examinations and electroretinography were performed before treatment and at intervals after treatment.

Visual field changes were as follows: (1) eight patients had only mild to moderate constriction of all isopters, (2) 11 had discrete scotomata in addition, (3) two had prominent nerve-fiber-bundle defects, (4) three had severe constriction of all isopters, save (in two) that to the largest peripheral test object. Electroretinographic b-wave amplitudes were reduced an average of 40% to white test flashes. Blue test flashes showed an even larger reduction of the rod response. This suggests the receptors in approximately 40% of the retinal area are destroyed by such extensive photocoagulation, covering predominantly that part of the retina that has the highest concentration of rods.

Mandelcorn, Mark S.; Blankenship, George,; and Machemer, Robert (Bascom Palmer Eye Inst., Dept. of Ophthalmol., Univ. of Miami Sch. of Med., and VA Hosp., Miami, Fla.): PARS PLANA VITRECTOMY FOR THE MANAGEMENT OF SEVERE DIABETIC RETINOPATHY. Am. J. Ophthalmol. *81*:561, 1976.

In 100 severely diseased diabetic eyes we performed pars plana vitrectomy. After a median follow-up time of seven months, major visual improvement was achieved in 49% of the eyes. An additional four eyes maintained a preoperatively good visual acuity resulting in an overall success rate of 53%. Eyes with only vitreous hemorrhages did better (71%) than eyes with posterior retinal detachments (31%). We did not observe new tissue proliferation in any of the operated eyes.

The visual success rate justified vitrectomy in these presumably lost eyes despite a surgical complication rate of 16%, the development of rubeosis iridis in 26%, the unimprovement of originally bad visual acuity in 28%, and a subsequent loss of vision in 23%. Patients younger than 30 years or with operative complications resulting in retinal holes and posterior retinal detachment had a poor prognosis. Patients with rubeosis iridis or vitreous hemorrhages, or both, also did poorly postoperatively. Rubeosis iridis was often associated with corneal opacities and vitreous hemorrhages. Reattachment of posteriorly detached retina did not improve vision.

BOOK REVIEW

DIABETES: A CLINICAL GUIDE, *by Jeanne R. Bonar, M.D. 337 pages. $10.00. Flushing, New York, Medical Examination Publishing Company, Inc., 1977.*

This volume is intended to cover essentially every aspect of diabetes mellitus in 30 separate chapters (337 pages). Although not explicitly stated, it appears to be directed to clinicians, to bring them up to date on current knowledge about diabetes and to serve as a ready reference of the handbook type. There is extensive reference to the literature, and in addition, the author presents her own judgment about such aspects as the preferred management for various diabetic states.

As might be expected when one author attempts to cover all areas of the burgeoning knowledge about diabetes, the result is spotty in quality and completeness. For example, the chapter on genetics contains no discussion of the difference in concordance in the development of adult- as against juvenile-onset diabetes among identical twins nor the suggestive association with histocompatibility antigens. The small-vessel changes of diabetes are not discussed fully in any single chapter, but rather are referred to in more limited ways in various places. Many specialists in diabetes, including this reviewer, would differ also with the author in her suggestion that oral potassium replacement has a place in the initial treatment of the conscious patient in diabetic ketoacidosis and with her view that bicarbonate deficit can be estimated from the serum bicarbonate and body weight.

These are but a few of the problems with this book that preclude my endorsing it as a guide for clinicians. It contains many facts, but it also has too many gaps and unevenness in judgment. The latest edition of *Diabetes Mellitus (Fourth Edition, American Diabetes Association, 1976),* with its careful editing, should serve the clinician much better. The lesson may be that we have passed the level of extent of knowledge about diabetes that any one person can expect to encompass, even with good judgment, alone.

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