

MEDICAL PROGRESS, A REVIEW OF MEDICAL ADVANCES DURING 1956. By *Morris Fishbein, M.D., and twenty-nine contributors.* \$5.00, pp. 350, *The Blakiston Division of the McGraw-Hill Book Company, Inc., New York, 1957.*

The nineteen chapters of this book contain progress in medicine, surgery, obstetrics and some subspecialties. There are twenty-nine contributors chosen "because of their ability to present, briefly and succinctly, new concepts, conclusions, methods and their applications." These goals were attained.

In general one is impressed firstly by the development of new drugs and secondly by advances in methodology.

The tranquilizers lead the field with some twenty-eight preparations. The three latest additions, mepazine, promazine, and atarax, are described in full—their uses, dosages and hazards. These drugs have found wide use in mental hospitals and though their action, as stated in the book, is not clearly defined, they are nevertheless "effective in making disturbed mental-hospital patients more accessible to treatment. . . ." There is also the salutary warning that the last word has not been written about them. Descriptions also are given of new antibiotics, antihypertensive drugs, the sulfonamides for oral use in diabetes mellitus, and the use of relaxin in obstetrics.

Methodology has made advances in diagnosis and treatment. Much that has been learned in cardiovascular surgery has been reported—the use of hypothermia, the surgical approach in the treatment of Parkinson's disease, and hypophysectomy in the treatment of cancer and diabetes mellitus. The use of various radioactive isotopes is fully discussed and mention too is made of cineradiography as an aid in the study of gastro-enterologic problems.

In a work compiled by so many, overlapping may result if the editing is liberal. The chapters on diabetes and endocrinology contain some similar material, an unnecessary duplication. The chapter on endocrinology is truly saturated with so many facts that unless one is devoted to this particular field he may find it difficult to follow.

The chapter on nutrition presents an excellent discussion on the relation of diet to atherosclerosis with the cogent conclusion that "until the status of essential fatty acids in relation to cholesterol metabolism is clarified, judgment can not be made concerning the possible desirability of advising patients to make major changes in their eating habits purely as a preventive measure."

Each chapter is informative, clear, and is followed by an extensive bibliography enabling the reader to have

ready access to references should he wish to explore further some points of particular interest to him.

Over-all, this work summarizes well the medical developments of 1956 and will be quite helpful to all who find it practically impossible to keep up with the enormous medical literature which appears annually.

OBESITY, ITS CAUSE, CLASSIFICATION AND CARE. By *E. Philip Gelvin, M.D., and Thomas H. McGavack, M.D.* \$3.50, pp. 140, *Hoeber-Harper, New York, 1957.*

The first twelve pages of the book discuss the definition and clinical features of obesity. The authors then discuss the anatomy and physiology of adipose tissue per se and the intermediary metabolism of carbohydrates and fats including the Krebs' cycle. There is a chapter on the classification of obesity which follows the traditional concepts. The management of obesity is presented as a condensed version of several of the current concepts. In the reviewer's opinion, emphasis on overeating as an outlet for psychic stress is too great.

The basic thesis of the book is the conventional one that obesity is due to an intake of calories in excess of energy output. However, the discussion of energy output and exercise occupies only one and one-half pages of the book. Data are now available indicating that 100 calories a day between activity and inactivity are indeed very common. The authors have focused so much attention on food intake that they have understated the importance of the energy output aspect of this story. On page fifty-seven they state: "In our study of the subjective impressions of overweight individuals as the cause of their obesity only two of the 108 patients questioned attributed their obesity to inactivity." Yet throughout the book they repeatedly point out that the patient's comments on food intake are unreliable.

The dietary management of the patient occupies approximately seventeen pages in all. The book simplifies the dietary aspect and gives only two diets with a limited number of substitutes. These diets are a 1,000-calorie diet and a 1,200-calorie diet. In the reviewer's opinion, the difference between a 1,000-calorie diet and a 1,200-calorie diet as consumed can be negligible. A difference in the meat course between sliced chicken and hamburger can be 150 calories; between a serving of codfish and lamb chops can be 160 calories. The diets as presented contain fairly high fat foods. The 1,000-calorie diet, for instance, allows two pats of butter and recommends such items as liverwurst. In their meat substitutes they pick some high fat meats such as veal chops, veal cutlets, lamb chops, and meat patties. There is no mention of cooking procedures and only