

require a working understanding of obesity; for surgeons, who are expected to provide competent care; and above all, for morbidly obese patients, who are exuberant at the prospect of an improved image and quality of life after surgery, but whose interests are best served by being well read and informed.

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### DIABETES MELLITUS IN WOMEN: ADOLESCENCE THROUGH PREGNANCY AND MENOPAUSE

Third edition. Edited by E. Albert Reece, Donald R. Coustan, and Steven G. Gabbe. 492 pp., illustrated. Philadelphia, Lippincott Williams & Wilkins, 2004. \$99. ISBN 0-7817-3861-X.

WE ARE LIVING IN A FAST AGE WITH FAST answers to complicated problems. As we drive to work we have “road rage,” and as we care for patients, a similar impatience can occur — a sort of “information rage,” whereby we are driven to make a quick decision, write a prescription, and get to the next room. To maintain income, most physicians are seeing more patients in less time. Well-written, concise, and clinically oriented information serves as the caffeine booster of our day. However, we sometimes forget that these quick reviews rely on the premise that the fund of knowledge we obtained during medical school and residency training is also current.

*Diabetes Mellitus in Women* covers an important intersection of three major disciplines in medicine: the endocrinology of diabetes, the endocrinology of diabetes in pregnancy, and the fetal and infant development of a child from a diabetic mother. These disciplines are integrated by the authors’ interest in the primary care specialty of women’s health. The book offers consistently readable, informative chapters that review the current literature in the context of clinical practice. Vague terms such as “high risk” do not appear in this book — quantitative assessments of risk are cited and referenced. Also included are important comparisons of testing for diabetes and the control of diabetes. How certain should a physician be when using a non-standard glucose challenge (e.g., with jelly beans or a large breakfast meal) to unmask glucose intolerance? Does monitoring of fructosamine add to

the clinical management of the pregnant patient with diabetes? What is the natural history of the progression to long-term complications of diabetes, and can the clinician identify who is at risk? With the good index in this book, the reader can find the answers to all these questions.

The management of diabetes, and particularly the management of the pregnant woman with diabetes, does not fit easily into our fast-paced delivery of care. Physicians who allocate five minutes per patient are probably resorting to scare tactics in motivating patients to achieve better control of their disease. Threats of future dire complications are not only ineffective, they are probably exaggerated. Having a resource such as *Diabetes Mellitus in Women* may provide the clinician with quantitative numbers to explain the risks of complications, much the way the oncologist provides his or her patients with information about other long-term diseases. Facts about how common the complications are, who is at risk, and how the metabolic event of pregnancy alters the risk of complications in the mother as well as in her offspring form the kind of knowledge that health care providers need to understand, anticipate, and treat diabetes in women. The editors have carefully put together a book that lives up to its title. Diabetes is a complicated disease, and the stages of a woman’s life require various perspectives on this disease. Prop up your feet and start reading. You will be glad you did.

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### CORRECTIONS

Continuing Medical Education (December 30, 2004;351:2889-92). On page 2889, statement B in Question 3 should have read, “Women should be screened for hepatitis B surface antigen,” rather than “Women should be screened for antibody to hepatitis B surface antigen,” as printed. We regret the error.

Codeine Intoxication Associated with Ultrarapid CYP2D6 Metabolism (December 30, 2004;351:2827-31). On page 2829, in Figure 1, the double arrows leading to codeine-6-glucuronide should have originated in the box representing codeine, rather than in the oval representing cytochrome P-450 enzyme CYP3A4, as printed. We regret the error.

The Emergence of Physician-Owned Specialty Hospitals (January 6, 2005;352:78-84). On page 83, under “A Temporary Compromise,” lines 5 and 6 of the first full paragraph should have read, “which President Bush signed into law on December 8, 2003,” rather than “December 8, 2004,” as printed.