

- 942 Ultrastructural Alterations in Rat Lungs. H.E. Reidbord and W.E. Spitz.
Arch. Pathol. 82, 80-84 (July, 1966).

The effect of acute hypoxia on the pulmonary capillaries has not been clearly defined. Although it has been stated that hypoxia will cause damage to the pulmonary endothelium and transudation of protein into the alveolar spaces, morphological support of this is lacking. In order to define more clearly the effect of severe oxygen deprivation on the lung, acute hypoxia was produced in the rat by asphyxiation in an airtight container. Immediately after death, samples of the lung were removed, suitably prepared, and examined with the electron microscope. The findings were similar to those previously described after less severe but more prolonged hypoxia. Changes observed in the capillaries were minimal. The structural integrity of the endothelium was preserved, and cell junctions appeared intact. Severe, acute hypoxia did not produce any significant alteration in the pulmonary fine structure. No direct evidence was found to indicate that capillary permeability had been altered; this possibility could not be excluded, however.

-- J. Am. Med. Assn. References & Reviews

- 943 An Examination of Commercial Kits for the Determination of Glutamic Oxaloacetic Transaminase (GOT) and Glutamic Pyruvic Transaminase (GPT) in Serum. M. Hollands and J.E. Logan.
Can. Med. Assn. J. 95, 303-306 (Aug. 13, 1966).

Four kits for the detection of serum transaminase based on the spectrophotometric method and 15 kits based on the colorimetric procedure were evaluated. Two kits contained faulty reagents in both the SGOT and SGPT packages. Four of the 15 kits gave results which differed significantly from those of the reference method. The precision of the various kit procedures was adequate in each case for the determinations of SGOT and SGPT. The need to evaluate the adequacy of each kit in a routine operation before relying upon the results obtained with it is stressed.

-- Authors' abst.

- 944 Has Diabetes a Unitary Etiology? H. Lestrade. Presse med. 74, 99 (1966). French.

The conclusions in this review of recent advances in diabetic research are that the separation of diabetes into fat and thin diabetes, which was quite common in the 19th and early 20th century and was never really entirely abandoned by French diabetes specialists, assumes once again some importance in the light of newer knowledge. Hyperglycemia, whether permanent or transitory is not always associated with a real or potential deficit of pancreatic secretion. It may be pancreatic in origin as in the juvenile type of diabetes, or cellular and vascular as in the adult type of diabetes, in diabetes of the obese and of the aged. Considering the various types of diabetes where the pancreas is of no importance and where blood insulin levels are more frequently elevated than diminished, it is certain that the clinical picture, prognosis, genetic background, prevention and therapy of these different types have often nothing in common with one another. The continued tradition of a unitary concept of the etiology of diabetes (that is to say, pancreatic) has led to a divergence of opinion between diabetes specialists treating adults and those treating children. This divergence will not be resolved until both realize that they are dealing with different diseases.

-- Can. Med. Assn. J. Absts.

- 945 Diabetes Mellitus in Patients With Gout. F.W. Whitehouse and W.J. Cleary, Jr.
J. Am. Med. Assn. 197, 73-76 (July 11, 1966).

About 10% of patients with gout will have diabetes mellitus. Of the authors' 89 patients with both diseases, 74 (83%) have insulin-independent diabetes and in two out of three gout developed first. Obesity is a frequent concomitant (65 patients, 73%), and perhaps represents the common etiologic basis for both metabolic abnormalities in this type of patient. The excessive use of food and drink probably heightens the chances of one or both disorders developing. Physicians should be aware of this concomitance and attempt the early detection of diabetes in appropriate cases of gout. Insulin-dependent diabetes was uncommon in the patients of the authors (15 patients, 17%). One need not expect the frequent development of gout in patients with diabetes. Only one in 100 of the authors' patients with diabetes has gout.

-- Authors' abst.

- 946 Sacroiliac Lipomata: An Often Unrecognized Cause of Low Back Pain. M. L. Singewald.
Bull. Johns Hopkins Hosp. 118, 492-498 (June, 1966).

In a series of 53 cases attention is called to some simple clinical observations that may help solve a complicated diagnostic problem. Lipomata in the sacroiliac region have been described as another cause of low back pain, easily diagnosed by injection at the base of the lipoma with a local anesthetic which also produces immediate relief of pain and immediate mobility of the back. Treatment can be by repeated injection of the fatty nodule or, if this does not suffice, the nodule can be removed surgically. The results of surgical removal are uniformly good:

-- J. Am. Med. Assn. References & Reviews