

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

are not endocrine in origin. The volume concludes with seven chapters on disorders of bone and calcification that are not associated with hypercalcemia or hypocalcemia, and in which abnormality of endocrine function is doubtful or entirely lacking.

Volume IV is concerned with the adrenal cortex and medulla and their diseases. After four chapters on the physiology of the several adrenocortical steroids and of ACTH, there is a series of chapters on Cushing's disease, Cushing's syndrome, and primary and secondary aldosteronism. The next large section of this volume discusses states of adrenocortical insufficiency, both spontaneous and induced. The adrenogenital syndrome in children and adults is then discussed in two chapters under the general heading "Dys-adrenocorticism." The volume concludes with a consideration of the adrenal medulla and its diseases and a section on pharmacologic therapy of nonendocrine diseases with adrenocortical steroids and ACTH.

There are numerous examples of the difficulties of organization of material concerned with multiple endocrine glands that are interrelated in numerous ways. For example, the material on Cushing's disease and Cushing's syndrome is divided between Volumes I and IV. One wonders whether the organization would not have been better if all of this material had been placed in the sections of Volume IV dealing with diseases of the adrenal cortex. This seems justified since all of the manifestations of the condition result from an excess of adrenocortical steroids in the body even though the more remote origin in some cases might be in the anterior pituitary or hypothalamus.

Generally speaking, Danowski has done an excellent job of presenting a mammoth amount of material on clinical endocrinology and allied fields in a very useful manner. Inevitably, most of the criticism that might be leveled at the work will be related to the truism that no one individual can be an expert on all aspects of clinical endocrinology even though he were to spend full time in this area of medicine. Some of the topics discussed are so uncommon or minute that it is not possible for one physician to have a wealth of clinical experience with them. Consequently, much of what appears in a work such as this must reflect a careful review of the literature to supplement personal experience that is necessarily limited. What the intrepid author finally writes may convey a hint, perceived by relatively few readers, that he actually has not lived in intimate and recurring contact with some of the diseases under discussion. This inescapable fault is perceptible in some parts of these volumes. Withal, it must be stated that Danowski has dealt with the broad area of medical knowledge embodied in clinical endocrinology probably as expertly and thoroughly as any single contemporary author possibly could. The work should be useful to almost all levels of students of clinical endocrinology.

FUNDAMENTALS OF DIABETIC MANAGEMENT. By James M. Moss, M.D. \$4.75, 70 pp., Springfield, Illinois, Charles C Thomas, 1962.

This book is happily slender in an age of verbose and overweight volumes that often are too expensive. The book attempts much by covering nearly the entire field of diabetes from "definition" to "treatment" and "complications" in seventy six-by-nine-inch pages. The illustrations are some-

times amateurish but enthusiastic and adequate. In a book of this size and with its multiplicity of topics it is difficult to do more than define and outline the conditions and their treatment, but in spite of these limitations seven pages are devoted to diet, four and one-half to oral hypoglycemic agents and seven pages to insulin.

In general, the author's conclusions are sound although one might argue with statements such as (*p.* 3): "diabetes is probably no more common than in the past . . ." This is contrary to most authorities who feel that the sum of generations of heredity, plus increased optimal nutrition plus the longer life of diabetics add up to a greatly increased number of diabetics. Some of the section on physiology is sketchy in the light of recent knowledge, but the tempo of new findings has been so accelerated that it is difficult to keep any printed book up to date. However, if this concentrated volume is truly aimed at junior medical students as indicated on the jacket, a more thorough development of the physiology area is warranted. One could argue with the author's criteria for diabetes (*p.* 8): "If the blood sugar is over 100 mg. per 100 ml. before a meal or over 140 mg. per 100 ml. two hours after a large meal the patient has diabetes," but the author, in his attempt to generalize for a young audience, is entitled to those beliefs which result from his own experience. He seems very optimistic in the section on oral hypoglycemic agents. For example, he speaks with more positiveness than even the manufacturer concerning the mode of activity of phenformin. At best, this subject is ill-defined and controversial. If the suggested range for phenformin therapy up to 300 mg. per day is taken seriously by many physicians, the curve of gastrointestinal-upset-incidence may climb markedly, although admittedly some of these statements are attenuated later in the chapter. The statement "satisfactory diabetic control . . . in 80 per cent of new patients with mild diabetes," etc., (*p.* 27) means precisely nothing without some definition of criteria. The section on insulin is strong but the chapters concerning "complexities" (chapter 4) and "degenerative complications" (chapter 5) suffer from the writing foot race of trying to get too much distance in too short a space of time.

The measure of a book is (1) the degree of achievement of its announced purpose and (2) its general usefulness not only to the audience at which the book is aimed but also to other readers who may be interested in this subject. This book is a comprehensively, honestly written rapid summary of a vast and continually changing field. It is a good book and to a large degree achieves its aim, but it is not quite sophisticated enough for the modern medical student, not detailed enough for the practicing physician and too complex for the average patient. The author has attempted the well-nigh impossible feat of compressing the machinery and technical aspects of a cruiser into the space of a motor-boat. One is not sure which audience would best benefit from this hybrid. However, for the quick scanner, this book will give a glimpse at the vast horizon in a straight-forward and honest fashion.

KONJUNCTIVALKARRENE VED DIABETES MELLITUS. By Jørn Ditzel. Scandinavian University Books, Munksgaard, Copenhagen, 1962.

This manuscript was written in 1961 in Copenhagen by