India itself stands discredited, perhaps the government anticipates no objections from it.

The fee for training programmes offered by medical institutions in the state has been raised nearly 10-fold. Also, private trusts applying for an essentiality certificate to start dental, medical and paramedical colleges will be charged a 'scrutinizing fee' varying from Rs 10,000 for paramedical to Rs 25,000 for medical colleges.

The government is set on opening more and more hospitals and medical colleges while the existing institutions languish for want of staff and simple facilities, for which the government claims it has no money. The existing medical institutions are disintegrating, literally and figuratively. Last year the roof of the tuberculosis ward of the Government General Hospital in Chennai caved in, giving way and the hospital was deprived of electricity for over 10 hours. While emergency generators should have taken over, some of them were in poor condition and failed. Some operations were postponed, some which had already been started had to be completed under torch light.

A few months ago, some mental patients died in a fire at a private mental asylum (I use the word in preference to hospital, since this was not an institution run by the medical profession) in one of the southern districts of Tamil Nadu. The government ordered all such institutions closed on the grounds that patients were not well looked after there and were subjected to inhuman conditions. The Bible says (Luke 6:41), 'And why beholdest thou the mote that is in thy brother's eye, but perceivest not the beam that is in thine own eye?'

Not long ago, a ward in the Government Mental Hospital collapsed and killed a patient. Last month a patient was found dead in an isolated cell where he had been confined for violent behaviour. His body was found with a piece of cloth tied round his neck. An inquiry was ordered into how he died, and whether it was possible for a person to strangle himself with a piece of cloth. He had been admitted to the hospital on 3 November for violent behaviour. He was given haloperidol and chlorpromazine on 13 November and the case sheet contained no entries from then till the day he was declared dead—23 November. The inquiry recommended that disciplinary action be taken against two warders and a nurse for negligence. Their colleagues want to know why no action was taken against the doctor, who they claim did not see the patient for 10 days before his death. On the analogy of the now defunct asylums, should not the government close its own mental hospital for cruel negligence?

WHERE WILL IT ALL END?

A recurring item in the newspapers is a succession of what is headlined as hooch tragedies. Illicit liquor laced with methanol is the cause. On 9 October, The Hindu reported that 280 persons had died of methanol poisoning in the past 10 years, and since then I have counted 55 more deaths reported in the newspapers. Tamil newspapers publish these reports under banner headlines and I fail to understand how people can still drink the stuff which they should know kills rapidly, and blinds some who do not die. Apparently the ready availability of the poison is because of an administrative change that took methanol out of the purview of the Excise and Prohibition Department in 1984. The government now proposes to bring it back under the control of that department. It also wants to request the Central Government to amend the Poisons Act to require manufacturers to add a bitter substance to methanol, and to colour it with methylene blue or crystal violet to give it a distinctive colour. It seems to me that the distillers and vendors of this illicit alcohol are guilty of murder, and should be tried and punished for that offence. Exemplary capital punishment of a few offenders, like the death penalty for people carrying drugs of addiction into Singapore and Malaysia, would serve as a deterrent to others who try to take advantage of human weakness to make easy money, with scant regard for the safety of their customers.

There has been only one exception to the massive price hikes ordered by the government on everything it touches. Officials of the Excise and Prohibition department said the government was contemplating reduction of excise levy on cheap Indian-made foreign liquor brands to make them affordable for the poor. If the present 55% levy on the lower-end brands were removed, cheap and safe liquor may be available for Rs 20 per 180 ml bottle. An odd way to enforce prohibition, to which the government of our once and (possibly) future Chief Minister, Ms Jayalalithaa, says it is committed in principle.

M. K. MANI

Book Reviews


As healthcare systems throughout the world struggle to provide adequate healthcare to their burgeoning populations and yet keep costs down, the need and justification for evidence-based healthcare, cost-effectiveness and health technology assessment (HTA) is increasingly obvious. Evidence-based medicine (EBM), a term that did not exist until recently, has captured the imagination of clinicians and health policymakers. We now have journals exclusively devoted to EBM, electronic databases on systematic reviews (Cochrane Collaboration, for example), and workshops and books on EBM. In the 1980s and 1990s, clinicians who introduced the concept of EBM argued that healthcare and clinical decisions should be made on the basis of strong evidence generated by well done controlled trials and research studies. They felt that this approach was better than traditional decision-making approaches, which they saw as being far more open to bias and error.

