

## 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.

The book, however, is a good mirror of some of our present-day knowledge or lack of same. This is shown by the admonition concerning the treatment of impotence on page 337: ". . . effective therapy includes a sympathetic understanding on the part of the physician and a highly individualized approach to each patient. Improvement in the general health of the patient, reassurance, and suggestive therapy may occasionally yield good results." The fact that the testosterone-adequate physician will be in no position to understand his frustrated and depleted patient who, in turn, will scarcely profit from the sage but vague advice offered is no fault of the author but rather points up the paucity of knowledge concerning specific clinical areas. Thus forty-two years after the development of insulin there is still no really definitive therapy for such complications as neuropathy, nephropathy, retinopathy and others.

This book has many virtues and several faults. Among the faults is a sin common to poly-authored works—overlapping and discussion of the same topics by a number of writers. Some authors (*chapter 9*) have excellent material presented in a confusing manner. In the "laboratory aids" section, one could take issue with statements like ". . . diagnosis can be established by . . . hyperglycemia in the fasting state two or three hours after a carbohydrate-rich meal." It is questionable that a daily diet of 150 gm. of carbohydrate is really necessary for a valid glucose tolerance test. On the bottom of the same page the author has not explained why "it is most regrettable" that glucose tolerance tests are sometimes performed on "patients maintained on insulin." Would a glucose tolerance test be harmful? Does it really matter? Perhaps a 50-gm. glucose provocative test might be useful in determining that the patient really has active diabetes since he may be seeing the physician for the first time and there is no proof that the insulin is really necessary.

On the other hand, chapters such as No. 5 ("Endocrine Relationships"), No. 10 ("Classification of Diabetes"), No. 14 ("Insulin Inhibitors") and No. 16 ("Oral Hypoglycemic Agents"), among others, are masterpieces of lucidity and precision.

There is much that is good about the book. (1) It covers a vast expanse of topics, sometimes in remarkable depth for the size of the book. (2) The various views are stimulating even if not always acceptable. (3) There is much recent information about this dynamic area of medicine. (4) There is a great plethora of recent references that will make the book irresistible to other writers. (5) The price is right! All in all, while this is neither a complete reference book for the expert nor a do-it-yourself guide for the general practitioner, it is a collection of modern diabetes essays grouped into a very useful book which can give a great deal of information in a short period of time. The data are much more accessible and generally more readable than in most of the other texts now available. Certainly this book will find its way into most physicians' libraries and it is to be hoped that there will be future revisions.

CLINICAL ENDOCRINOLOGY. By T. S. Danowski. \$60.00, four volumes, 2106 pp. The Williams & Wilkins Company, Baltimore, Maryland, 1962.

Danowski's *Clinical Endocrinology* is an unusual work that

once more stamps the author as one of the eminent men of American medicine. It is not one volume, but four volumes, and it is of generally high quality. Danowski does not function as editor, collecting the contributions of multiple authors who have special proficiency in the various subareas of clinical endocrinology, but as sole author. It would be tempting to conclude, categorically, that single authorship of such a work, with maintenance of a reasonably high level of excellence throughout, is an impossible undertaking. Perusal of the volumes indicates that this conclusion would not be valid.

A reviewer's appraisal of a work of this magnitude almost necessarily must be based on close scrutiny of selected aliquots from each of the four volumes. Naturally, the selections will concern areas of clinical endocrinology in which the critic feels he is well informed. Such a review of Danowski's volumes leads to a lessening of skepticism that this one author could do a respectable job on an undertaking of such magnitude. The volumes consist of a well-organized series of rather complete discussions of extensive areas of knowledge in clinical endocrinology and related fields, adding up to a tremendous amount of information that is presented in a succinct, scholarly manner.

The general format of the chapters is interesting and highly functional. Each chapter begins with a concise abstract and contains an expanded—although still with an economy of words—discussion of the topic. At the end of each chapter, there is a remarkably large, pertinent bibliography. Thus each chapter has a sort of pyramidal structure that provides at its three levels something for all manner of students of clinical endocrinology. The abstract is the broad shallow base composed of simple undocumented statements, some quite arbitrary in character, which will satisfy the scanner interested only in the high points. The body of the chapter is more detailed and documents the statements contained in the abstract; part of the documentation is in the form of charts, photographs, and extensive tables. Finally, the extensive bibliography provides references to original source material for the more scholarly reader who wants to read the literature and to make his own judgments. This tripartite structure meets the needs of a broad spectrum of readers, from the neophyte student to the mature clinical endocrinologist.

Volume I concerns the pineal, hypothalamus, pituitary (both anterior and posterior), and gonads. In addition, there is material on the endocrine aspects of anorexia nervosa, obesity, Laurence-Moon-Biedl syndrome, myotonic dystrophy, progeria, mongolism, and the syndrome of Morgagni. Large sections deal with basic aspects of the gonadotropins and sex hormones, sexual precocity and "pseudoprecocity," and nuclear chromatin, intersexes, and hypogonadism. The volume concludes with brief sections on the mammary glands and gonadal neoplasms.

Volume II consists of thirty-one chapters devoted to the thyroid gland, including its normal physiology, disease states, and normal and abnormal endocrine interrelationships.

Volume III deals with calcium, phosphorus, parathyroids, and bone. Included is a rather thorough discussion of basic aspects of the metabolism of bone as a tissue, and of calcium and phosphorus and magnesium, as well as discussions of the physiological roles of vitamin D, the phosphatases and citrate in the body. This is followed by a discussion of the physiology and the diseases of the parathyroid glands and of the various hypercalcemic and hypercalciuric states that