should also be controlled by exercise*—the third of the Big Three. This helps to keep a person's weight and the amount of sugar in his blood normal.
4. *A well-regulated life is essential*—probably more so than in any other condition. This means that the good doctor helps his patient find a nice balance among insulin, diet, and exercise, and points out that his schedule should be pretty much the same one day as another. This isn't always possible. The diabetic child who goes off to camp may exercise more and consequently may need changes in diet and insulin. The diabetic salesman may have to have his insulin adjusted when he comes off the road and takes a desk job; so may the diabetic actress when rehearsals begin. And in sickness, most diabetics need more insulin than in health.

Psychological Problems

Like many other diseases, diabetes presents psychological as well as physical problems. This is evident in the testimony, given earlier, of the mother of Billy Warren, who was turned down for the school patrol because the principal supposed that diabetics couldn't keep up with other people. It can be found, too, in what June Smith has to say. June is now an attractive married woman who got diabetes when she was 14. "All of a sudden," she says, "I felt that I couldn't stop in anymore with the kids for a sandwich or a coke. If I went to a friend's house, I couldn't eat everything that they did. I felt out of things—gradually gave up my friends. I was 'different.' "



It takes a wise doctor, and understanding parents and associates, to keep a diabetic's personality bright and normal.

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Dr. White points out that her cases developed diabetes during the early days of insulin or even before it was discovered. Nevertheless, 90 per cent of them are still alive, and six out of seven of the patients are leading at least fairly normal lives.

Can Complications Be Prevented?

Research into the relationship between hardening of the arteries and diabetes is just starting. Most doctors advise that strict attention to diet will postpone complications and may occasionally even prevent them. Dr. White's study seems to strengthen this view, for her cases that had little or no vascular damage were also those that had been continuously well controlled as shown by the fact that they had never had diabetic coma.



This study covered patients who had developed diabetes in childhood. Fortunately, diabetes is found much more frequently among older persons, in whom it can be controlled more readily. And even in the young, the newer insulins and the more adequate diets make better control possible. Young people who develop diabetes today have a definitely better outlook than had those studied by Dr. White.

Diabetes and Heart Disease

The frequent occurrence in the same individual of diabetes and heart disease makes the simultaneous treatment of those two conditions a matter of extreme importance, the New York Diabetes Association has pointed out to doctors.

"Too often," it says, "the patient with diabetes and heart disease is treated by a physician whose interest lies in only one of these two conditions. . . . The diabetic with heart disease should be handled by one physician who has an

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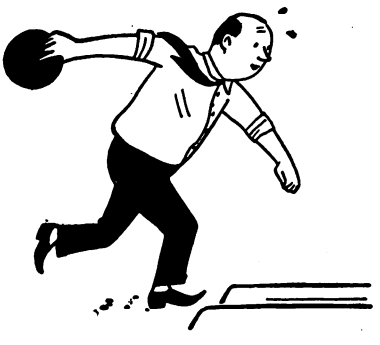
cases). This means that he must give himself an injection, usually in the thigh, at least once a day. While not exactly pleasant, injections are not especially painful, and even children can and should take them themselves.

Many diabetics test their urine, too, as the easiest check to see whether the body is using sugar as it should, or whether the diet or insulin dose needs to be changed. The test is simple. One method calls for boiling eight drops of urine in a test tube with a teaspoonful of Benedict's solution; another, the Clinitest set for dropping a tablet containing chemicals into a test tube with a little urine and water. Color changes indicate the proportion of sugar, if any, that has spilled out. Red is the danger signal.

A Good, Full Life

The identity of diabetics today is lost in the crowd. They look like anyone else. They can do almost anything. Their minds are at least as good as the average. And, as the statistics on page 5 show, they live a long life. Although the diabetic's life expectancy isn't quite as great as the nondiabetic's, it has been constantly increasing for twenty-five years and probably will continue to gain. It is so good that many diabetics can now buy life insurance.