Evidence-based medicine has been defined as a process of integrating individual clinical expertise with the best available
external clinical evidence from systematic research. It arose out of the need to make well-informed decisions in a setting of limited resources. Healthcare professionals are increasingly faced with the problem of the exploding volume of new medical literature, rapid introduction of new therapies and technologies, rising healthcare costs, and increasing attention to the quality and outcomes of medical care. Given these pressures, it is apparent that those who need to make decisions should evaluate the benefits and risks of competing options on the basis of the best available evidence (which can be reproduced and described) rather than on an unsystematic or haphazard evaluation. To use an example from the book under review (p. 2), how does one decide to use a new drug, and justify its need in the healthcare system? A single new drug, beta-interferon, for multiple sclerosis, has the capacity to cost the UK healthcare system the gross domestic product (GDP) of many small countries, and cost the American healthcare system the GDP of a number of large ones! In this context, it is easy to see why strong, research evidence (and not individual or expert opinion) is needed to justify the use of beta-interferon (or any other intervention) in any setting. Therefore, EBM may be particularly relevant for resource-poor countries such as India.

This book is a multi-authored compilation of review articles focused on methodological aspects of EBM and HTA. These reviews have been mainly commissioned and supported by the UK National Health Service Research and Development (NHS R&D) initiative. At first glance, it appears to be yet another book on EBM. However, it soon becomes apparent that this book is, in fact, a unique collection of systematic reviews on various aspects of EBM. The book has six parts which broadly cover the following areas: methodological and ethical issues in clinical trials; the role of observational and qualitative methods in generating evidence and how these designs compare with the experimental ones; measurements of benefit and cost; analytical methods used in studies, including Bayesian methods, and recent developments such as the hierarchical models; methods of reviewing and synthesizing evidence such as meta-analysis; and lastly, methods for identifying and filling gaps in the evidence.

Each article (chapter) is multi-authored, peer reviewed and extensively referenced. It is uncommon to see a book in which every chapter has been peer reviewed. The authors make an effort to present their main research questions, the search strategy they used, the methods used to select the papers, and the techniques of summarizing the evidence. In addition to stating their personal opinions, the authors make every effort to lay out the research evidence backing their claims and recommendations. I particularly enjoyed the section on clinical trials. To point out just a few, the article on the conduct and design of questionnaire surveys in healthcare research by McColl and colleagues, and the one on Bayesian methods by Spiegelhalter and colleagues are exceptionally good. The editors have done a great job of collating the work of a large number of contributors (mainly from the UK), all experts in their fields.

The book has few very limitations. However, the sequence of articles in the book is a little confusing. Though the book is a 2001 publication, most of the articles review the literature only up to 1996. Some areas of analytical methods, such as the marginal structural models, have evolved considerably over the past 5 years and these new developments, unfortunately, are not fully captured by this book. To be fair to the editors and publishers, this book includes the contributions of more than 100 authors, and putting a work of this kind together must have been a time-consuming affair.

In conclusion, this remarkable collection of articles is a unique and valuable addition to the methodological literature on EBM and HTA. The book is definitely aimed at an advanced, mature audience. Beginners, and those looking for clinically oriented EBM material are probably better off reading books such as the ones by Sackett and colleagues and Guyatt and Rennie. This book is a must buy for the advanced EBM practitioner, EBM researcher, and healthcare professional involved in HTA and policymaking. It would also be a good text to use in an advanced one-semester course on health technology assessment or evidence-based healthcare. Unfortunately, the high cost is likely to be a big deterrent for readers in India. The book deserves a worldwide readership and the publishers would do well to bring out a paperback edition, with a special price for developing countries.

REFERENCES

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Health promotion is perhaps the one aspect of primary prevention strategies that has received the least attention from scholars and health professionals. Though most doctors and primary healthcare practitioners pay lip-service to health promotion, in practice, most health professionals spend pitifully little time on active health promotion. Perhaps this has to do with the image of health promotion as a ‘non-specialist’ activity that anybody can undertake. Therefore, professionals may feel that their valuable time should be spent on other things. The absence of exhaustive literature on the theory of health promotion may also have helped to place it as a ‘soft’ discipline among preventive approaches in comparison with screening for specific diseases.

