

in Diabetes Mellitus" by Herbert Marks and Leo Krall deserves special commendation. It provides a thoughtful review of the topics, correlated with statistical data derived from the rich data obtained from the Joslin Clinic—probably the best-studied patients over the longest period of time in one place. The authors employ clinical experience, compare the data with available similar data from other sources, and provide rich analytical material for their conclusions. The impact of treatment, antibiotics, and the mounting problem of increasing vascular disease—both macro- and microangiopathy—becomes strikingly clear when buttressed by such morbidity and mortality data.

For the therapist, ample consideration is given to all of his problems. From patient education to family education, public education, nurse and physician training, to details of nutritional, dietetic considerations, a fine chapter by Krall and Joslin provides all the rudiments and principles that have been found useful.

The use of insulin in all the varying states of clinical diabetes is thoughtfully presented by Marble. Where adjustments need to be made, the gravity of the misuse of insulin is duly stressed. The hazards of both recognized and unrecognized hypoglycemia are especially appreciated.

An excellent survey of the oral hypoglycemic agents by Krall follows. This is up-to-the-minute also, with a careful statement of the present controversial status of sulfonylureas as agents that do or do not prevent cardiovascular complications in so-called "maturity-onset" diabetes.

Other chapters dealing with diabetes in childhood and pregnancy are equally rich, balanced, and are given a useful presentation.

The book, in encyclopedia style, deals with special problems of the diabetic: skin disorders, the nature and varieties of infection. The surgeon's field of interest is treated in depth.

Varieties of nondiabetic mellituria, the problems of hypoglycemic states and relation to insulin secretion, endocrine disorders related to diabetes are likewise reviewed.

The chapters on nephropathy, neuropathy and the eyes in diabetes are all impressive.

In summary, here is a book of reference which no student or physician should miss. To understand diabetes at all, one needs a reference work like this, where useful, dependable facts and theory are blended, dealing with all aspects of a complex disease. The editors and authors are to be commended for their monumental achievement.

*A HANDBOOK FOR THE YOUNG DIABETIC, 4th edition, by Alfred E. Fischer, M.D., and Dorothea L. Horstmann, R.D., M.A., \$4.75, 76 pages. New York, Intercontinental Medical Book, 1972.*

This well-intentioned book suffers from several errors of omission and commission. The authors feel that they are presenting suggestions for health care which will help children grow up and live a normal life with diabetes. They feel that parents can adapt these suggestions to their own family ways of living. Unfortunately, many of these suggestions are written in such a way as to provide very little real help to parents. There is, for example, no pathophysiological approach to the problems of diabetic acidosis and insulin reactions; the diagnosis and home treatment of these problems, therefore, is rather unclear. In this section, as in others, there is a rather

overwhelming emphasis on the dependence of the patient on the doctor. Instructions such as "you need prompt medical attention," or "have someone call your doctor immediately" recur frequently. Many physicians who care for children with diabetes take exactly the reverse position: The parents should be experts in the care of the diabetic child, with the doctor available for consultation and advice. This emphasis on the dependency of the parents and patient would be counterproductive in terms of the family's adjustment to the disease, and would thus lessen the probability of the child's leading a normal life.

Another major fault of the monograph is that there is no ordering of priorities. Almost 65 per cent of the book is devoted to dietary instructions and sample menus; while diet is certainly an important part of the management of the juvenile diabetic, it would seem that this does represent an over-emphasis. This lack of perspective in dealing with the problems of children with diabetes recurs frequently.

There are also several specific errors. The instructions for testing for glucose with a Clinitest tablet indicate that "all one has to do is to take a few drops of urine and drop it on the tablet." This error was also made in the third edition. Indeed, a close comparison of the present edition with the previous one shows no changes of any significance.

In short, this book suffers severely when compared with other alternatives available. It is therefore not recommended for patient or physician use.

*AN INTRODUCTION TO DIABETES FOR THE YOUNG CHILD. Mary Pinckney Ferguson, \$7.50 (sold in sets of five only). 42 pages, 20 line drawings. Springfield, Ill., Charles C Thomas, 1972.*

This thirty-nine-page pamphlet is not helpful for children with diabetes, their parents, or their physicians. Half the pages are taken up by cute sketches that are unrelated to the reality of the topic at hand; for example, the administration of insulin is represented by a little girl purchasing it from a druggist! The text of approximately 1,100 words is in an unusual style and analogies are remote and misleading. Together with the superficial explanations and curious omissions, they enhance the air of mystery and taboo about diabetes. It does not seem right to deal with the painful reality of diabetes in such a Pollyanna fashion and talking about "color tests" without ever mentioning what is tested.

Despite its brevity, the pamphlet is brimming with inaccuracies. The section on diet is inconsistent with most current practice. The pamphlet has a pervasive quality of denial and rigidity, promoting the sort of distrust of a child's own physiologic messages which leads to many of the diabetes management problems. The traditional construct of diet, insulin and exercise is presented as the simple formulation for diabetes control. In practice, pediatric diabetologists more often deal with the effects of emotions on metabolic balance. It is thus unfair to tell the child he or she will be fine by attending to the three variables on a fixed schedule.

Children with diabetes mellitus and their parents need a realistic appreciation of the complex relationship of the major variables affecting diabetes control so that no one will be blamed when things go awry, allowing necessary changes to be made dispassionately and rationally.