

approval of new remedies by FDA and their availability to the public may therefore be unduly delayed.

It is not expected that every investigator will be able to carry out all of the procedures that are desirable. Some physicians are equipped to perform one kind of investigation and some another. All who are involved have an obligation to themselves as well as to others to see that clinical studies of drugs are conducted in accordance with the aforementioned principles and practices.

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## BOOK REVIEWS

**ATHEROSCLEROSIS: MECHANISMS AS A GUIDE TO PREVENTION.** By Campbell Moses. \$8.00, 239 pp., Lea and Febiger, Philadelphia, Pennsylvania, 1963.

Campbell Moses has prepared an exceptionally fine compendium and digest which covers much of the abundance of multifaceted studies on arteriosclerosis that have been published in recent years. This superbly erudite presentation is clearly superior to other monographs of this type that have recently appeared. More than 1,300 papers are referred to in the bibliography. These have been grouped and pieced together in logical sequences and their contents reported briefly and accurately. This scholarly book should serve as an indispensable reference source for all investigators interested in this subject and save many hours of frustrating labor in the library over cumbersome cumulative indices. The informative chapters on the geographical and topographical distributions of arteriosclerosis prove conclusively that these have not deviated from the days of yore and should be useful to investigators who have had but little first-hand experience with the morbid anatomy of the human lesions.

It is understandable that the author should emphasize his own studies and those of other eminent notables. For the most part, however, the findings of various experimenters are presented with admirable objectivity. One consequence of this is that the author's own orientation does not emerge too clearly although in many instances a judicious evaluation of the work reviewed is included.

Moses appears to be equally impressed by the thesis that arterial thrombi (unlike the more ubiquitously prevalent venous and auricular ones) may undergo transmutation into

atheromatous lipid masses and by the view that blood lipids play a fundamental role in the formation of intimal plaques. Unorganized thrombi in veins sometimes undergo puriform softening, a strictly nonatheromatous type of atheroma. The author is equally broadminded concerning other seemingly collusive speculations. The various regimes that have been recommended to retard the development of arteriosclerosis are discussed in considerable detail and with exquisite lucidity but their effectiveness seems obscured in a morass of incertitude.

The pathogenesis of this disease has been viewed from so many diverse directions and by such cunningly contrived approaches that the ordinary onlooker (such as this reviewer) ends up feeling that he has been encapsulated by a cloud enveloped in a fog even after reading this penetrating analysis. The only way to curb exuberant theoretical speculations concerning any disease is to develop an effective cure. This should serve as an added incentive to workers in this field, if any were needed.

**CLINICAL METABOLISM OF BODY WATER AND ELECTROLYTES.** Edited by J. H. Bland. \$16.50, 623 pp., W. B. Saunders Co., Philadelphia and London, 1963.

It has recently been suggested that physicians can be divided into three loose groups—the very busy general practitioner, the specialty-trained, and usually more scientifically oriented practitioner, and the highly specialized research physician. It is largely to the second group that this book is directed and, although it occasionally hits above or below the mark, it accomplishes its purpose quite well. This new edition, although bearing the same title, is almost entirely a new book. Dr. Bland, having previously published competent, entirely self-written volumes, now believes that "one person can no longer encompass the field." He has chosen his co-authors well, reserving for himself the authorship of five of the twenty-two chapters, as well as the editorship.

As in any collaborative volume, some sections are more comprehensive than others. In two chapters, one on the transport of electrolytes and water and another on central nervous system control mechanisms, Joseph Cort takes us on a "lecture tour" of the scientist's critical mind. His clear presentation of the merits and limitations of current studies, and his analyses of more widely accepted hypotheses (and their still unresolved aspects) are at the highest level throughout.

Donald Oken, handling somewhat more familiar subject matter, also writes most effectively. He includes a lucid description of the countercurrent multiplier mechanism for urine concentration in a good general presentation of the most important aspects of recent work in renal physiology. These serve as a background for his discussion in another chapter of the pathophysiology and clinical aspects of renal failure. Oken wisely refutes the arguments for common use of low protein diets and sodium restriction in chronic renal disease, and takes an intelligent and practical approach to the limited but significant measures available for handling water and electrolyte imbalance, acidosis, etc., in renal failure. The chapter provides an excellent source of information for the student, the house officer and the physician struggling with this difficult problem.

Albert Behnke, the vigorous "grandfather" of the study of human body composition, draws on his personal studies and on those of others in presenting useful material on the