



Fig. 98.—Necrosis and lymphocytic infiltration of an islet of Langerhans. Hematoxylin-eosin; reduced from $\times 160$. (Courtesy of Crome, L., *et al* Arch. Dis. Childhood 42 677-681, December, 1967)

sodium succinate and 1 ml. nikethamide intravenously, but did not improve. Blood sugar levels were 216-136 mg./100 ml. The patient remained comatose and died 36 hours after admission.

Serums of the parents and the twin sibs were tested against thyroid, stomach and kidney. The father's serum was positive for antinuclear factor (titer 1:10); the mother's serum contained weakly positive antibodies to the thyroid cytoplasmic antigen. Histologically, the patient's thyroid showed generalized focal lymphocytic infiltration. In the pancreas, many islets of Langerhans showed lymphocytic infiltration and degenerative change (Fig. 98). The liver showed much fatty change and marked accumulation of glycogen. There was acute necrosis of the granular layer of the cerebellum.

A possible correlation between diabetes mellitus and thyroiditis suggests alertness to the possibility of thyroiditis and hypothyroidism during management of diabetes in children.

► [Traditional last comment, I'm going to relax—and I fervently hope that the whole world relaxes with me.—Ed.]

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