

## Book review

Levin, M.E., O'Neal, W.: **The diabetic foot**. St. Louis, Washington DC, Toronto: C.V. Mosby Company 1988. 364 pp (ISBN 0-8016-2971-3)

I do not know how much this book costs, but it is worth every penny, cent or pfennig and would be a bargain at twice the price. This is the 4th edition of a book first published in 1973 and is *the* definitive guide to all aspects of the diabetic foot which ought to be on the shelf in every department of clinical diabetes. However experienced you are, you cannot fail to learn something new and this knowledge will save feet, money or both. As a book it "feels" nice and is lavishly illustrated with tables, line drawings and admirably clear black and white photographs. Despite the fact that the 18 chapters are the work of 29 authors from 12 centres, there is remarkably little overlap, duplication or contradiction. Some chapters stand out; the introductory one by Marvin Levin is a comprehensive and yet succinct summary of why the diabetic foot is such a problem and ought to be compulsory reading for students and house staff. It is easy to read and packed with bon mots such as "examining the Charcot foot may feel like handling a bag of bones, which in fact it is" or the description of ulcers on the dorsal surface of cocked up toes as the "Tip-top-toe syndrome". Levin makes the all important point that management of the diabetic foot is a team activity in which no less than 11 different medical specialties may be involved and that the job of the physician is to co-ordinate all this activity. I strongly agree with his opinion that any diabetic patient undergoing major surgery should be returned to the medical division for post-

operative care, since the major post-operative problem is not the operative site itself but control of blood glucose and management of attendant medical problems. Chapter 5 on repetitive stress in the development of diabetic foot ulcers and Chapter 6 on the effects of mechanical stress on soft tissue are especially scholarly and make the vital point that most wounds and ulcers on insensitive feet are caused not by foreign bodies but by quite moderate stresses repeated again and again on the same spot. O'Neal's description of the surgical pathology of the foot is essential for those who, like me, never understood the anatomy of the foot as a medical student. It makes the whole thing crystal clear and explains why there are so many nooks and crannies for pus to hide in. Finally, among the star chapters is the one on debridement and amputation with its discussion of how to decide when to amputate and at what level. O'Neal emphasises that what is technically possible is not necessarily in the best interests of the patient and that "the abhorrence of amputation by the patient combined with an offer of false hope by the surgeon leads often to financial, physical, morale and rehabilitation disasters when a high amputation follows vascular repairs and procedures in the foot". He adds the comment that "the whole surgical experience of this unfortunate population has not been recorded or tabulated, but it must be enormous".

Criticisms? I have a few, but it would be petty to record them when the overall product is so good.

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## Errata

*Diabetologia*, Volume 31, Number 6, June 1988, p. 337

S. Lenzen and U. Panten: Alloxan: history and mechanism of action  
Two errors occurred in the above article:

1. On page 337, left column, line 4 "pharmacology" should read "pharmacy".
2. On page 340, left column, line 2 from bottom "3-4 Å" should read "3-4 Å".

*Diabetologia*, Volume 31, Number 7, July 1988, p. 479A

The last two lines of Abstract 96 should read:

"... Coca Cola, during hypoglycaemia, and should, therefore, be used with caution by patients at risk of hypoglycaemia."

### Important Notice

As of the 1st of October, 1988, all NEW manuscripts should be sent to the attention of:

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