Until recently, orthostatic proteinuria was considerd a benign condition, most frequently seen in the adolescent years and not associated with the presence of renal disease. The more general use of percutaneous renal biopsy has now shed doubt on the innocent nature of orthostatic proteinuria and indeed, suggests that an anatomical lesion of the glomerulus is present in most cases. Similar attention has not been given to that group of patients with asymptomatic intermittent proteinuria of mild degree, which is independent of body position We do find mention of this type of proteinuria in the medical literature where it also has been considered a benign condition, based on the assumption that proteinuria associated with renal disease is characterized by its constant presence. Fifty-one asymptomatic patients with mild, intermittent proteinuria and normal renal function were studied by percutaneous renal biopsy Of these patients, 61% had specific anatomical lesions of the glomeruli. Another 8% had nonspecific glomerular abnormalities. Only 31% of the patients had normal renal biopsies The problems associated with establishing a correct clinical diagnosis in patients with primary renal disease are discussed. In the appraisal of the asymptomatic individual with proteinuria, percutaneous renal biopsy is usually the only procedure with diagnostic value.

556 Allopurinol in the Treatment of Gout. J. B. Wyngaarden, R. W. Rundles, and E. N. Metz. Ann. Internal Med. 62, 842-847 (April, 1965).

Today hyperuricemia once more occupies center stage in the concepts of the nature of gout, both acute and chronic, primary and secondary. The acute attack is thought to be initiated by formation of crystals of sodium urate monohydrate from supersaturated body fluids Acute gouty arthritis is viewed as a potential event in the life of any hyperuricemic subject, and as increasing in likelihood with the height and duration of hyperuricemia. In the population study in Framingham, Mass., Hall has found a cumulative incidence of gout of 1.8% in 790 males with serum uric acid levels between 6.0 and 6.9 mg/100 ml, as contrasted with an incidence of 36% in 50 males with serum levels of 9 mg/100 ml or more. About 3% of 5,000 males had levels above 7.0 mg/100 ml The cumulative incidence of gouty arthritis in this group was 2% at mean age 34 years and 23% at mean age 58 years. Chronic gouty arthritis is characterized by the accumulation of sodium urate in and around the affected joint, which results in destructive and osteoarthritic changes. Tophaceous deposits are detectable by physical or X-ray examination in about half of gouty patients and are related in incidence and bulk to the height of the serum urate levels, the duration of the disease, and the presence of renal complications of gout. Renal damage of some degree is almost invariable in gout. It tends to be only slowly progressive. The incidence of renal calculi in gout is a thousand times that of the general population; the higher the urinary excretion of uric acid the higher the incidence of stones.

By the selection of the appropriate dose of allopurinol, together with use of uricosuric agents in certain patients, it is now possible to reduce the serum urate level to normal or if desired to hold it as low as 2 to 3 mg/100 ml indefinitely. The early fear that uric acid gout might be supplanted by "xanthine gout" appears unfounded, although the renal aspects of the problem persist and require continued vigilance

557 Restrictive Measures Relative to Epilepsy. Comments on the Medical Aspects S. Livingston. Arch. Environmental Health 10, 518-521 (March, 1965).

The author concludes that most of the current restrictive measures referrable to the epileptic, particularly those pertaining to marriage, sterilization, and immigration, do not reflect the opinion of those physicians who are experienced with the disorder of epilepsy, and that there is no medical basis for their continuance He estimates that there are at least two million epileptics in the United States and in this era of stressed equal opportunity, these individuals should not still be classified as second rate citizens They should be assessed in the same manner as any other individual, that is according to their physical and mental abilities to function in society. The attitude that "once an epileptic, always an epileptic" should be relegated to a well-deserved oblivion. It is the author's great hope that as more factual and statistical material regarding the disorder of epilepsy is disseminated, the public's attitude toward the epileptic will change—and once again the light cast by knowledge and understanding will banish the shadows of one of the few remaining "dark corners" in our social and economic structure

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