

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.