

Much space is given to discussion of the "shares" method of illustrating comparative food value. Appendices give tables in both shares and weights. The latter are more practical and useful, since the share method is not generally used by nutritionists. Other reference tables use weights only.

Nothing is included on the newer knowledge of fat metabolism and essential fatty acids.

In the chapters on applications of nutrition information to individual and family problems of nutrition, much useful information is given. However, the menus suggested are often outdated and unrealistic in relation to current eating and food preparation trends.

The rapid progress of the science of nutrition during the past twelve years is incompletely developed in the revised edition of this book.

SYMPOSIUM ON NUTRITION AND BEHAVIOR, NO. 14. *Edited by Joseph Brozek, guest editor. \$2.50, pp. 124, The National Vitamin Foundation, Inc., New York City, 1957.*

This symposium was held at the University of Minnesota in April, 1956. The collection of papers presents several groups of discussions. The main areas attacked are, "The Impact of Diet on Behavior"; "Hunger and Appetite"; "Food Appraisal and Acceptance by Man"; and "Satiety and Weight Control." The authors of the individual papers are recognized students of their selected topics and present the results of their own original investigations. It becomes evident that there is a real relationship between nutrition and behavior. This has been known for some time, and one of the classic examples is the dementia associated with pellagra.

What is equally important is the relationship of the nutritional factors to the so-called degenerative diseases.

Every practitioner who has a little spare time could utilize it most effectively by reading this volume.

SYMPOSIUM ON ENDOCRINES AND NUTRITION, NO. 15. *Edited by Frank H. Bethell, M.D., guest editor. \$2.50, pp. 104, The National Vitamin Foundation, Inc., New York City, 1957.*

Dr. Frank H. Bethell has succeeded in bringing together a remarkable collection of papers. The topics range from "Effects of Dietary Factors on Production of Adrenal Steroid Hormones" through newer concepts of the action of insulin to the influence of endocrine glands on digestive functions.

The discussion on the newer concepts of the action of insulin is one of the most concise and clearly presented essays that has been published on the subject. Another excellent paper is "The Influence of the Endocrine Glands on Fatty Acid and Ketone Body Metabolism."

The busy physician who does not have time to keep up to date with the experimental literature will appreciate, particularly, these authoritative, up-to-date summaries of exceedingly important, if complicated, subjects.

TECHNIQUE OF FLUID BALANCE. *By Geoffrey H. Tovey, M.D. \$2.50, pp. 100, Charles C Thomas, Springfield, Illinois, 1957.*

This small book is written for the man in practice. In the introduction, the author states he is emphasizing history-taking and physical findings so that the practitioner may learn to manage patients when careful laboratory examination is unavailable.

There are nine chapters dealing with the anatomy and physiology of fluids and electrolytes, the diagnosis of abnormalities,

treatment and technic of administering fluids. The anatomy and physiology are covered in a manner which should be understood easily by the average reader. Amounts are given both in mEq. and in the metric system.

Chapter Five deals with the diagnosis of body fluid abnormalities. The use of the history as a diagnostic method is well covered. However, more attention could have been paid to the physical findings, e.g., of a person with extracellular fluid compartment decrease. There might have been more discussion of skin turgor, how much of a fluid deficit exists when turgor is poor, and how skin turgor may also be decreased from tissue loss. In the same chapter, on page 42, the author implies that a serum sodium concentration of less than 135 mEq./L. is most commonly due to sodium deficit. It is more likely that the hyponatremia accompanying chronic or serious illness, which responds poorly to sodium therapy, is considerably more common.

In Chapter Six, dealing with treatment, the author uses the formula method for determining the amount of sodium deficit. This formula does not always hold in all clinical conditions. He also states that he prefers lactate over bicarbonate. In his recommended therapy for the oliguric patient there might be dispute concerning the higher fluid input he recommends. Also, it might not be agreed that all patients in oliguria should be isolated and treated with penicillin.

Disorders of carbohydrate metabolism are briefly mentioned. The author comments on the depression of the serum sodium concentration brought about by release of water from the cells secondary to hyperglycemia. The therapy of ketoacidosis is commented on but no treatment schedule is given.

All in all, the book is simply written and may be easily comprehended by the man in practice. It is short and concise. It can be recommended for the physician who is not familiar with research terminology or the intricate physiology of electrolyte and water imbalances.

CARE OF THE LONG-TERM PATIENT. *By Commission on Chronic Illness, \$8.50, pp. 606, Harvard University Press for The Commonwealth Fund, 1956.*

In 1950 over five million individuals were disabled to the extent of requiring long-term care. It is estimated that this number will increase by one million every ten years. The Commission on Chronic Illness was created in 1949 as an independent, voluntary organization to study this problem, and the current volume is the second in a series of four reports of their observations. These may be summarized as follows.

The care of the long-term patient requires a coordinated program, which includes the services of medical, nursing, rehabilitation, vocational and social agencies. Home care rather than institutionalization needs to be emphasized and developed. In view of the current attitudes toward long-term illness, which are inclined toward aversion and neglect, re-education of the professional and lay public is of primary importance.

Medical care is well oriented toward short-term illness. General hospitals are organized for acute emergencies, and professional interest tends to focus on the dramatic aspects of these problems. The prolonged management of chronic illness usually receives scant attention, and services to the long-term patient are often meager. To correct this attitude, medical education, both at the undergraduate and postgraduate levels,