

## NEW TITLE PAGE INAUGURATED

Readers of DIABETES will note that the title page of each article in the current issue of the Journal has been revised so that the summary appears in bold-face type at the upper left-hand corner, immediately preceding the beginning of the text. The purpose of this revision is to provide the summary on the opening page, where it can be photographed with the title and authors' byline for ready reference and for separate indexing, if desired. The new title page, commencing with the January-February 1964 issue, was recommended by the Editorial Board and approved by the Committee on Scientific Publications at the Twenty-third Annual Meeting in Atlantic City last June.

## INCREASED SIZE OF ISSUE

The Editors have added thirty-two pages to this issue of the Journal in order to shorten the time between submission and/or acceptance of manuscripts and publication date. The increased number of pages has become necessary due to the continuing high intake of scientific articles. A total of ninety-six additional pages were included in Volume 12 (1963) for the same reason. Additional pages have been authorized for this year (Volume 13) as needed in order to decrease the lag time.

## BOOK REVIEWS

L'ACIDOCÉTOSE DIABÉTIQUE. By Alain Larcen and Paul Vert. F. 45, 284 pp., Éditions Médicales Flammarion, Paris, France, 1962.

This monograph represents an ambitious effort to correlate the physiopathology of diabetes with the clinical aspects of diabetic ketoacidosis and to derive in this way sound guidelines to the treatment of this condition. Following the discussion of underutilization and overproduction of glucose in diabetes, the writers review in detail the metabolism of carbohydrate, protein and fat. They then present an extensive compilation of investigations in the field of biochemical abnormalities of diabetic ketoacidosis, including those of water and electrolyte economy.

The clinical discussions should be of particular interest to those unfamiliar with observations made at the bedside by the school of great French clinicians.

The review of the literature on the biological aspects of ketoacidosis is impressive in its scope, but unfortunately includes data of questionable value. One may, for instance, question the concept of "spontaneous coma" due to starvation (pp. 18 and 19) with loss of liver glycogen and adreno-

cortical over-activity. One is also surprised by the statement that the study of alkaline reserve is "hazardous" and that only a drop of the plasma pH may be indicative of ketoacidosis. Not many will agree with the writers' contention that the concept of pre-coma based on the drop of alkaline reserve below 30 vol. per cent constitutes "impropriété de langage" (pp. 10 and 13).

The section on treatment of diabetic ketoacidosis includes a discussion of administration of insulin, parenteral fluid and electrolyte therapy as well as intravenous fructose infusions. Mention is made of the use of cocarboxylase, novocaine, glutamic and aspartic acid, creatine, etc., even though no evidence of usefulness of such therapy in diabetic ketoacidosis is given.

The writers' experience in the treatment of diabetic ketoacidosis is based on thirty cases (sixteen cases of coma and fourteen of advanced ketosis). To their credit, they point out that even with the use of therapy based on sound physiopathologic research, patients may die from complications of coma such as vascular collapse or renal failure. On the other hand, it is difficult to agree with the recommended treatment of severe hypoglycemia which may develop as a result of excessive amounts of insulin used in therapy of coma. The writers give 30 to 50 gm. of glucose by vein. If the patient fails to respond they administer potassium and magnesium salts and even more insulin in the belief that in this way they can prevent the "diabetogenic effect of hypoglycemia" in accordance with the views expounded by Somogyi (p. 223).

Putting aside the mentioned unorthodox views and misconceptions, this monograph may be used as a comprehensive reference work by those interested in a survey of research that has been published about the physiopathology of diabetic ketoacidosis and coma in the past few decades. The American literature is well represented in this review.

CLINICAL DIABETES MELLITUS. Edited by Max Ellenberg, M.D., and Harold Rifkin, M.D. \$13.50, 448 pp., McGraw-Hill Book Co., Inc., New York, 1962.

It is obvious that no book on the subject of diabetes can be all things to all people. Here, the editors have attempted to ride herd on some forty-one other authors of varying competence and skill in communication. It is a fact, of course, that a good medical investigator is not necessarily a good writer and the converse is equally true. Essentially this is not a unified book but rather a collection of essays by a group of major and minor prophets from the New York area, with one imported guest star, i.e., Charles Best. The book itself is all-inclusive and covers nearly all phases of diabetes, about one third of the titles involving "basic science" while the other two thirds are more clinical or practical. While the first few chapters are excellent, they are scarcely aimed at the general practitioner. If this is truly a book aimed at "clinical diabetes mellitus," one wonders about the necessity for "the role of zinc and trace metals" (chapter 4). Much time is spent on involved schematic meanderings through rather complex enzyme systems and while the pipe-in-mouth, fireside philosophical approach may be a joy to well-oriented specialists, it is probable that the busy general practitioner will soon be lost in some of these areas. On the other hand, the terser clinical sections are not quite complete enough for real clinical direction.