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., Rigshospitalet, 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 Jorgensen, 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.

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