

were presented in a General Report to the Italian Society for Internal Medicine in 1931. He reaffirmed the central role of the pancreatic deficiency in the pathogenesis of diabetes mellitus, which then was still considered by some European schools as being of "pluri-glandular" origin. He advocated for the diabetics a diet which should be as near to a normal diet as possible both from the point of view of calories as well as the proportion between proteins, fats, and carbohydrates. The general principle of the diet was to give not more than 1 gm. of proteins, not less than 3 gm. of carbohydrates, and from 1 to 1.5 gm. of fat per kilogram of body weight daily. The diet was varied according to the nutritional status of the patient, the conditions of the heart, vessels, kidney, and liver, and his physical activity. If necessary, insulin was added in amounts sufficient to insure complete utilization of ingested carbohydrates and keep the urine sugar-free. Determination of the sugar in the urine collected between meals and

several blood sugar estimations during the twenty-four hours were found to be helpful in the treatment of "brittle" diabetes.

In October 1931 he established in Milan one of the first Italian diabetes clinics. From October 1931 to December 1938, 2,300 diabetic patients attended the clinic, which is still very active today. He made the suggestion that a visiting physician and nurse should take care of diabetic patients temporarily unable to attend the clinic, so that their treatment could be kept under close control, and that a special ward for diabetics should be set up in the City Hospital of Milan. He recommended that the poor should get insulin free or at a lower price.

He also founded a new journal, *Archivio italiano per lo studio della fisiopatologia e clinica del ricambio* (Italian Archives for the Study of Physiopathology and Diseases of Metabolism), where many Italian contributions in the field of diabetes mellitus are being published.

BOOK REVIEW

PREVENTIVE MEDICINE. *Principles of Prevention in the Occurrence and Progression of Disease*. Edited by Herman E. Hilleboe, M.D., and Granville W. Larimore, M.D. \$12.00, pp. 731, 59 figures, W. B. Saunders Company, Philadelphia, 1959.

Preventive Medicine is a well written, well organized treatise on a difficult subject edited by two outstanding authorities of this field, Herman E. Hilleboe, M.D., Commissioner of Health for the State of New York, and Granville W. Larimore, M.D., his Deputy Commissioner. The concept of preventive medicine is constantly undergoing change. A few decades ago the only concern was with the problems of potable water, milk-borne disease, waste disposal and prophylactic measures against diseases usually of bacterial infection. A glance at the index of the forty-one chapters indicates the tremendous widening of scope this subject has undergone. The private practitioner must continually polish his skills in this field. Because of public demand he must be a preventive medical practitioner as well as a curative one. The public health physician does not compete with the private physician in practice, but complements him by enabling the private physician to practice a better quality of preventive medicine.

Preventive Medicine sets forth an approach to the subject for medical students, general practitioners, specialists and professional workers in official and voluntary health agencies. The main theme of the book distinguishes between the prevention

of occurrence and a secondary prevention, a prevention of progression of disease. In the various chapters covering a wide variety of subjects, thirty-one notable authors, recognized authorities in their field, use material from their lectures, seminars and articles.

The chapter on "Screening Methods for Diabetes Mellitus" is excellently written by Frank W. Reynolds. The author points out the fact that diabetes, in children, is usually a severe and invariably symptom-producing disease, whereas in adults it is insidious and frequently asymptomatic in onset. The most likely candidates to be tested in a screening program are relatives of known diabetics, the overweight individual and those over forty years of age. Mothers of babies born with a birth weight of over eight pounds should be screened for diabetes mellitus. The author quotes unpublished data from Wilkerson et al., showing the relative sensitivity and specificity of a postprandial urine test as compared to a postprandial blood sugar determination. His tables indicate that it would be necessary to recheck ten persons to confirm the diagnosis of diabetes in one person, on the basis of the urine test alone, whereas with the blood sugar determination only two persons need rechecking. The author discusses the Clinitron method of doing mass blood sugar surveys. This method will probably be outdated by the new, more accurate Autoanalyzer method.

Preventive medicine, as the editors comment in their book, is to "outline a practical guide to physicians who are willing to incorporate preventive medicine as an integral part of their day by day practice."