In this context, the book, written by specialists in their fields, is a valuable addition to the literature on health promotion, which, as defined by the World Health Organization, is ‘the process of enabling people to increase control over, and to improve, their health’. The book lists a number of definitions dating from the 1920s. It is important to note that most definitions have three aspects: the activities that come under health promotion, the process of health promotion, and the objectives, or what it hopes
to achieve. The book examines the set of environmental and functional elements, or the setting, that determine the space (conceptual and physical) in which health promotion actually takes place. This is very important because many a time the settings decide the degree to which an approach will succeed. After explaining the background in the first chapter, the book goes into each setting in detail. It discusses homes and families, the school, workplace, healthcare institutions, clinical practice, the community and state as possible settings for health promotion. Thus, it covers almost every possible context in which health promotion could take place.

The most attractive feature of the book is its format. It covers every possible point of view exhaustively. Each chapter is followed by the comments of two other experts on the views of the authors. Thus the reader is treated to an intellectual feast of widely divergent points of view, each put forth with the backing of carefully chosen arguments and illustrative examples. We get points of view ranging from the functional or utilitarian to the radical and Marxist.

What is said above should not lead the reader into thinking that the book makes for racy reading; it does not. Most of the chapters are rather tough reading, especially for those uninitiated in the conceptual debates going on in the field of public health. Nevertheless, it cannot be denied that reading through the text leaves one the richer for having understood some of the important developments in this field. To that extent, I would recommend it as mandatory reading for any health professional, especially doctors and nurses teaching primary healthcare.

It comes as no surprise that the editors are from Canada, a country that has taken important initiatives in the field of health promotion. The typesetting and printing is excellent; the different fonts used for the main text and comments need to be especially commended.

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Contributed by 41 leading experts in the field, this book presents antimalarial chemotherapy in three sections and 20 chapters. Section I comprises five chapters and introduces the reader to essential background information on the chemotherapy of malaria. The first chapter on the ‘Need for new approaches to antimalarial chemotherapy’ deals with the current malaria scenario in the world, a brief biology of the parasite, an update on the available antimalarial drugs and new approaches to antimalarial chemotherapy. A useful addition in this section would have been vector control combined with malaria chemotherapy—a rational approach to the management of malaria. The second chapter on ‘The history of antimalarial drugs’ reviews the origin of antimalarial drugs begin-
scription of new antimalarials (halofantrine, pyronaridine) and
drug combinations, e.g. chlorproguanil–dapsone and artesunate
formulations and their combinations, and tefenoquine.

Section III describes the ‘New compounds, new approaches,
and new targets’ and comprises eight chapters. These deal with
‘Novel quinoline antimalarials’, ‘New antimalarial trioxanes and
endoperoxides’, ‘Antibiotics and the plasmodial plastid organelle’,
‘Fresh paradigms for curative antimetabolites’, ‘Iron chelators’,
‘Protease inhibitors’, ‘Inhibitors of phospholipid metabolism’
and finally ‘Development of new malaria chemotherapy by utiliz-
ation of parasite-induced transport’. This section is a useful
update on the new agents under development, and explores
potential new avenues and pathways to counter the problem of
drug resistance in malaria.

All the chapters provide a critical review of the state-of-the-art
with an impressive bibliography. I would have liked to see two
more chapters: one on drug combinations, although this topic has
been partly addressed in various chapters; and the second on
the economics of antimalarial drugs—from the development of a new
molecule to the marketing and social implications. These chapters
would have been useful additions to the book, as information on
the latter subject is rather scanty and scattered.

This book will be useful for students to update their knowledge
on the chemotherapy of malaria. Researchers will find the book
thought-provoking with its new leads to drug discovery. Public
health specialists and malaria control programme managers would
benefit from the rich experience of various field experiences
described and this in turn would induce them to have a fresh look
at the current antimalaria drug policies. Overall, the general
appearance and typeface of the book meet international standards
of presentation and illustrations. Antimalarial chemotherapy is at
the cutting edge of malaria control, an essential addition to the
endoperoxides’, ‘Antibiotics and the plasmodial plastid organelle’,
‘Fresh paradigms for curative antimetabolites’, ‘Iron chelators’,
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appearance and typeface of the book meet international standards
of presentation and illustrations. Antimalarial chemotherapy is at
the cutting edge of malaria control, an essential addition to the
libraries and an essential reading book for malariologists.

