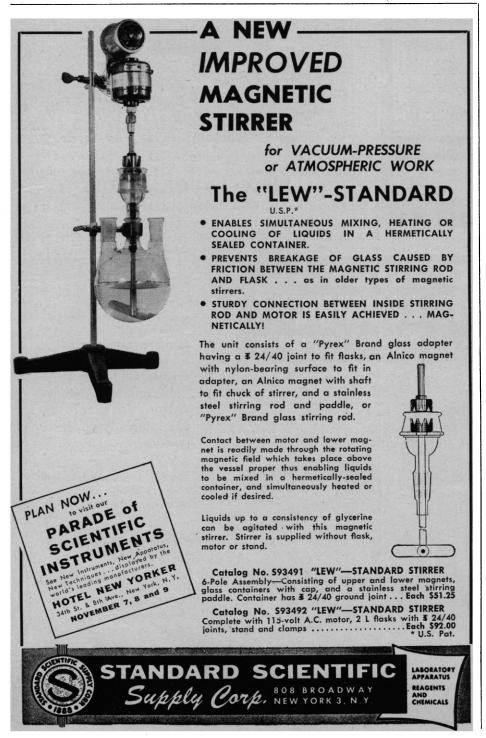
Meetings

The Pancreas

A symposium on the pancreas, sponsored by the Mallinckrodt Foundation, was held from 23 to 25 May at Endicott House, Dedham, Mass. The discussion covered several phases—first, the pancreas as a whole with its anomalies, its injuries and infections and its tumors, both benign and malignant. The comments and conclusions may be summarized as follows. Most of the clinical tests for pancreatic function are relatively inaccurate. Pancreatic disease, once initiated, tends to be progressive. The volume of secretion from the pancreas is surprisingly large, amounting to several hundred cubic centimeters per day. There is no known disorder due to overfunction of the pancreas as an exocrine organ, although probably the reason alcohol makes pancreatitis worse is that it increases the amount of secretion produced by the still functioning portions of the pancreas.

Mucus is an important constituent of the pancreatic secretion, and disturbance in mucus secretion as part of a generalized disease process leads to the development of cystic fibrosis. The basic unit for exocrine function seems to be



protein particles associated with the microsomal portion of the cell, which are concerned with making the enzymes. The key units probably come from the endoplasmic reticulum of the acinar cells. There is evidence that some type of feedback mechanism exists whereby the output of the proper enzyme is maintained to meet dietary needs. The particles of enzyme apparently require magnesium ions to maintain structural integrity. The enzyme particles form in the Golgi region, grow larger, and take up additional liponucleoprotein to become zymogen granules. The formed zymogen granule is from 0.5 to 1.5 micron in diameter. The nucleus seems to have a gene-governing function but does not participate directly in the process of enzyme formation. The zymogen granules pass by lacunar spaces through the cell membrane. The reaction of the fluid within the ducts is quite alkaline. It is possible that the bicarbonate which helps to maintain this alkalinity is secreted by the centroacinar cells.

Among other diseases that affect the pancreas as a whole are hemosiderosis and hemochromatosis; these are difficult to distinguish from one another and perhaps are the same disease process basically. The effects of the disturbed iron metabolism are apparent in the pancreas as well as in other organs of the body, and there is damage to practically all the cells of the islands indiscriminately, except that the alpha cells seem to be relatively free from iron pigment. When the beta cells are sufficiently involved in hemochromatosis, diabetes results.

Decrease in pancreatic exocrine function is largely due to inflammatory or obstructive processes. Obstruction is probably the most important in bringing about loss of exocrine function, and obstruction always leads to infection, which, in turn, tends to destroy additional pancreatic tissue. In general, the islands of Langerhans resist inflammatory and neoplastic processes. Administration of crude extracts of the pancreas in general constitutes satisfactory substitute therapy in the event of loss of exocrine function. While ectopic pancreatic tissue may take over to some extent for a damaged pancreas, the occurrence is rare and the mass is usually small. Usually ectopic pancreas carries ductal, acinar, and insular elements. Under certain conditions new formation of islands may occur, even in the diabetic patient. This has been observed both in man and in experimental animals. The new formation comes chiefly from the epithelium of the ducts. Under normal circumstances, cellular turnover in the islands is extraordinarily slow. With acute damage, as in alloxan poisoning and acute toxemic diseases, the beta cells may be particularly damaged

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and regeneration may occur promptly.

The insular tissue makes up about 2 percent of pancreatic mass in normal tissue and may make up as much as 3 percent in obese persons. Insulin plays a role in stimulating pinocytosis in certain fat cells. The ratio of alpha to beta cells is approximately 1 to 3 in man. In the diabetic patient, the average weight of the island tends to be about one-third that of the normal island. If there are not qualitative evidences of damage to the island in diabetes mellitus, there is almost always a quantitative reduction. The first evidence of disease in the islands is hydropic or glycogenic vacuolization, which may progress to fibrosis or hyaline deposition. The pancreas of the young diabetic contains much less insulin than does that of a person who becomes diabetic later in life. Interestingly enough, the insulin requirement of the totally depancreatized individual or animal is somewhat less than that of the diabetic.

Insulin is clearly related to the beta cell, glucagon to the alpha cell. Insulin may properly be considered a growth hormone as well as a regulator of carbohydrate metabolism. Insulin tends to build glycogen and reduce fat. Unless special precautions are taken, insulin contains glucagon. Glucagon increases the metabolic rate and causes ketosis even before glycosuria develops. Glucagon may induce diabetes in some animals. After prolonged administration of glucagon to the experimental animal the alpha cells decrease in number.

Shields Warren Cancer Research Institute, Boston, Massachusetts

Forthcoming Events

September

20-23. Conf. on Pure Food Laws, London, England. (Secretariat, Pure Food Centenary 1960, 14 Belgrave Sq., London S.W.1)

20-24. Aeronautics, 4th European cong., Cologne, Germany. (Wissenschaftliche Gesellschaft für Luftfahrt, Eberplatz 2, Cologne)

20-7. International Atomic Energy Agency, 4th general conf., Vienna, Austria. (IAEA, 11 Kärntner Ring, Vienna 1, Austria)

21-22. Industrial Electronics, 9th annual symp., Cleveland, Ohio. (G. E. Hindley, Reliance Electric & Engineering Co., 24701 Euclid Ave., Cleveland 17) 21-23. National Power Conf., Philadel-

21–23. National Power Conf., Philadelphia, Pa. (A. B. Conlin, Jr., ASME, 29 W. 39 St., New York 18)

22. Society of Plastics Engineers, Binghamton, N.Y. (T. A. Bissell, SPE, 65 Prospect St., Stamford, Conn.)

22-23. High Temperature Resistance and Thermal Degradation of Polymers, symp., London, England. (Symposium Subcommittee, Plastics and Polymer Group,

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