

BOOK REVIEWS

John M. Porter, MD, Book Review Section Editor

International consensus on the diabetic foot

International Working Group on the Diabetic Foot; Amsterdam; 1999; International Working Group on the Diabetic Foot; 96 pages.

In the 1990s experts from around the globe met three times to share information available on the current state of the art of the treatment of diabetic foot disorder. The author participated in the Second International Symposium on the Diabetic Foot in Noordwijkerhout, The Netherlands, in 1998. In 1996 a group of independent experts in the field of diabetic foot disorders expressed the need for an international set of definitions and guidelines on the management and prevention of the diabetic foot. They developed a Pilot Working Group of 15 experts to formulate aims, specific topics, and procedures. This document is the outcome of those endeavors. The book is therefore really a consensus document on the current state of the art of the treatment of the diabetic foot and is divided into three separate sections. The first contains elements essential for policy makers involved in the planning and allocating of health care resources and principally focuses on the socioeconomic impact of the diabetic foot. The second section provides a set of definitions of the essential topics in diabetic foot disease and summarizes present strategies in management and prevention. The third section is a set of simple guidelines describing the basic principles of prevention and treatment. The second section is addressed to specialists in diabetic foot care, whereas the third section is addressed to all health care workers involved in the care of diabetic patients. Whenever possible, the authors say they used the evidence-based approach to their guidelines and conclusions; however in the introduction they admit that in many of the areas of diabetic foot disease solid scientific information is "lacking." When that occurred the panel of experts came to their conclusions based on the consensus of the expert panel. The consensus document was presented at the Third International Diabetic Foot Symposium in The Netherlands on May 5 through 8, 1999.

The first section addressed to policy makers is two pages long and basically outlines the incidence of diabetes at the current time and projections to the year 2025. It also reports on the prevalence of diabetic foot disease among patients with diabetes, the high likelihood of amputation in this group of patients, and the dollar cost of their care. The statistics are well known to all experts in the field of diabetic foot disease and offer nothing new, although for policy makers this is probably useful information. In the second section the definition of terms and criteria are again addressed less to health care professionals and more to lay people who might be reading the document and are probably little used to physicians and surgeons reading the document. The following sections covering epidemiology,

social and economic factors, pathophysiology, neuropathy, vascular disease, and infection are succinctly written with excellent pictures and illustrations, which augment the text. I have little argument with the conclusions reached by this panel of experts in these various areas and found myself generally in agreement with the recommendations that they were making. Since this is a consensus document addressed to a wide variety of individuals involved in the care of these patients, I found much of the information, however, overly simplified. While the information contained is accurate and timely, it lacks sufficient detail to be of particular use to either specialists involved in the treatment of these patients or students or house officers trying to increase their knowledge base of the treatment of diabetic foot disease. The bibliography proved scant and excluded many, if not most, of the classic references in the treatment of diabetic foot disease. Moreover, the way in which references are listed in the text is peculiar. They are at the end of the book and listed alphabetically with the references cited only for specific chapters but not the actual portions of the text used. In this way it is more like a list of selected readings.

The third section of the book, which is addressed mostly to allied health care workers other than physicians and surgeons, contains many excellent pictures of typical diabetic foot pathology. There is also some useful information on how to organize the care of the diabetic foot based on the level of sophistication available to local communities. I found that section on the regional overview of the current state of the art of management of the diabetic foot particularly interesting. The countries of India, Australia, Brazil, and South Africa are outlined in the text. Readers from Western countries with highly advanced health care delivery systems would probably find the cultural problems involved in the diabetic foot care in countries such as India, where 5% of the population of one billion have diabetes and where many people walk barefoot, particularly sobering. The consensus document contains a small pamphlet of practical guidelines in the back. This is basically an abbreviated 13-page summary of the 96-page document, which is simply and concisely written and well illustrated.

Overall, I found the consensus document timely and accurate. It attempts to address a worldwide audience of both health care professionals and nonprofessionals who have responsibility for the care of patients with diabetic foot disease, which is both its strength and weakness. While it will be read and understood by a wide variety of individuals including nursing students, medical students, physicians' assistants, and even medical technicians in addition to lawmakers and policy makers, it is too simplistic and poorly referenced to serve as a good basic text for either physicians or nurse specialists. As a result, for the

average vascular surgeon or vascular fellow, it might serve as a nice, quick reference guide for the treatment of diabetic foot disorders, but will be totally inadequate as a standard reference text on the subject.