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Counselling Women with Breast Cancer. Merle A. Keitel,

This book has been written primarily as a guide for mental health
professionals (e.g. social workers, counsellors, psychologists and
psychiatrists) to help them understand the medical, psychosocial,
social and political aspects which have an impact on women
diagnosed with breast cancer. Mental health professionals have a
vital role to play in improving the quality of life of women with
breast cancer, by intervening and counselling them as individuals
or in a group and helping them to improve their coping skills with
their interpersonal, family and social problems. The book is also
recommended for physicians, nurses and other medical personnel
to enable them to treat breast cancer patients with better under-
standing and compassion.

On the whole, the authors have done a commendable job with
a comprehensive and holistic approach. An in-depth perception
of a woman’s emotional turmoil beginning with refusal to accept
the diagnosis of breast cancer, the physical and psychosocial impact
of treatments offered, the fear and anxiety of recurrence, and
finally the inevitable fatality, have been brought out clearly and in
minute detail. The reactions, fears and concerns of family mem-
ers, especially partners and children, have also been discussed.

Stress has been laid on the fact that each woman diagnosed
with breast cancer needs to be individualized as the outlook to
cancer and coping capabilities vary from person to person and are
strongly influenced by biological, medical and cultural factors. A
clinician needs to respect these perspectives in order to help the
woman live with cancer and strike a balance with her personal,
family and work responsibilities and commitments. The authors’
approach in reminding clinicians and health personnel of their
individual responsibilities towards their patients has been tactful
and considerate.

However, there are some issues that do not apply globally to all
women with breast cancer. The political and legal issues raised in
the context of breast cancer detection, diagnosis and treatment are
only applicable to the West, especially the USA, where cancer
screening by mammography is regularly being practised and is a
part of ‘managed healthcare’ and strongly affects physicians and
psychologists. It has little in common with the healthcare facilities
in developing countries with limited resources, where mammog-
raphy is not the standard breast cancer screening modality. Also,
all women diagnosed with breast cancer cannot afford to have
individualized professional mental health consultation in addition
to the standard cancer treatment. It is the treating clinicians and
nurses interacting with the patient, as also the family physician,
who can help the woman to cope with cancer. Finally, I take the
liberty to point out a few errors in the text.

1. Page 10: Under the heading ‘About breast cancer’, line 4,
Breast cancers can begin in glands called ducts (86%) or
lobules (12%). This is erroneous.

2. Page 11: Under the heading ‘staging’, line 1, ‘carcinoma
in-situ’ should read as ‘intraductal’.

3. Page 11: The staging of breast cancer has been wrongly
represented. The staging is not done on the basis of the size of
the tumour in inches.

On the whole, the book has been able to achieve its objective
as a comprehensive guide for mental health professionals. I would
also strongly recommend it to clinicians and nurses who interact
with breast cancer patients.

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Nitric Oxide and Inflammation. D. Salvemini, T. R. Billar,

There can be little doubt that the explosion of data that character-
izes the biological function of nitric oxide (NO) and its reaction products has had a profound effect on biological research. The naming of NO as the 'molecule of the year' by *Science* in 1992 and the award in 1998 of the Nobel Prize in medicine for the role of NO in the cardiovascular system reflects the importance given to this molecule by the scientific community. Nitric oxide plays a central regulatory role in a variety of physiological and pathological processes, from plants to primates. Hence, knowledge of the biology and chemistry of NO is exceedingly important for designing novel strategies for treatment of various diseases as well as for the understanding of biological events. Given the broad range of effects NO has on the various physiological processes and the large amount of literature that exists, it is important that the functions of NO are analysed in a proper perspective. Therefore, it is very appropriate that the editors of this book provide an affirmative answer by analysing only one aspect of NO action—its effect on the process of inflammation. This volume puts in perspective the state-of-the-art in research on the various roles of NO in inflammation.

The editors have brought together a diverse group of scientists working on different aspects of NO function. Their combined efforts provide 15 contributions. The scientific content of the chapters is generally high, while some of them are profound others attempt too wide a scope and are therefore sketchy.

