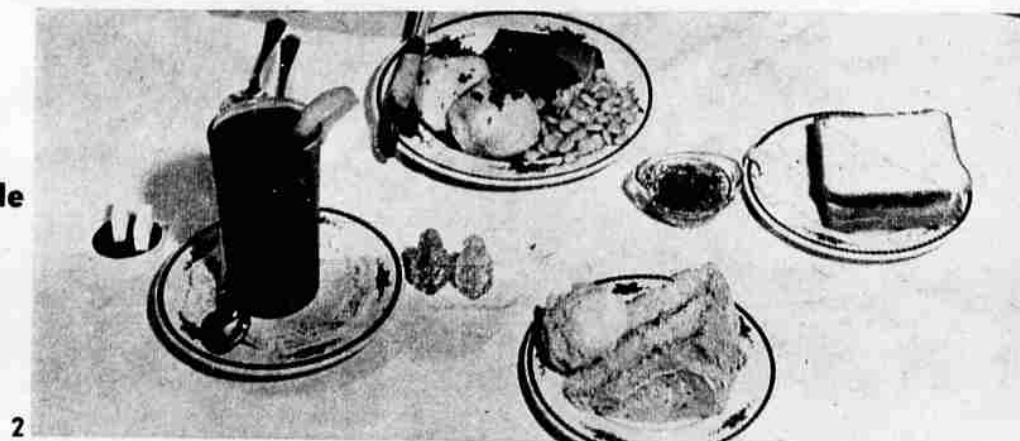




1 Here is a breakfast used in a test for diabetes. It includes orange juice, bread, cereal with milk and sugar, and coffee with sugar. If a urine analysis shows sugar two hours after eating, a blood-sugar test is suggested. Early diagnosis is vital in controlling condition.

2 A diabetic diet usually minimizes the foods shown here. Too much starch and sugar is provided by the bread, potatoes, beans, ice cream, and sugar. The diabetic body is unable to convert them to heat and energy as needed.

Within a generation,
it has been reduced from
a deadly ravager to a controllable
disorder, and even greater
hope lies ahead.



DIABETES:

a disease on the run

This small white pill may free many diabetics from the hypodermic needle. It provides insulin orally. Unlike previous antidiabetic pills, it has shown no harmful side effects.



by Jack Ryan

A PORTLY, MIDDLE-AGED Chicago attorney stepped from his doctor's office recently and nodded to his wife, waiting anxiously in the reception room. "It's what we suspected," he said. "Diabetes."

After a moment's silence, he added, "I wonder if I could have accepted the news as calmly in the old days."

With these words, the Chicagoan expressed intimate knowledge of a once-deadly ravager which, within his memory, had been reduced to a difficult but controllable disorder and may be curbed even further in the near future.

Diabetes had developed in a paternal uncle when the attorney was still a youth. There were the usual symptoms—acute thirst and hunger, loss of weight, drowsiness. The uncle's body was failing to change sugary and starchy foods into heat and energy, instead burdening the kidneys with a destructive excess of sugar. The only treatments then available were "starvation" diets and desperate "miracle" cures. In a year, the uncle was dead.

A hereditary disorder, diabetes later developed in another uncle. But it was 1934 then, and the pendulum had started swinging toward a happier ending. Insulin, discovered by Canadian

doctors Frederick Banting and Charles Best in 1921, had become a lifesaving part of diabetes treatment.

Only unmodified insulin was known, however, and it acted so rapidly in helping the body control its sugar needs that the uncle required two or three hypodermic injections a day. Research had given him and other diabetics new life; now it must give them a freer life.

By 1936 researchers had produced the first slow-action insulin. For the uncle it meant reducing his injections to one a day. But diabetics vary in their insulin needs; some were sensitive to the new insulin, others required doses with faster reaction or greater intensity. Through the years, three additional varieties of insulin were discovered, each tailored to specific needs of individual patients. They now permit diabetics like the Chicago attorney an almost normal life, with minimum restrictions on diet and use of the syringe.

THE ATTORNEY has still another reason for optimism. An even better life may be offered him by a new development which one expert describes as "potentially the greatest find in diabetic research in the last 36 years," or since the discovery of insulin.

These high hopes are pinned on the effectiveness of a small white pill.



This is the paraphernalia diabetics use to correct body's imbalance of insulin.

Taken orally, it might do the work of insulin without the discomfort of a hypodermic injection. Several such tablets previously reached the experimental stage, but all failed. Now a distant relative of germ-killing sulfa drugs has renewed hope in an antidiabetic pill.

Initial trials indicate that the drug, tolbutamide, may help 50 to 75 percent of our diabetic population. A European discovery being tested by an American pharmaceutical house, tolbutamide shows none of the harmful side effects of previous antidiabetic tablets and can be compounded in a pill about twice the size of an aspirin tablet.

The drug offers little help in childhood diabetes, but seems moderately successful in the 20-40 age group, and appears very effective among the most diabetic-prone group, those over 40.

Dr. Henry Dolger of Mount Sinai Hospital, New York City, treated nearly 700 patients with the drug and reported it effective with four out of five patients

over 40. "Nearly half these patients," he says, "have been able to discontinue insulin entirely, even in cases of long duration or where large doses of insulin had been required."

Tolbutamide recently was released for prescription use but with the warning that it can be used only by certain types of diabetic patients and only with a physician's approval. The American Medical Association, in advising a cautious approach to the drug, says far more research is needed before tolbutamide's value is fully determined.