Frank Pomposelli, Jr, MD

Vascular Surgery
Beth Israel Deaconess Medical Center
Boston, Mass

doi:10.1067/mva.2000.108836

You can beat heart disease: prevention and treatment

Lester Sauvage; Seattle; 2000; Better Life Press; 316 pages; \$15.95.

This is a unique book. Its focus targets those with cardiovascular disease, as well as their families, incorporating medical and nonmedical factors that can lead to a healthier life and lifestyle. Because heart disease is responsible for more debilitating conditions (and death) in the United States than any other chronic disease, it becomes imperative that we devote greater resources toward the assessment, treatment, prevention, and research into factors contributing to the progression of this disease.

In the "Foreword" and "Overview" sections at the outset of this book, a point is made that the cardiovascular system is one of the 11 systems in the human body and that *all systems* play a critical role in our overall health. This holistic approach that the whole is greater than the sum of its parts is a welcome change from many other texts that fail to consider the bigger picture of human health and longevity.

The glossary, written in jargon-free terminology, provides the reader with a clear understanding of most key medical concepts and procedures. It is noteworthy that many who read this book may have limited knowledge, motivation, and desire to pursue some of the subtopics (eg, blood platelet formation, surgical procedure to increase blood supply to various structures). This is a common problem with most technical books: writing to the target audiences as though they had an expertise similar to the author's. One way to minimize this is to suggest that patients and families avail themselves of other health care providers with greater frequency, attend health care conferences, and communicate regularly with their physician(s).

Another particularly strong point is the use of line drawings to graphically illustrate surgical procedures. Including normal anatomy adjacent to pathology is an excellent way for the reader to grasp key concepts. Often, we hear about these anatomic/physiologic problems without sufficient attention being paid to their graphic representations. While arguably a platitude, a picture is, in fact, worth a thousand words. The line drawings are especially instructive in the discussions on clot formation and atherosclerosis. Furthermore, these drawings are well integrated into the body of the text.

The reader should take note of the team concept of treating individuals with heart disease. Family members,

those from allied disciplines, and the physician can make a significant impact on the patient when working together with common goals. Furthermore, the emphasis on the individual as being proactive and accepting a greater responsibility for his or her treatment plan will undoubtedly contribute toward a greater chance of better health. In addition, I was impressed with Dr Sauvage's use of concrete analogies to explain the intricacies of the circulatory system (eg, 1 teaspoon of blood contains 10 million lymphocytes, 2 million monocytes). This allows the reader to gain a subtler appreciation of the complexities of the human body. One gets the positive feeling from this book that many difficulties are not only preventable, but under the control of the patient.

The section on cardiopulmonary resuscitation represents yet another positive feature of this book. It gives the lay person, especially, a tool to help those whose heart has stopped. To get more people to use this technique (and be knowledgeable of it) is a very important public health measure. Greater emphasis should be placed here on its significance.

Section VII, which is about spiritual reflections, is a topic included that is often omitted in other books of this kind. It gives the reader yet another way the patient can be helped. Because the audience for this book is so varied, the section could be made more "ecumenical" in orientation. The author may want to suggest the writings of K. Gibran, W. Kushner, E. Kubler-Ross, B. Siegel, and others as sources of encouragement, motivation, and calmness regarding the treatment and control over patients' illnesses.

Overall, this is definitely a book that those with cardiovascular disease and their significant others should have in their personal library. It examines a constellation of factors that have an impact on this disease, both medical and nonmedical. Its emphasis on the patient "taking charge" and working closely with the medical team cannot be overstated. This should be recommended reading for patients and their families. It is an upbeat book, well written and organized, that represents a valuable resource for us to consider throughout our life span.

Sheldon Maron, PhD

Portland, Ore

doi:10.1067/mva.2000.108840

General thoracic surgery, 5th ed

Thomas Shields; Philadelphia; 2000; Lipincott Williams & Wilkins; 2443 pages.

This fifth edition of the text edited by Dr Thomas Shields entitled *General Thoracic Surgery* will most likely become a classic, because it is apparent that the baton is being passed with regard to editorship. This text has been a mainstay for surgeons in this field over the years. Dr Shields, who is a senior editor, still has his imprint on the fifth edition not only as the senior editor, but also as a contributor. Dr Joseph LoCicero III and Dr Ronald Pond have now joined as associate editors.

The two-volume set has been expanded by measure-