In biological systems, NO is derived from a cationic amino acid, l-arginine and oxygen in a reaction catalysed by a family of NO synthases (NOS). Three NO isoforms have been identified till date, namely neuronal NOS (nNOS, type I), inducible NOS (iNOS, type II), and endothelial NOS (eNOS, type III). The nNOS and eNOS constitutively exist in the vascular endothelium and maintain their levels. Nitric oxide generated by eNOS and nNOS serve as signalling molecules participating in various physiological processes. In contrast, iNOS is generally not present in quiescent cells. Its expression is induced by inflammatory substances such as cytokines or microbial endotoxins.

The chapters can be broadly grouped under three heads. The regulation of iNOS is covered in two chapters; one is the regulation of iNOS gene expression while the other is the regulation of the enzyme by NO itself. The role of NO in the expression and regulation of various molecules is addressed in five chapters that include eicosanoid production, induction of poly (ADP-ribose) synthetase, expression of leucocyte adhesion molecule, and control of lymphocyte recruitment and function. The other seven chapters cover the role of NO in arthritis, gut inflammation, inflammatory skin disease, myocardial ischaemia–reperfusion injury, myocarditis, shock due to sepsis and haemorrhage and interleukin-2 mediated cardiovascular toxicity.

Regulation of the iNOS gene expression is comprehensively covered by B. S. Taylor and D. A. Geller in a chapter that compares the molecular regulation of the iNOS gene in the murine and human systems. Deletion analysis of the human iNOS promoter is reviewed along with the role of NF-kappaB in cytokine-induced human iNOS expression. Post-transcriptional and downregulation of iNOS gene expression is reviewed fairly extensively. Y. Vodovoz and M. H. Barcellos Hoff cover in a concise manner the literature on how NO itself modulates iNOS during inflammation.

The release of NO and prostaglandins by cyclo-oxygenase and NOS is associated with the pathological roles of these mediators in several disease states. Numerous papers have been published on how NO activates cyclo-oxygenase and NOS, and additional pathways through which NO modulates production of prostaglandins have also been worked upon. The chapter on 'Nitric oxide regulation of eicosanoid production' by D. Salvemini summarizes experimental data pertinent to the above topic and outlines how this discovery has impacted on and extended our understanding of the role of the above event in pathophysiological events. Poly (ADP) ribosyltransferase (PARS) is an abundant nuclear enzyme present throughout the phylogenetic spectrum that plays a crucial role in the regulation and generation of the inflammatory response. The chapter by J. Mabley *et al.* on the role of NO in the activation of PARS adequately reviews the development in the field accompanied by scientific data. The role of PARS as a regulator of pre-inflammatory signalling pathways and in systemic inflammatory response is discussed at length. The endothelium interacts with cellular mediators from the blood and this interaction is of crucial importance in inflammatory reactions. Leucocyte adhesion molecules on the endothelium and their counter-receptors on the leucocyte regulate the endothelium–leucocyte interaction. Nitric oxide inhibits endothelial adhesion molecule expression by at least two NF-kappaB-dependent interactions which are important in vascular biology. The chapter on 'Nitric oxide regulation of leukocyte adhesion molecule expression' by M. Spiecker and J. K. Liao covers this aspect of vascular biology. In spite of overlapping to some extent with the above chapter, 'Nitric oxide and leukocyte recruitment' by G. Andonegui and P. Kubes covers some aspects of leucocyte recruitment into the vascular endothelium, though not very exhaustively. 'Nitric oxide regulation of lymphocyte function' by R. A. Hoffman and H. R. Ford reviews the intracellular signalling pathways in the lymphocyte that are modulated by *in vitro* exposure to NO and summarizes how NO functions *in vivo* in various animal models of disease including HIV.

Since arthritis is associated with inflammation and characterized by increased cytokine production, leucocyte adhesion molecule expression and neutrophil infiltration in tissues, NO has a distinct regulatory role. S. Cuzzocrea reviews the role of NO and reactive oxygen species in arthritis. A part of the chapter is also devoted to the review of antirheumatic drugs on oxygen radical production and another to the pharmacology of superoxide dismutase mimetic where the mechanisms used for extension of superoxide dismutase and catalase half-life are discussed. There is an increasing interest in defining the role of NO in the pathophysiology of inflammatory bowel disease. The review on the 'Role of nitric oxide in chronic gastrointestinal disease' by M. B. Grisham *et al.* discusses some basic concepts related to the initiation and regulation of chronic gut inflammation and summarizes the current knowledge on the role that NO may play in modulating the inflammatory response.