The Chicago attorney, for example, still must face a period of adjustment familiar to every diabetic. He will undergo weeks or months of adapting to insulin types and dosage. He will learn how to use a hypodermic needle on himself and live within a prescribed routine. He will conform to a strict diet, though one far more varied and tasteful than the fasting inflicted on diabetics in the past.

Most diabetics today—there are about 1,600,000, with 65,000 new cases discovered annually—accept this new life stoically, realizing they once faced a far more tragic fate. They have formed clubs and associations to exchange health tips and confidence. For diabetic children, there are Summer camps.

Strangely, the advances in diabetic

therapy are less inspiring to medical researchers than to laymen, because the scientist operates on a principle that demands greater achievement.

"The ultimate goal of medical research," says a member of a diabetic research team at a large university, "is not curbing a disease, but preventing and curing it. Until we do that with diabetes, past achievements must be considered as only stop-gap measures."

Giving impetus to researchers is the fact that America's death rate from diabetes, though drastically reduced, remains the highest in the world, 2½ times larger than England's for example. The disorder is directly responsible for 25,000 deaths a year, and its complications kill another 25,000. In addition, diabetes, largely a disease of age, is increasing in America because we have an aging population.

DESPITE ITS prevalence and a 1,000-year medical history, we know little about the causes of diabetes. Normally our body uses sugar with the help of the pancreas, a large insulin-producing gland behind the stomach. In some diabetics, this gland may be damaged, requiring artificial introduction of insulin. Or perhaps the body makes more sugar than the pancreas can handle, or neutralizes the natural insulin.

The imbalance occurs twice as often in women as in men and is preceded by obesity in eight of ten cases. But statistical knowledge alone does not explain why diabetes occurs, and until we learn the cause, a cure or preventive appears far off.

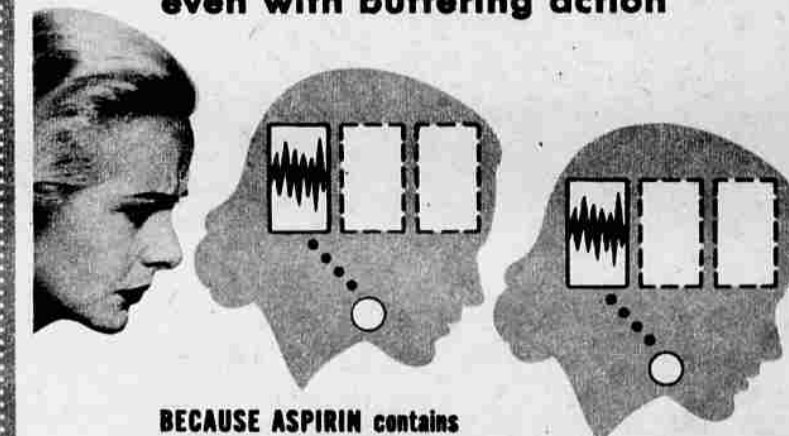
The American Diabetic Association stresses the importance of yearly tests, particularly for persons past 40 who are overweight and have a diabetic history in the family. The association points out that perhaps one out of three mild diabetics can be controlled by diet alone if it is discovered early.

Another tip for the potential diabetic is to avoid overweight. The National Institute of Arthritis and Metabolic Diseases says, "Perhaps the most promising area for prevention of diabetes is the control of obesity. Striking decreases in the incidence and severity of diabetes accompanied loss of body weight in certain European countries during both World Wars, and when the food supply increased, so did diabetes."

Obesity research may not provide the final answer. False starts and failures are expected. But from the still-fresh history of insulin, with its temporary disappointments and frustrations, today's researchers draw encouragement that they, too, will reach their goal—a preventive and a cure for diabetes.

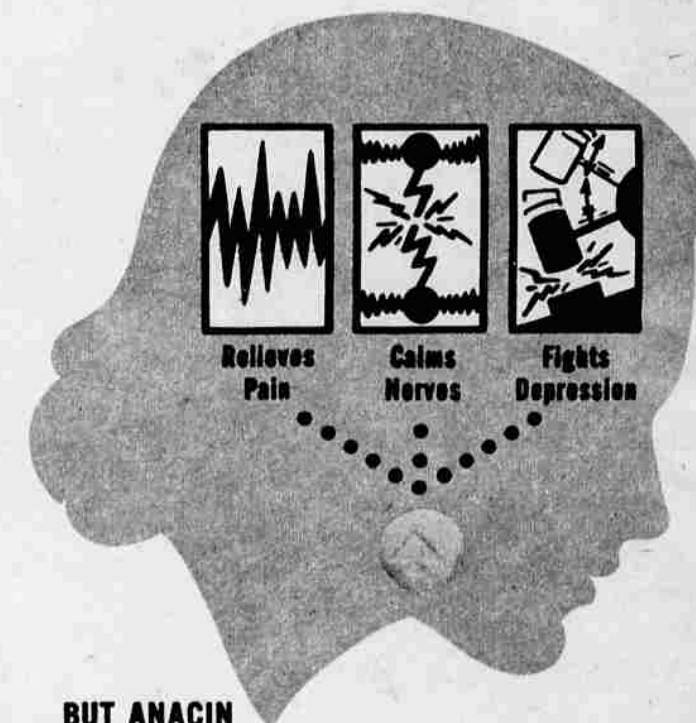
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