

Diabetes and Marriage

A QUESTION asked concerns the advisability of marriage and pregnancy when diabetes has been discovered or exists in a young woman. Before dealing with the question we had better refresh our knowledge of the disease. It has to be taken seriously, because we seem to suffer this trouble almost twice as much as Great Britain. In 1953 we had 242 deaths from diabetes. On a comparative population basis with the Old Country we should have had one hundred less deaths. Wherever food is plentiful and there is easy living there is more diabetes. In the year quoted we had 1364 people under treatment for diabetes in our hospitals, and that is quite a lot for our small country. Women suffer this disease more often than men.

In health our pancreas gland makes enough insulin to ensure that our body cells use carbohydrates properly, and that anything over is stored against future needs. In diabetes the pancreas gland has fallen down on the job, insulin being either in short supply or not being made at all. Glucose, from carbohydrate digestion in the intestines, keeps coming to the body cells in the blood, but they cannot use it without the chemical change initiated by insulin. Nor can the liver store it! So it is cast out of the body in the urine. But the body cells needed that carbohydrate fuel, and to make up the loss begin to use fat and protein for energy. Hence there is exhaustion, loss of weight and strength, and symptoms appear, of thirst, increased urine, and hunger in spite of eating, while everything becomes an effort.

Diabetes may be discovered because of increasing symptoms, but quite often is revealed by a medical examination for life insurance or some other purpose. When discovered, the extent of insulin failure has to be determined, and two or three weeks in hospital are advisable to put the body's carbohydrate utilisation in order. The minimum carbohydrate diet the person can manage on is worked out. Maybe keeping the carbohydrates down will stop the urinary wastage, there being enough insulin being made in the body to manage on a restricted diet. Maybe this is not enough, natural insulin being deficient or wholly absent. Now there must be recourse to animal insulin by injection. Ultimately the point is determined at which the person can manage a properly balanced diet with the aid of the least possible injection insulin.

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(it was a female arm) reached across and took the plate of jelly. The Chinese bowed and smiled and backed away through a small gap in the crowd. I found a bar and commuted a beer to a corner of the stage, where I could see it would be given a working holiday. My friend, in his turn, lined up numbers of dishes on the trestle table. He thought I should finish with something sweet. That was cakes rather than the exquisitely dainty Chinese girls, still in costume, who delighted us as they passed. "Quite out of reach," said my friend cheerfully, making do with beer and sucking pig. I left early, relatively, to catch a North Shore ferry, unenlightened except for a belief that I might have got to know some of these eager, dedicated, thoroughly professional theatricals if I'd worked with them round the country. Some New Zealanders, did, I believe.

—G. leF. Y.

This is the text of a talk on health broadcast from ZB, YA and YZ stations of the NZBS by DR. H. B. TURBOTT, Deputy-Director-General of Health

Stabilised, either by dieting or a combination of dieting and insulin, the patient can return to live a life of normal length, of full working efficiency, and enjoy all ordinary activities.

Now what of diabetes and marriage? Diabetes does run in families. A proneness is transmitted, which may appear in actual disease, or may lie dormant and be undiscovered throughout life unless provoked by over-eating, general indulgence and overweight. The actual probability of transmitting the disease is high if a diabetic marries a diabetic, or marries a person without the disease but with a story of it running in the family. It is still very likely to be handed down if one parent with diabetic heredity and with the disease marries a healthy person. However, if there is no family story of diabetes, a diabetic marrying a healthy partner runs but a small risk of passing on the disease.

Should a diabetic woman bear children? Pregnancy does not usually aggravate the diabetes. However, the course of the pregnancy may be chequered, births before time and difficult labours being common. The child runs marked risks of constitutional weakness and of malformations. A diabetic may have a normal baby. The risk against is assessed by an international authority as one baby in two likely to be still-born, or die in early infancy, or suffer from congenital malformation. The same authority suggests adoption is the best policy if both parents are diabetic, or if only one parent is afflicted and there has been failure with the first infant.

For children of a diabetic parent or where there is a family history of diabetes, extra supervision is needed. They should not be allowed to overeat or get fat. The slightest upset in health should be referred to the family doctor. Right throughout life it will be wise to have an annual medical overhaul, including a urine test. Provided a diabetic is stabilised, the employment market is unrestricted, though the defect should be disclosed to the employer. One veto a diabetic must observe, to take pills such as headache and sleeping remedies only under medical advice, for such drugs upset sugar metabolism and the stabilisation upon which their normal life depends.

Novel Into Serial

IN the artificial world of the theatre Janie and Duncan Meredith struggled for real happiness, for a chance to make a secure place for themselves; a place that was threatened when the glamorous Leonie Martine came on the scene. How their love stood the shock of her coming, and the changes she made in their lives, may be heard in the new romantic serial, *All Our Tomorrows*, which starts from the ZBs at 7.0 p.m. on Saturday, February 2. This Grace Gibson production is an adaptation of the best-selling novel by Mary Howard. Janie and Duncan Meredith are played by Gina Curtis and Roger Climpson; Kevin Brennan plays Robert Curtis, and the leading role of Leonie Martine is taken by Georgie Sterling, the Dunedin-born actress. Georgie Sterling played many parts in New Zealand radio before going to Australia, where she has added film appearances to her successes there in such radio plays as *To Dorothy*, *a Son*, and *The Laughing Woman*.

AN ANNOUNCEMENT FROM

THE N.Z. DEPARTMENT OF HEALTH

Reminders for a carefree holiday



PROTECT YOUR FOOD

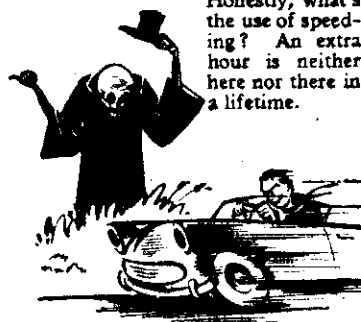
Summer sickness is no fun. Food care on holiday requires scrupulous attention. Dust, flies, cockroaches and other vermin can all infect food. Keep perishables cool in a fly-proof metal or muslin safe hanging in a shady, draughty spot; other food in tight containers. Boil doubtful drinking water. Clean hands and cooking utensils lessen chances of food poisoning.

CLOWNING IN A BOAT IS DANGEROUS

Never overload or fool around in a boat. Standing up suddenly in response to a good bite can topple you over in a minute. Behave quietly.



DRIVE SENSIBLY



Honestly, what's the use of speeding? An extra hour is neither here nor there in a lifetime.



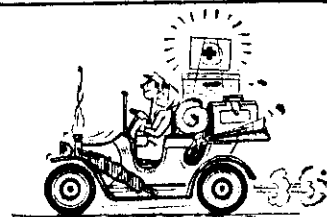
DON'T BECOME A "BALL OF FIRE"

Toasting to an even tan is healthy, but do not expose the skin to direct rays for more than a few minutes to start with. Increase exposure gradually. Stop at the first sign of pinkness.

ONLY AN ASS DIVES INTO DOUBTFUL WATERS



Choose a safe place to swim and don't go in alone. Check the depth of the water before diving and make sure no hidden objects lurk beneath the surface.



REMEMBER YOUR FIRST AID KIT

If someone gets a cut or sting you'll be glad you brought along a few simple aids such as calamine lotion, antiseptic, clean bandage, adhesive dressing, insect repellent.

To be sensible is to be healthy—