The role of NO in inflammatory disorders of the skin is covered in the chapter by R. Weller and V. K. Bachofen which discusses the role of NO in psoriasis and melanoma. There is a controversy on whether NO plays a protective or a detrimental role in myocardial ischaemia–reperfusion injury. In an important chapter titled 'Roles of NO, superoxide and peroxynitrite in myocardial ischemia–reperfusion injury and ischemic preconditioning' by P. Ferdinandy and R. Schulz, the physiological role of NO in early and late ischaemic preconditioning of the heart is reviewed fairly extensively. The review on NO and myocarditis by C. L. Lowenstein and T. Ohnishi examines the role of NO in myocarditis with special reference to viral myocarditis. In this concise and adequate review the authors also discuss NO and autoimmune, non-infectious, bacterial and parasitic myocarditis. Nitric oxide in shock, sepsis and haemorrhage comprises a good amount of medical
research literature. C. McCloskey and T. A. Billar in the chapter ‘NO in shock: sepsis and hemorrhage’ review the current knowledge on the participation of NO in haemorrhage and sepsis. Therapeutic trials on NOS inhibition and their results are also reviewed. Nitric oxide as a mediator of interleukin-2 (IL-2) induced cardiovascular toxicity and antitumour activity is discussed by W. E. Samlowski; preclinical models of IL-2 treatment and the consequences of treatment are discussed along with the effect of NO on tumour cell apoptosis.

The design of the book is aesthetically appealing, the typeface and figures are clear and the print quality is excellent. This book would be useful for biochemists working on NO, medical researchers involved in work on NO and students of medicine.

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In day-to-day practice most clinicians tend to ignore a very important aspect of their prescription—the diet. This is despite the fact that patients tend to ask many questions related to their diet, especially those with diseases such as diabetes mellitus, hypertension and renal disease. There is no good ready reference on diet in chronic renal disease based on the dietary pattern of Indians, particularly vegetarians. This book fills this void to a large extent.

The book is written in simple and easy-to-understand language. Section I starts by explaining the basics of nutrition to the uninitiated. Section II deals with dietary restrictions in early renal disease. The authors have explained the need for dietary restrictions and their benefits. The fact that protein restriction is important in chronic renal disease in known to most but what is not realized is that vegetarians often eat less proteins than recommended, and hence their diets may already be low in proteins. The authors have highlighted this issue and placed emphasis on how to improve the quality of proteins consumed by vegetarians, including proteins of high biological value in the diet. Easy-to-comprehend tables explain what diet should be prescribed in various grades of chronic renal failure. Potassium, which often plagues the patient with renal failure, needs special stress and the authors have tabulated the potassium content of various commonly consumed food items well, clearly stating what is permissible and what is not. Post-renal transplant diet counselling has also been given due importance. The problems of diabetics who constitute a large proportion of patients visiting a nephrologist have been dealt with at length. Dietary modifications to maintain an appropriate body weight and normal glycaemia are stressed. The glycaemic index of common foods is well tabulated. Special emphasis is given to the diet of patients with hyperuricaemia and renal stone disease where lifelong dietary restrictions are recommended to prevent recurrence. A separate chapter dedicated to renal stone disease does ample justice to this special problem. Children, whose nutritional needs are different from those of adults form a special subset of renal patients. A separate chapter written by a paediatric nephrologist discusses the nutritional needs of such children.

Section III gives a fairly long and exhaustive list of recipes and a food exchange list. What is important is that the book gives Indian recipes and an exchange list of what Indians eat. This helps to plan interesting and rejuvenating diets. Fun and overeating, the authors stress, must be balanced with a little more caution at meals just before and after a party. So a friend’s party need not be missed if you have to follow dietary restrictions. The recipes are accompanied by mouth-watering photographs to make reading interesting. The dal, vegetables and fruits exchange list will help a dietician break the monotony of prescribed dietary restrictions and provide better compliance. A few sample diets for diabetics and patients with chronic renal disease should be included in future editions of the book. In each chapter a few lines on the common myths about foodstuffs would be helpful.

The cover of the book is pleasant and appealing, as are the illustrations inside. The book indeed will be useful not just for patients but also for all nutritionists, nephrologists and diabetologists. The price makes it within the reach of most people.

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