

## BOOK REVIEWS

DIABETIC MANUAL, FOR THE DOCTOR AND PATIENT. By Elliott P. Joslin, M.D., *Clinical Professor of Medicine Emeritus, Harvard Medical School, and Medical Director, George F. Baker Clinic, New England Deaconess Hospital, Boston, Massachusetts. Eighth edition. Cloth. \$2.50. Pp. 260. Illustrated. Lea & Febiger, Philadelphia, 1948.*

A PRIMER FOR DIABETIC PATIENTS. *An Outline of Treatment for Diabetes with Diet and Insulin, Including Directions and Charts for the Use of Physicians in Planning Diet Prescriptions.* By Russell M. Wilder, M.D., *Formerly Professor and Chief of the Department of Medicine of the Mayo Foundation, University of Minnesota, Senior Consultant in the Division of Medicine, Mayo Clinic; now Director, Institute of Arthritis and Metabolic Diseases, National Institutes of Health, Bethesda, Maryland. Ninth edition. Cloth. \$2.50. Pp. 200. Illustrated. W. B. Saunders Co., Philadelphia, 1950.*

YOUR DIABETES: A COMPLETE MANUAL FOR PATIENTS. By Herbert Pollack, M.D., *Associate Physician for Metabolic Diseases, Mount Sinai Hospital, New York; and Marie B. Krause, M. S., Consulting Dietitian. Second edition. Cloth. \$3.00. Pp. 212. Paul B. Hoeber, Inc., New York 16, 1951.*

DIABETES CONTROL. By Edward L. Bortz, M. D., *Chief of Medical Service B., Lankenau Hospital, Associate Professor of Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia. Cloth. \$3.50. Pp. 264. Lea & Febiger, Philadelphia.*

LEITFADEN FÜR ZUCKERKRANKE. von Dr. Med. Georg R. Constam, *Zurich, Switzerland. Second edition. Cloth. Leinen Fr. \$12.50. Pp. 114. Illustrated. Benno Schwabe & Co., Basel, Switzerland, 1951.*

Books about diabetes written for the instruction of diabetic patients have come to play an important part in the management of the disorder. They furnish effective instruction to physicians as well as laymen. That they fill a need is indicated by the appearance of a growing number of such books on the market, and by the publication of repeated editions of those which

have been most successful. Five of these books, introduced or reprinted in the past year or two, are reviewed herewith.

Joslin's "Diabetic Manual" seems to have been the first in the field. It appeared in May 1918. Its popularity is shown by the fact that it reached its eighth re-editing in 1948 and has been reprinted in each succeeding year. It contains information regarding the various problems of the diabetic. It also contains in each of its thirty chapters something of the stimulating personality of its author. In simple, direct language he makes clear what the diabetic should know. By recounting illustrative experiences of his patients, and by apt quotations from the poets, from the bible and other sources, he makes it easier for the reader to remember his points. He stresses not only diet and insulin but "the art of learning how to get the most out of life under all circumstances."

The "Primer" by Wilder, first published in 1921 and now appearing in its ninth edition, also has the reputation of seasoned experience. It is practical; the nature of the metabolic disorder is discussed briefly, but most of the text consists of straightforward directions concerning the procedures which the patient must learn regarding tests, insulin, diet and hygiene. More than half the book is devoted to diet, including recipes.

The books by Pollack and Bortz are recent. Both employ the food values and the system of food exchanges contained in the American Diabetes Association's "Diabetes Guide Book for the Physician." On this basis, the authors present an elaboration of the dietary program which should simplify this phase of treatment for the patient and prepare him for any situation.

The first chapter of Pollack's "Your Diabetes" is entitled "You Can Live A Normal Life." The optimistic introduction is supported by stories of diabetics who have had successful careers. The nature of diabetes and the researches which have led to progress are presented in readable fashion. Finally, the details of treatment are explained fully.

"Diabetes Control" by Bortz likewise provides inspiration and encouragement to the diabetic reader. It emphasizes particularly the psychological aspects of the management of diabetes. It contains information regard-

ing the detection of diabetes in the population. It discusses life insurance, longevity, retirement, and other matters outside the ordinary range of medical treatment.

Constam's book is concise but complete. It follows the teaching common to the other books. It should be extremely valuable for those who seek instruction in the German language.

Each book has its special merits and each one of them can be recommended as an aid to the physician who seeks help in the instruction of his patients. It would be desirable for physicians to make them all available for his patients permitting the patient himself to choose which one he will wish to purchase and keep available in his own home for ready reference.

*CURRENT THERAPY 1952. Edited by Howard F. Conn, M.D. \$11.00. Pp. 849+xxxi. W. B. Saunders Co., Philadelphia, 1952.*

In these days of rapid advances in therapy a book of this kind published annually is in order. Both the editor

and the contributors are men of ability and excellent reputation. The manner of presentation of the material is unique in that treatment methods of individual experts have been selected by the contributors without comment. In the average textbook the author usually discusses the treatment he himself has adopted and may comment on other methods. The new system is simpler and probably quite adequate.

The book appears to give rather complete coverage. One may note with interest that under the treatment of diabetes mellitus several different methods are presented. Dietotherapy for diabetes is usually made too complicated, and also is made to appear to be as exact as mathematics; nevertheless the two main methods given in this volume contain very different figures. The one by Duncan appears to have excessively high protein content.

In general, one finds little in this book that would require adverse criticism. It can be recommended highly for the busy practitioner.

## CORRESPONDENCE

### TO THE EDITOR:

The paper entitled "Pituitary Necrosis in a Diabetic During Pregnancy," by Dr. Frederick W. Williams, published in the January-February issue of *DIABETES*, brings to mind a case treated at the Boston Lying-in Hospital which presented a similar phenomenon, but with recovery.

A 19-year-old primigravid patient who had diabetes of one and a half year's duration was seen during the seventh week of pregnancy and was followed from that time onward. She had been taking 40 units of protamine zinc insulin and 10 units of crystalline insulin daily.

She was one of the first cases in which blood and urine estrogens were studied by the Smiths. These tests were abnormal, indicating impending toxemia. She developed edema of the face at the thirty-fourth week of pregnancy. One week later she had a generalized convulsion and was admitted to the hospital with an elevated blood pressure and albuminuria graded 4 plus. During the first 24 hours she had several convulsions. Two days after the onset of convulsions, labor started and she was delivered of a normal baby of 8 pounds 3½ ounces.

In the convulsion occurring the day after admission, the blood sugar was 40; the blood pressure at this time

was 195/112. She was given glucose intravenously during the convulsion, and it ceased immediately; she awakened and was rational. The insulin dosage was reduced sharply; and finally, because of recurring convulsions, was omitted. She required no insulin for 13 days. Blood sugar tests at this time were reported 103, later going up to 188. Finally treatment with insulin was resumed on the thirteenth day. She was eventually discharged on a dosage of 54 units of protamine zinc insulin and 16 units of regular insulin.

During this time she had a combined glucose-insulin tolerance test (100 gm. of glucose given orally, 5.5 units of insulin given intravenously). It was reported as follows: Initial blood sugar, 92; in 20 minutes, 102; in 30 minutes, 108; in 45 minutes, 135; 1 hour, 145; 2 hours, 123; 3 hours, 126.

At the time, this case was considered to be one in which pre-existing diabetes was improved by damage to the anterior pituitary gland, which is well known to occur in eclampsia. In this case, the damage was temporary and reversible, since she again required insulin in the usual dosage.

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