

BOOK REVIEWS

THE MANAGEMENT OF THE DIABETIC PATIENT. *Elaine P. Ralli, M.D., F.A.C.P., D.I.M.* \$7.00. 207 pages. New York, G. P. Putnam's Sons, 1966.

A simplified text for the general practitioner or other physicians who are relatively inexperienced in the treatment of diabetes mellitus, this book is easy to read. Many portions of it could be understood and correctly applied by the trained diabetic patient. As such, the outline of prescribed treatment is necessarily somewhat arbitrary and is individualized only to the extent that separate treatment programs are indicated for the child and adolescent, the adult diabetic, and the older (over age fifty) diabetic. Examples are given, including no less than fourteen tables and accompanying case histories, to illustrate the technics used.

Apart from emphasizing that "the young diabetic almost invariably requires insulin to control his diabetes" and the need to control ketonuria and symptomatic hyperglycemia and glycosuria without hypoglycemia, no specific principles or objectives in treatment are stated. With these broad guidelines, the author has presented a number of specific dietary outlines allowing moderately liberal carbohydrate intake (usually 200-300 gm. daily), restricted protein (40-90 gm. daily), and fat (60-100 gm. daily), and a trial and error method by which insulin, oral hypoglycemic agents, and combinations of both are adjusted.

In order to be guided by the author's plan of treatment, one would have to fit his patient as nearly as possible to one of those described in the book and see how it was done in that particular case. In the absence of specific principles regarding the adjustment of treatment, the patient would also have difficulty in altering insulin and/or oral therapy without consulting his physician. The cases cited by the author represent relatively short-term observations (usually three years or less with diabetes relatively easy to manage, so that adjustments in treatment by the patient would seldom be necessary).

In discussion of diet, considerable emphasis is placed upon the actions of vitamins and minerals. A number of patients have also been regarded as having hypothyroidism, and treatment with triiodothyronine (Cytomel) has been frequently used. Under "prevention of degenerative lesions," which is found in the chapter on "Management of the Adult Diabetic" the following statement is made—"in this age group the occurrence of retinopathy is quite common. To guard against it, the patient must be careful to follow his diet, to take ample amounts of the Vitamin B complex, and to have frequent eye examinations." In the introduction to this same chapter, the author's philosophy of using patient comfort as a guide to control of diabetes is illustrated: "When diabetes develops in people who are in the twenties or early thirties, insulin will usually be required. However, some patients in this age group may be controlled on one of the oral drugs. If the symptoms are severe, it is necessary to control the glycosuria with insulin and later to try one of the oral drugs." This theme is reiterated, accompanied by dire threats as to the dangers of more precise control of hyperglycemia, in the chapter "Management of the Older Diabetic" (over age fifty): "—sugar may not appear in the urine until the blood sugar level is in-

creased to 250 or 300 mg. per cent. The high blood sugar level per se apparently does not harm these patients, but if treatment is directed solely toward reducing the blood sugar hypoglycemia will occur and may cause severe complications such as myocardial infarction or cerebral thrombosis. For this reason, it is unwise to use large doses of insulin at one time or to reduce the blood sugar level below 200 mg. per cent."

In the management of the diabetic patient in ketosis and coma, small amounts of Regular or Crystalline Insulin (twenty to forty units every half hour) are used until acetonuria has decreased, and recommended fluids are 5 per cent glucose in saline or Ringer's lactate to which the addition of whole Vitamin B complex is advocated. In patients recovering from coma and in those undergoing surgery, whether or not the operation is of short duration and requires a general anesthetic, Regular Insulin is advised on the basis of glycosuria, the intermediate-acting insulin being resumed only when the patient is up and about and eating a regular diabetic diet.

Concerning treatment of the degenerative lesions of diabetes, the following statement is made: "the first therapeutic step is good control of the diabetes" (apparently as defined above) "and a nutritionally adequate diet. If the patient is overweight, he should be reduced. The fat content of the diet should be kept as low as possible, about 60 gm. daily, and the unsaturated fats should be used as much as possible. The protein content should be high, about 80-90 gm. daily. We have also recommended large amounts of the Vitamin B complex, and at first they should be given by injection. The reason for giving the Vitamin B complex is that these vitamins are the coenzymes of the enzyme-coenzyme systems . . ." Some credence is given also to the possible benefit of anabolic steroids.

Presented in highly readable form are some personal case experiences, sample diets, and tables of food values. Unfortunately, the outlines of management provide little help to the physician in handling more difficult patients and, therefore, no more guidance than is readily available elsewhere.

With the exception of the diabetic child for whom Ralli has properly advocated in some instances the use of Crystalline and/or NPH insulin twice daily, the average physician is already capable of handling diet, insulin, and oral hypoglycemic agents well enough to accomplish the stated objectives of the author.

INBORN ERRORS OF METABOLISM (Part I: Clinical Aspects). *David Yi-Yung Hsia, M.D.* Second edition. \$11.00. 396 pages, 96 illustrations. Chicago, Illinois, Year Book Medical Publishers, Inc.

Metabolic disorders have for some years now engaged ever increasing attention; not only has the number of entities that are recognized multiplied but new knowledge of each disorder has come forth in a steady stream. It is difficult to maintain perspective when so much material is to be presented. Dr. Hsia does this admirably. Within the confines of a slender book he has managed to compress a wealth of knowledge. He has accomplished this by careful selection and with a fine sense of judgment. For the interested reader an extensive and up-to-date bibliography permits easy access to the relevant literature.

For the student, the practitioner and even the expert when not in his own field, this book is great value.