People in almost all fields have made outstanding successes in spite of their diabetes. H. G. Wells, British historian and novelist, was a diabetic. So is Billy Talbert, the tennis player, who reached the finals of the national doubles championship in 1947.



Diabetics go to the usual schools and colleges, take a full course of studies, and participate in sports and social activities. There is no reason to segregate them. They can do almost any work they want to if they take care of themselves. The less strenuous jobs and the professions are especially suitable, but most other fields are open, too. Of course,

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the person who is subject to even occasional insulin reaction would not be advised to drive a truck or a bus or to operate a machine.

"None of us can become worthwhile in very many occupations," Dr. Herman O. Mosenthal, a past president of the American Diabetes Asociation, points out. "One is enough

LOSS OF WORKING TIME BY DIABETICS



BASED ON A STUDY MADE AT KINGS COLLEGE HOSPITAL, LONDON

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to satisfy anybody's capacity for the thrill of adventure, ambition, and achievement. Diabetics may become stenographers, secretaries, designers of dresses, boats, airplanes, cameras; or they can be engineers, lawyers, doctors, dentists, dietitians, clergymen, architects, veterinarians. These are only a few of the activities that diabetics can adequately engage in, and if they have the brains and the energy and take the necessary steps to maintain good health, then success will be theirs just as it is for others."

The Working Capacity of Diabetics

The George F. Baker Clinic has some enlightening figures on this subject. Of one group of 653 patients between the ages of 20 and 65 who returned for treatment or check-up, two-thirds of the men were able to work full time and most of the others were able to work two-thirds of the time. Only 5 per cent were disabled. Of the women, half reported little or no time lost from their usual activities, and only 6 per cent were disabled.

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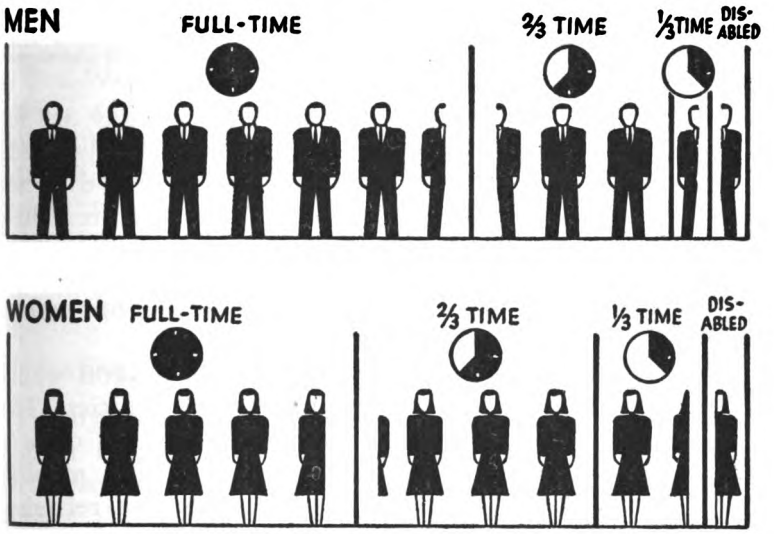
MOST DIABETICS CAN WORK



EACH FIGURE REPRESENTS 10% OF PATIENTS STUDIED AT GEORGE BAKER CLINIC

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Other Scientific Problems

Dr. Best, co-discoverer of insulin, points out that during the last fifteen years its total distribution in the United States and Canada has doubled every five years. Eventually, as more diabetics are treated, new sources of this hormone will have to be found. All of it now comes from mammalian pancreas. While some probably could be obtained from fish pancreas, a better solution would be to discover how to synthesize insulin—in other words, how to make it artificially. Of course, if further research into the nature of diabetes turns up a means to prevent or treat it, great quantities of insulin may no longer be needed.

Finding the Diabetic

The problems discussed so far are principally those of the medical researcher. However, the Oxford survey spells out certain, big, immediate problems that have to be met by the

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