

the proposed experiment. If the patient is irresponsible, consent should be obtained from the individual who is legally responsible for the individual. In both instances consent should be obtained in writing.

These proposals were discussed by delegates from Italy, Netherlands, Denmark, India, Burma, the United States and other countries. Agreement was reached in the Assembly and it was hoped that the principles would meet with the approval of physicians everywhere.

The efforts of the World Medical Association to set proper standards for human experimentation will be applauded. Any move that will ensure wise planning of experimental procedures and humane consideration of the subjects merits support. Yet the brief statements brought forth include puzzling and apparently irrelevant ideas. The proposal that "an individual cannot and should not attempt any kind of experimentation" seems strange and the statement regarding publicity appears to have no connection with the specific subject of human experimentation. The most important comment which might be made is that the essence of the statement of principles might be expressed more simply in terms of the golden rule—The conscientious research worker will not undertake any experiment on any man, woman or child unless he would be willing to have such an experiment performed on himself and on the members of his family.

BOOK REVIEWS

SIMPLIFIED DIABETIC MANAGEMENT. By Joseph T. Beardwood, M.D., Professor of Diseases of Metabolism, Graduate School of Medicine, University of Pennsylvania, and Herbert T. Kelly, M.D., Associate in Medicine, Graduate School of Medicine, University of Pennsylvania, Philadelphia, Pa. Cloth, \$3.00, pp. 194. J. B. Lippincott Co., Philadelphia and Montreal, November 1954.

For a book, published in the highly competitive field of diabetic patient education, the appearance of six editions in a period of 20 years testifies to its usefulness. The present volume follows the format so successful in the former editions. The first chapter presents the history and general considerations concerning diabetes. The greater portion of the book is devoted to dietary management. As is well-known, the authors were pioneers in advocating more simplified dietary methods

by the use of household measures. The basis of their system is the use of A and B units; the A unit represents five grams of carbohydrate and one gram of protein equal to 24 calories, while the B unit represents five grams of protein and ten grams of fat equal to 110 calories. The other parts of the book give a good discussion of insulin and its use, the complications of diabetes, diabetic hygiene, and laboratory tests. All are concisely and well presented. With so much emphasis on patient instruction, it is well that good textbooks such as this are available.

DIABETES MELLITUS, OBJECTIVES AND METHODS OF TREATMENT. By Henry T. Ricketts, M.D., Professor of Medicine, University of Chicago, The School of Medicine, Chicago, Ill. \$3.25, pp. 123, Charles C. Thomas, Publisher, Springfield, Ill., December 1954.

This monograph on the treatment of diabetes is intended for the general practitioner. It does not pretend to be a complete treatise—for example, diabetes in pregnancy and in childhood are not considered—but it clearly aims to give the reader a practical guide to the management of the ordinary case of diabetes and of the difficulties that are commonly encountered.

A brief section is devoted to a discussion of objectives of treatment, among which are included preservation of whatever insulin-producing capacity the patient may have, and the prevention or postponement of the complications of diabetes. The relationship of the degree of control to the development of complications is treated in a thoughtful and convincing way. The second section deals with the management of diabetes in the office, with somewhat different approaches suggested for the "new" case, the previously treated patient and the "brittle" diabetic. Throughout this section the importance of careful control and thorough education of the patient are stressed. There are charts illustrating the time of action of the various insulins.

Other sections deal briefly but adequately with diabetic acidosis and with the management of diabetes in the surgical patient. A final section discusses the principles of diet prescription, and includes eleven sample diets based on the food exchange system now in common use. It is unfortunate that a section on the care of the feet is not included, and that the prevention and treatment of hypoglycemic episodes receive but scant attention.

The advocacy of a trial period on diet alone for all "new" cases may perhaps occasionally mislead the prac-

titioner into withholding insulin when it is urgently needed. The calculation of the caloric requirement of the individual patient, and its translation into an actual diet may seem rather cumbersome and mysterious to the average physician. Nevertheless, Dr. Ricketts' monograph contains a wealth of practical information, and reflects his wisdom and his wide experience in the field of diabetes. The book has a pleasantly informal style which makes it very readable, and his discussions of the physiology and pathology of diabetes are especially stimulating. It will be a valuable handbook for the general practitioner and the internist.

CLINICAL RESEARCH IN DIABETES AND PREGNANCY. Edited by Jørgen Pedersen, M.D., Rigsbospitalet, Copenhagen, Denmark. Pp. 48, Jørgen Pedersen, M.D., Copenhagen F, Denmark, 1954.

This monograph edited by Pedersen presents the experience which he and his colleagues, Bente Bojsen-Miller, Hemming Poulsen, and Gunnar Jørgensen, have had in dealing with 205 pregnancies in 152 diabetic women. Among 156 pregnancies seen from 1926 to 1945, the fetal mortality was 38 per cent; among 49 pregnancies seen from 1946 to 1952, the fetal loss fell to 27 per cent. The fetal mortality varied from 12 per cent among patients who had long-term observation during pregnancy, to 36 per cent in short-term cases. Cesarean section was employed in 8 per cent of the deliveries. No hormones were administered.

Studies of the blood sugar of newborn infants of

diabetic mothers showed no difference when compared with infants of nondiabetic mothers, except in cases given "short-term" observation and in cases in which there had been poor control of diabetes. No hypoglycemic levels were found. Glucose was not administered to newborn infants subsequent to 1945.

In regard to weight and length at birth, the infants of diabetic mothers were 550 gm. heavier and 1.5 inches longer than a control group of an equal number of infants of nondiabetic mothers. Excess size of the infant did not seem to be influenced by the number of pregnancies or by obesity in the mother. It was concluded that to a considerable degree the excess size was due to overgrowth or premature growth of the fetus and not represented merely by edema or obesity. It was seen more frequently in poorly controlled cases of diabetes or in cases in which it had been possible to give only short-term observation during pregnancy. If hyperglycemia in the latter part of pregnancy is a factor in the oversized infant it appears to be only one of several factors.

Hydramnios was frequently observed. The amount of amniotic fluid averaged 1,500 ml. in the "short-term" diabetic group, 1,000 ml. in "long-term" diabetics and 600 ml. in nondiabetics.

This monograph presents extensive carefully studied data. The conclusions correspond with current attitudes and practices. The findings support the opinion that the end results in any series of pregnant diabetics will be favorable in direct proportion as the patients are observed in their course directed throughout pregnancy by a team of professional attendants employing an established program.