

Book reviews

Diabetes in Africa. G. Gill, J.-C. Mbanya, G. Alberti (eds) FSG Communications Ltd. Reach, Cambridge, UK, 1997, paperback £ 12.95.

This book is a first and most commendable report on diabetes in eighteen of the thirty-nine African countries. It gives an insight into the neglected area of this non-communicable disease in five western, four eastern, four northern and five central and southern African countries. It is a joint effort by forty-two authors who are of African origin or based in Africa in association with two of western origin based in the United Kingdom. Four chapters have been translated from French. Until a decade ago, the international medical community did not consider diabetes to be of importance in Africa. Yet, according to the authors who are familiar with every day health issues in Africa, diabetes has now become a major health problem in eighteen of its countries. It is an unmet challenge throughout the continent which has an estimated population of 555 million inhabitants more than half of whom are under twenty-five years of age and many of whom are still illiterate. There are major geographical and ethnical differences and discordance in culture, religion, food availability, infectious disease, eating habits and seasonal influence on life style.

The book is divided into three parts. The first deals with general aspects of diabetes such as manifestations of the disease, acute and chronic complications, giving care and the prospects of successful treatment. The second consists of clinical observations in the eighteen different countries. The third concentrates on special issues such as diabetes in childhood and pregnancy, in Asian immigrants and during the fasting period of Ramadan. The book reports how care and diet are influenced by the cultural and religious habits, and on the metabolic effects of African diets as well as on some eating habits, such as one meal a day. Carbohydrate intake is documented and the fat content of food is reported, although protein sources and its intake are hardly ever considered. The book has an epidemiological orientation, informing that Type I (insulin dependent) diabetes mellitus is detected with a high incidence in countries like the Sudan but seems to be seldom observed in others although early death and lack of diagnosis might be a bias in reporting. Type II (non-insulin-dependent) diabetes mellitus is documented to a greater extent than Type I in all African countries. Incidences vary according to sex, age, weight, ethnical origin and residence in rural or urban areas. Type II diabetes seems to affect younger age groups such as those less than 30 years of age. The issue of short comings in awareness, diagnosis and care is highlighted, particularly the lack of resources for health care. The problem of availability and affordability of insulin, syringes and needles is emphasised by every author. The health care issues seem to be almost unsolvable, however, nongovernmental organisations and diabetes patient associations are organizing themselves to seek improvement.

This book gives for the first time a global overview of the diabetes issue in Africa. The support through an educational grant by the Department for the International Development UK and Bayer Pharma, Germany is most commendable. The authors should be congratulated for their cooperation in presenting such a dynamic account of the scope of diabetes in a developing multi ethnic continent with an apparently insurmountable hindrance to advancement in healthcare. Although

the book is an achievement in itself, it has quite a western approach. The origins of diabetes are addressed but with western based assumptions. Immunological data is made available, the thrifty genotype is mentioned but the thrifty phenotype should be mentioned as well. No reference, however, is made to overall effect on health of, for example poor or inadequate nutrition and infection during non-diabetic pregnancies which could cause disturbances in the development of fetal organs such as the endocrine pancreas and the liver as well as kidney or endothelial cells with consequences early or late in postnatal life.

A second edition should concentrate on specific African and regional issues connecting health, culture and education and possibly their influence on the origins of the high incidence of at least Type II diabetes in Africa. This first edition of this comprehensible account should be read by anyone who is interested in and concerned about the people with diabetes in the developing world.

Prof. J.J. Hoet,
WHO collaborating
Centre, Fac. Science
University, B-1348
Louvaine-la-Neuve, Belgium

International Textbook of Diabetes Mellitus. K.G.M.M. Alberti, P. Zimmet, R. A. DeFronzo (eds.) 2nd Edition, John Wiley & sons Ltd, Chichester, New York, Brisbane, Singapore, Toronto 1997, pp.1827 (2 volumes, ISBN 0471939307, £ 195.

As written in the preface by Harry Keen, the second edition of The International Textbook on Diabetes has appeared even before the ink was dry on the first, which appeared in 1992. It is an impressive and expanded collection of 93 chapters and several subchapters on different topics of diabetes by 139 established authors in the field of diabetes. As was to be expected, the three editors, Alberti, Zimmet and DeFronzo, guarantee quality and have added their flavour to the content with a strong focus on epidemiology, metabolism and international issues. Their aim was to give, "a broader sweep to the coverage of diabetes than customary in previous text books of diabetes". Undoubtedly they have been successful in fulfilling this aim. I am, however, not sure whether it really is a textbook. In my view it is an excellent encyclopaedia of diabetes consisting of partially overlapping chapters written by authors with a strong feeling for the individual content. The book is more useful as a reference book for clinical diabetologist and scientists than for the systematic learning of diabetes. It is truly well referenced, e.g. the chapter on "Pathogenesis of NIDDM" is followed by 750 references.

