

de incidentia e le prorata de prevalentia es differente mesuras del frequentia con que un morbo occorre e que le duo non deberea esser usate como equivalentes o synonymos; de indicar que certe precautiones deberea esser prendite ante que on comencia comparar le magnitudine de proratas in duo populationes o a duo punctos de tempore; e de proponer que le mesuras del frequentia con que un morbo occorre deberea esser identificate precisemente.

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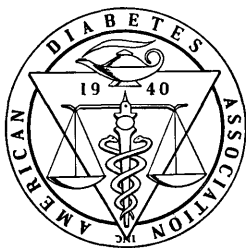
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EDITORIAL

IMPOTENCE IN MALE DIABETICS

In this issue of *DIABETES* is a report of studies by Schöffling and co-workers of the frequency of diminished sexual potency or of impotence in a large group of male diabetic patients, and of abnormalities of endocrine function in the patients who had these complaints. The report merits editorial comment because of the unusual extent of the investigations and because some of the findings, including the results of hormonal therapy, appear to be at variance with the observations and impressions of many physicians who care for diabetic patients.

Physicians who routinely make specific inquiry of their male diabetic patients regarding sexual potency have long recognized that diminished potency of some degree is a common problem. Since many patients do not voluntarily offer this complaint, accurate data on its frequency are obtained only by systematic questioning of large groups of patients. The data of Schöffling and co-workers indicate a high incidence (51 per cent) of impotence among 314 male diabetics whose ages covered a wide range, and they thereby confirm the findings of others. It should be noted that studies of the frequency of the complaint do not provide precise information on diabetes per se as a cause of impotence,

for this symptom in diabetics, as in nondiabetics, may be related to psychogenic and other factors. Nevertheless, there is little doubt that diabetes is a major factor, for the complaint is far more frequent among diabetic males of a specified age than in comparable groups of nondiabetic males.

While such statistical surveys document an increased frequency of impotence in diabetic males, they do not elucidate the mechanisms involved. Indeed, the mechanism may not be the same in all cases. Many physicians accept the hypothesis that autonomic neuropathy is a common cause, for impotence is almost the rule in male diabetics who have severe autonomic neuropathy, as evidenced by disorders of bladder and bowel function, anhydrosis, and disturbances in the regulation of skin temperature in the extremities. However, impotence not infrequently occurs in the absence of readily recognizable signs of autonomic neuropathy, and it seems probable that this is not the sole explanation in many cases.

The study of Schöffling and co-workers does not include data on autonomic nerve function. Rather, it approaches the problem from the standpoint of disturbed pituitary and gonadal function. The authors conclude from their endocrine studies that there is a failure of the gonadotropic function of the anterior pituitary in a high proportion of male diabetics with impotence, and that the resulting hypogonadotropic hypogonadism is the basic cause of their impotence. Evidence in support of this conclusion includes subnormal or absent urinary excretion of pituitary gonadotropin, morphologic changes in the Leydig cells and tubules of the testes suggestive of hypogonadotropism, defective spermatogenesis, and low levels of fructose in the seminal fluid. Contrary to the findings of others, they noted an increased excretion of 17-ketosteroids in the urine. The

reasons for this discrepancy are not clear. Chromatographic fractionation of the 17-ketosteroids led the authors to conclude that the increased total excretion is due to a decreased excretion of steroid metabolites of testosterone which is more than counterbalanced by an increased excretion of metabolites of adrenocortical steroids of low androgenic potency. The mechanism of the acquired gonadotropic failure remains unknown.

Contrary to the experience of many clinicians that testosterone and its analogs are of little value in the treatment of impotence associated with diabetes, Schöfling and co-workers describe striking therapeutic results with testosterone alone, and even better results when both testosterone and chorionic gonadotropin were employed. Although they presume the primary hormonal defect to be deficient secretion of gonadotropic hormone, they state that the results of treatment with chorionic gonadotropin alone were not impressive.

This is a provocative report of an extensive, ambitious study of the endocrinology of sexual disorders in male diabetics, involving complex technics of endocrine investigation. For the clinician who is interested in diabetes it may seem to clarify the problem of impotence in male diabetics as well as its treatment. The critical endocrinologist, on the other hand, may find some of the observations and conclusions difficult to accept. The therapeutic aspects of the study are at variance with widespread clinical experience, and some of the results and interpretations of endocrine studies need confirmation by investigators of high competence in the field of pituitary and gonadal endocrinology. The authors are to be commended on the extent and importance of their study, and on the large effort involved. It is published in the hope that it will stimulate further investigation of pituitary and gonadal function in male diabetic patients with and without impotence.

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## BOOK REVIEWS

DIETS ARE FOR PEOPLE—A TEXTBOOK OF DIET THERAPY. By *Caroline Wood Shearman, R.N.*, \$2.95, pp. 126, *Appleton-Century-Crofts, New York, 1963.*

This book has been written for student nurses. Its use might be broadened to include all students interested in medicine, dietetics, and nursing. The author is a well qualified dietitian, and the book is the result of her own experience with student nurses who did not enjoy the subject,

diet therapy. She has successfully shown that the subject matter included in treatment of disease by diet may be a rewarding experience. Emphasis is placed on people; their treatment is secondary.

Textbooks on diet therapy have followed a traditional pattern of arrangement of material according to the modifications required or by systems. Since the book is "people-centered" she first considers the reasons people eat, followed by the dietary patterns necessary to meet particular disease conditions. Only the most commonly used diets are included. A final chapter on how to change eating habits should prove useful. The book does not contain any material which has already been covered in former courses in nutrition. There are no charts, tables of food values, or references. The author hopes that the reading of the book will encourage curiosity so that the student will seek out more information from other sources.

The eleven chapters have titles which are amusing. "By Their Fruits Ye Know Them" introduces the chapter on the management of the diet for diabetes. The title stems from the use of fruit for dessert in the diet of the majority of diabetics.

"The Eternal Struggle" discusses obesity and its treatment by diet. After reading the chapter on sodium restriction a nurse will never again be guilty of serving a glass of canned tomato juice to a person on restricted sodium intake. Cholesterol, saturated fats, and polyunsaturated fatty acids are clearly explained in the chapter, "Controversy Plus."

A summary of diets, their purpose, foods stressed and foods to be avoided are included in the Appendix.

The book is different from other text books on diet therapy, and is well worth consideration by those teaching students who still find the subject of diet therapy "dull and boring."

TEXTBOOK OF BIOPHYSICAL CHEMISTRY. By *Edward S. West. Third Edition*, \$17.50, pp. 1423, *MacMillan, New York, 1963.*

Professor West has prepared a third edition of his *Textbook of Biophysical Chemistry*. Three-quarters of this volume consists of chapters taken from the larger *Textbook of Biochemistry* by West and Todd, chiefly without change. To this have been added chapters on atomic structure and chemical kinetics. The text is clearly written and numerical examples of the application of the equations are worked out in step-by-step developments.

There is a definite need for textbooks which will provide the background necessary for the understanding of a modern course in biochemistry. Such a book should be oriented to the requirements of medical and biology students who are unlikely to have a comprehensive exposure to physical chemistry. *Textbook of Biophysical Chemistry* is poorly designed to fill this need. Most of the chapters suffer from the compromises dictated by their preparation for the larger book. The fundamental physical chemistry needs a fuller treatment and a more integrated and exhaustive use of problems, particularly in acid-base chemistry, to prepare the student for the effective application of this material to biochemistry. The inclusion of one hundred pages on the respiratory cycle in blood and on renal physiology is poorly advised. This material should remain in the biochemistry