

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

minor cautions as to the use of fats or oils in food preparation. Pages eighty-seven and eighty-nine contain an abbreviated list of low-calorie vegetables classified A and B. The instructions under A are confusing. They state "—use freely if served raw. Use one cup at a meal if cooked; if taken in excess of this amount calculate as list B vegetable." List B states "You may use these vegetables raw or cooked one-half cup."

One of the major parts of the book is directed towards a discussion of the anorexigenic agents, particularly the amphetamine preparations. Their views of the subject are indeed optimistic. They report that only 17 per cent of their patients develop subjective symptoms: basically excitatory effects as insomnia, nervousness, palpitation, and mild gastrointestinal disturbances. They do refer to the "conference on therapy devoted to the treatment of obesity" which appeared in the *American Journal of Medicine* in 1952 as not having reported the same results with the anorexigenic drugs. Their discussion on endocrine preparations is limited.

A confusing aspect of the book is the short discussion of the termination of the treatment. The patient is instructed to weigh himself weekly, and if he continues to lose weight to increase his intake of food. If his weight exceeds the maximum allowed him, he is to decrease his intake towards the original diet. By a process of trial and error the patient is said to learn what he can eat and yet maintain a desirable weight. This advice presupposes a detailed knowledge on the part of the patient of what constitutes his dietary problems. It must not be forgotten that these people were obese to start with because they did not understand the basic principles of their dietary requirements. Few patients can learn to manage their own treatment so quickly without more detailed suggestions.

The authors state that they use and advocate a general diet made up of ordinary everyday foods with an average distribution of proteins, carbohydrates and fats. In their opinion it encourages cooperation by the patient since the adjustment he has made is only quantitative and not qualitative.

Patients who are sincere about wanting to lose weight make this adjustment readily in about three to five weeks. Therefore, they write, "the problem of dietary adherence is not too great."

One gathers from reading this book that the authors depend upon the anorexigenic drugs to a great extent. The diet instructions and re-education of the patient's eating habits are not stressed sufficiently in the opinion of the reviewer.

THE TREATMENT OF RENAL FAILURE. By John P. Merrill, M.D. \$6.75, pp. 229, Grune and Stratton, Inc., New York, 1957.

Since the treatment of renal failure depends on an understanding of the functional pathology of the kidney and the consequent biochemical changes in the body fluids, this monograph properly begins with normal renal physiology and composition of body fluids. There follows the discussion of renal insufficiency and the various signs and symptoms of renal failure. The chapters on renal water and electrolyte excretion and the clinical effects of sodium and potassium losses are excellent, though rather concentrated.

The first chapter on treatment (V) begins with a classification of the numerous causes of acute renal failure and a separate listing of the reversible group, namely obstructive uropathy, acute pyelonephritis, circulatory insufficiency (cardiovascular failure or body fluid loss), chemical nephrotoxins and intravascular hemolysis. The details of management in the reversible group follow accepted principles and are very well described, both from a practical standpoint and their scientific basis. This chapter is the quintessence of the author's experience and of the book. Mastery of its contents by physicians should help save many lives.

The discussion of the treatment of chronic renal failure is adequate and includes an excellent analysis of the problem of protein metabolism in renal disease. In addition to detailed "do's," the author emphasizes some "don'ts" and gives due credit to the "wisdom of the body" and its compensatory mechanisms.

The last four chapters are concerned with extrarenal routes of treatment of renal failure, by means of intestinal or peritoneal lavage, replacement blood transfusions, the artificial kidney and the transplanted human kidney. The approach is conservative but with an urgent plea for early consultation with a "dialyzing center" in regard to the use of the artificial kidney. One cannot disagree with the author that a definite time limit should be set for conservative treatment in acute renal crises. The indications and contra-indications to dialysis in chronic renal failure are clearly defined, and the expectations from the procedure are kept within reasonable limits.

The bibliography includes 302 references, of which 86 per cent cover the years 1945-55. One misses many of the historical names and classic papers in the field of Bright's disease. On the other hand, there is no reference to electron microscopy of the glomerulus.

The expressed purpose of this monograph—to serve as a guide to treatment—is fully accomplished.