Macrovascular disease in Caucasoid diabetic patients

Dear Sir,

Dr. Hockaday (*Diabetologia* 1985; 28: 385) states that consideration of the plasma insulin could have clarified the overall confusion in my "anguished analysis" [1]. Had Dr. Hockaday paid more attention to the text and less to my presumed state of mind, he would have noticed that the plasma insulin *was* considered. Had he further read the expanded version of the *Diabetologia* article [2] he would have found a fuller discussion, from which I include one (amended) paragraph:

"These three studies [3–5] illustrate the enormous problems and complexities of interpreting the role and relationships of risk variables to cardiovascular disease when population groups differ in their composition and the studies vary in the quantity of risk variables measured and the number and kind of disease end-points considered. The inclusion of the plasma insulin as a risk variable added an extra dimension to these studies and the consistent association with coronary heart disease incidence in men is an important observation. The failure of the Busselton study to find a similar association in women suggests that a confounding variable (or variables) is causing the association in men or obscuring it in women. A possible candidate is the HDL cholesterol level, which has been shown to be inversely associated with plasma insulin levels [6, 7]."

In short, the plasma insulin currently explains nothing. It is simply a variable to be considered in future studies.

Yours sincerely,
R.J. Jarrett

References

1. Jarrett RJ (1984) Type 2 (non-insulin-dependent) diabetes mellitus and coronary heart disease – chicken, egg or neither? *Diabetologia* 26: 99–102
2. Jarrett RJ (1984) The epidemiology of coronary heart disease and related factors in the context of diabetes mellitus and impaired glucose tolerance. In: Jarrett RJ (ed) *Diabetes and heart disease*. Elsevier, Amsterdam, pp 1–23
3. Welborn TA, Wearne K (1979) Coronary heart disease incidence and cardiovascular mortality in Busselton with reference to glucose and insulin concentrations. *Diabetes Care* 2: 154–160
4. Ducimetiere P, Eschwege E, Richard J, Rosselin G, Claude JR (1982) Clinical complications and coronary heart disease according to plasma insulin and glucose levels. A further analysis of the Paris Prospective Study. In: Eschwege E (ed) *Advances in Diabetes Epidemiology (INSERM Symposium 22)*. Elsevier, Amsterdam, New York, Oxford, pp 149–155
5. Pyörälä K, Savolainen E, Kaukola S, Haapakoski J (1982) High plasma insulin as coronary heart disease risk factor. In: Eschwege E (ed) *Advances in Diabetes Epidemiology (INSERM Symposium 22)*, Elsevier Biomedical Press, Amsterdam, New York, Oxford, pp 143–148
6. Hornick CA, Fellmeth BD (1981) High density lipoprotein cholesterol, insulin and obesity in Samoans. *Atherosclerosis* 39: 321–328
7. Stalder M, Pometta D, Suenram A (1981) Relationship between plasma insulin levels and high density lipoprotein cholesterol levels in healthy men. *Diabetologia* 21: 544–548

Professor R.J. Jarrett
Division of Community Medicine
UMDS (Guy's Campus)
London SE1 9RT
UK

Book reviews

Glucagon I (Handbook of Experimental Pharmacology, Vol. 66, Part 1). P. Lefebvre (ed) Berlin, Heidelberg, New York: Springer-Verlag 1983. Approx. 500–550 pp, 136 figures, cloth, DM 390.–/\$ 168.10. ISBN 3-540-12068-8

Glucagon II (Handbook of Experimental Pharmacology, Vol. 66, Part 2). P. Lefebvre (ed) Berlin, Heidelberg, New York: Springer-Verlag 1983. Approx. 750 pp, 158 figures, cloth, DM 540.–/\$ 223.10. ISBN 3-540-12272-9

Professor Pierre Lefebvre presents us with a two-volume handbook on glucagon spread out over more than 1200 pages and 2.96 kg, divided into 56 chapters containing approximately 300 illustrations and thousands of references at a price of close to 1000 German Marks. The list of the 81 authors who have contributed to the handbook reads like a Who's Who of the front-runners in metabolic and endocrine research from all over the world. The efforts on the part of Dr. Lefebvre must have been tremendous. How difficult it must have been to obtain the 48 non-Liège-based contributions at the time of deadline – or at least reasonably close to it! How many telephone calls must have been necessary to encourage contributing colleagues to meet deadlines and – at least as difficult – to persuade those authors who had initially met the deadline to update their articles up to the moment the opus went to the printers? Only those who have dared to try to achieve something similar will be able to appreciate fully what Dr. Lefebvre has done for us. The question remains then: has it been worth it? Can the outcome of such a tremendous enterprise ever match what has gone into it with regard to time, intellectual effort, money, frustration and emotional stress between colleagues and friends trying to meet the deadlines, the ambitious goals of comprehensiveness, non-redundance, and actuality, as well as the requirements set by the publisher?

Dr. Lefebvre asks us, the readers, to be the judges (Volume I, page XI). No, Pierre, you have not disappointed me; very much to the contrary! If there could ever be a monograph in the traditional Handbuch-style aiming at summarizing every detail of a particular subject of area of interest, you have done it for *Glucagon*. The Editorial Board of the series "Handbook of Experimental Pharmacology" can consider themselves extremely proud for having been able to present as No. 66 of their series a volume which exceeds the usual and habitual scope of their monographs: *Glucagon* goes far beyond any account of (experimental) pharmacology, even in its widest possible sense. The Lefebvre book covers chemistry and physicochemistry (chapters 1–3), the morphology and function of the pancreatic A cell (chapters 4–7), assay procedures (chapters 8–12), metabolic and endocrine actions of glucagon (chapters 13–22), the regulation of glucagon secretion (chapters 23–32), glucagon in physiology and pathophysiology (chapters 34–38 and 42–55), extrapancreatic glucagon, glucagon catabolism and glucagon in pharmacology – everything brought up to 1981/1982.

It seems useless to try to comment on the different aspects and chapters of this ambitious and (next-to-) perfect piece of work. *Glucagon* must serve as a data- and information-base for every laboratory interested and/or active in metabolic and endocrine research. Due to its size and price, only a few of us will be able to afford *Glucagon* personally (like myself since I got it for free as the reviewer), but I suggest it should be a *must* to purchase *Glucagon* for any university library, scientific institution or unit concerned with endocrine and metabolic research – even at times when funds have been cut. It will be an investment which is certainly going to pay off for any research activity associated with diabetes, metabolic and endocrine disease in the future.

M. Berger (Düsseldorf)