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Diabetes mellitus presents pathophysiologic and therapeutic challenges hardly matched by any other disease. "Know diabetes and one knows medicine" could be a modern Oslerian paraphrase. This issue of the Henry Ford Hospital Medical Journal offers overviews on several aspects of diabetes.

Pregnancy and diabetes is an area without debate on whether or not control counts. All agree: the goal of therapy should be euglycemic control before and throughout pregnancy. The team approach to achieving this goal is discussed by Drs. Kivnick, J. David Fachnie, and Chang Lee, from the Departments of Obstetrics-Gynecology and Internal Medicine, in "Current Management of Pregnancy in the Diabetic Woman" (pp. 84-90). Another important approach to treating the insulin-requiring diabetic is discussed in "Comments on Office Management of the Insulin-Requiring Diabetic Patient: A Preferred Alternative to Hospitalization" (pp. 116-17).

Our two-year experience at Henry Ford Hospital with biosynthetic human insulin is summarized by Davida Kruger C, MSN (pp. 72-76). She and her colleagues in the Division of Metabolic Diseases are studying 20 more patients treated in a double blind protocol by purified pork insulin, combined beef-pork insulin, or human insulin. It may take several years to discern clinical preferences for human insulin.

Dr. James F. McMurry, Jr., from the University of Kentucky, in his article on the artificial pancreas (pp. 77-83) reviews a technical approach to optimal control of the diabetic state which is now appropriate only in a research milieu. To miniaturize the closed-loop delivery system and to resolve the problems of insulin aggregation are priorities for this decade of the 1980s. Only with a closed-loop insulin delivery system can euglycemic control be simplified.

Dr. Dorothy Kahkonen, in "Diabetes and Lipid Disorders" (pp. 91-94), reports her experience with hyperlipidemic states in diabetic patients. Deranged lipid metabolism in the patient with diabetes concerns clinicians, since hyperlipidemia is a major risk factor in macrovascular disease. Ischemic coronary artery disease remains the major killer of diabetic patients.

Unusual manifestations of diabetes mellitus, such as the Charcot joint or Dupuytren's contracture, are described by Dr. Jean O. Partamian in a series of descriptive vignettes throughout this issue.

In the editorial section (pp. 115-16), we have also described the multi-center study funded by the National Institutes of Health, the Diabetes Control and Complications Trial (DCCT). Recruitment for Phase II has begun. It will take two years before information is available on the feasibility of the trial. If the long-term study is justified by preliminary results, eight to ten years may pass before meaningful data become available. Yet, these data could influence the therapy of diabetes into the 21st century.

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Guest Editor