

Book Reviews

CURRENT CONCEPTS OF DIABETES MELLITUS WITH SPECIAL REFERENCE TO OCULAR CHANGES: By L. Benjamin Sheppard, M.D., Assistant Professor of Ophthalmology, Medical College of Virginia, Richmond, Virginia. Publication No. 210, American Lecture Series. A monograph in American Lectures in Ophthalmology, edited by Donald J. Lyle. \$3.75, pp. 90, Charles C Thomas, Springfield, Ill., December 1954.

Dr. Sheppard has written a scholarly and readable monograph reviewing and collating the literature of the years 1940 to 1950. Studies during this decade have drawn a reasonably clear distinction between diabetic and atherosclerotic retinopathy and the author concludes that the pathological changes in the retina are apparently closely related to the disturbances in diabetic metabolism.

The volume contains suggestions to aid the ophthalmologist in the evaluation of the fundus. Current and potential trends in research are outlined.

THE CLINICAL CARE OF THE DIABETIC. By James J. Short, M.D., F.A.C.P., Associate Professor of Medicine, School of Medicine, College of Medical Evangelists; Senior Attending Physician, Los Angeles County General Hospital, Los Angeles, California. \$3.95, pp. 84. San Lucas Press, Los Angeles, California, 1955.

This recently published book is an addition to the gradually increasing library of small-sized books devoted to the subject of diabetes mellitus and the management of the diabetic patient. It is written for the clinician rather than for the patient, and contains within its 84 pages a discussion of the etiology and pathology of the disease, its dietary management and insulin regulation, and the treatment of complications. Of necessity, the discussions are brief and many of the precise details of management of specific problems have not been included. Nevertheless, the physician who has little time for reading and who desires a book which will refresh his memory quickly may find that this book serves his purpose.

Prevention of Chronic Disease in Old Age

The time is ripe to extend the concept of prevention to our aging population. In many instances, prevention of chronic diseases and disabling accidents is possible. In almost all cases, prevention of prolonged and total disability is possible. Never before has medical science had such a wealth of pertinent knowledge and effective technics ready for application to the health problems of older people.

If we are to apply these advances effectively to the health problems of our aging population, however, we must begin to build for better health far in advance of that 65th year which supposedly signifies the onset of old age. The aim in our personal health practices, as well as in our professional relationships and in our community programs, should be to prevent the serious, disabling conditions associated with old age.

There are several ways of looking at the possibilities of this emphasis on prevention. It would give the older people a larger measure of health and happiness and would free them and their families of a considerable economic burden. It would give the community a deeper satisfaction in its efforts to meet one of its most urgent problems, as well as substantial reductions in the costs of

long-term care of the sick. And it would mean that a large proportion of old people requiring sheltered care would enter the institutions in better health than many of those now receiving institutional care.

To achieve these results, we will have to emphasize prevention all along the line: chronologically, in the lives of individuals; and organizationally, in our education of professional personnel, in all our hospitals and related facilities, and in our community programs and services.

Better health for the aged may often begin before birth. Dr. Joseph P. Höet of Louvain University recently reported that by discovering a prediabetic condition among mothers during pregnancy and by treating those with an abnormal blood sugar and their offspring, there is an excellent chance of preventing a high proportion of cases of diabetes in adults.* The disease may be present in a latent stage from birth.

From "Prevention of Chronic Disease in Old Age" by Leonard A. Scheele, M.D., Surgeon General, U. S. Public Health Service in *Public Health Reports*, May 1954.

*Diabetes 3:1-12, January-February 1954.