It is certainly desirable that textbooks (and encyclopaedias) are updated at regular intervals, but the question is whether the second edition is different enough from the first edition to justify spending the price, which is no paltry sum. It is a pity that the speedy revision missed the new American Diabetes Association (ADA) and World Health Organisation (WHO) diagnostic criteria and classification for diabetes. All is certainly not "old", some chapters like the one on "Genetics of diabetes" has been extensively revised and updated. It represents

a comprehensive and elegant review of the field in mid 1996 – unfortunately chapters on genetics always tend to be outdated when they appear. The question therefore arises whether future textbooks should be on CDROM or on the web and updated even more often. There are also issues that never get old, the chapter on “Education of the diabetic patient” by Day and Assal represents pleasant and useful reading for every practising diabetologist and diabetes educator. It would have been advantageous to have also incorporated the chapter on computer-assisted diabetes education.

It is an innovative approach to address certain topics (diet, organisation, economics) from an international standpoint, although it would be easier for the reader to digest and compare the content, if the chapters were written in the same style, addressing the same questions. In terms of epidemiology this approach becomes a little bit too international. It would have been better to cover diabetes in different countries and ethnic groups in one chapter to allow interesting comparisons. Some chapters are redundant, why not cover C peptide, proinsulin and assays for insulin and its precursors in one chapter? Is it really necessary to split the chapters on diabetic eye disease into four?

In terms of screening and prevention of diabetes the message is less clear. The chapter on screening clearly states (Dowse et al.), “widespread recommendations of screening procedures and interventions not proven to be efficacious should no longer be tolerated”. Prevention of Type II (non-insulin-dependent) diabetes mellitus is advocated, however, both as a population and high-risk strategy (Tuomilehto et al.), although screening is probably the prerequisite for prevention.

My wish list for the third edition includes; 1) better quality figures, 2) more colour reproductions, particularly of morphological figures and 3) a summary or conclusions for each chapter highlighting clinically important issues. The chapter on “Insulin action in vivo” by Ferrannini et al. provides an excellent example with their “Points of clinical interest”.

Leif Groop (Malmö)

Clinical Management of Diabetic Neuropathy. Contemporary Endocrinology, 7. A. Veves (ed). Humana Press, Totowa, New Jersey 1998, pp 337, ISBN 0-89603-528-4, \$ 125.

In his preface the editor states that this book is written for the broad spectrum of nonspecialist physicians who encounter problems related to diabetic neuropathy in their daily practice. Hence, the intention is to concentrate on clinical aspects and practical management.

A thorough reading of the book convinces the reader that this intention has come to reality. The book covers the spec-

Footnote: EFA, essential fatty acids; EPO, evening primrose oil; HPAL, Hamburg pain adjective list; SOD, super oxide dismutase; TSS, total symptom score; VSOAC, volume sensitive organic anion channels.

Corresponding author: J. Fagius, MD, Department of Neurology, Academic Hospital, SE-75185 Uppsala, Sweden, Fax: 46-18-665027

trum of nerve dysfunction in diabetes mellitus, including basic features such as epidemiology, aetiology, and structural changes, but emphasis is given to its many-faceted clinical presentation and management. This latter point is especially well served with detailed information on how to manage different complicated aspects of diabetic neuropathy. A chapter on painful neuropathy has many sound clinical recommendations, ready to use. The four last chapters of the book are about the problem of the diabetic foot, a section that must be highly valuable to any physician treating diabetic patients. The value of the book is further enhanced by a rich bibliography ending each chapter. On the whole, the content of the book meets strong demands.

As expected in a multi-author book (its 20 chapters are written by 30 authors), the quality of the material varies from chapter to chapter. A review chapter on autonomic neuropathy is admirably written whereas a succeeding chapter on autonomic neuropathy and heart disease is more or less redundant. A few authors suffer from AOS (Abbreviation Overuse Syndrome), a disabling disorder of many modern medical writers. Even if the abbreviations are explained when introduced, the text cannot be used as a reference work when the reader has to make a time-consuming search to find the meaning of abbreviations needed to understand a certain part of the text. If the editor allows the use of many abbreviations, a list of abbreviations should be introduced with the index of the book. Can each nonspecialist reader be expected to comfortably decipher EFA, EPO, HPAL, SOD, TSS, and VSOAC? EGF (Explanations given in footnote)!

Inevitably there is some overlapping between related chapters. Since repetition is the mother of learning this is not a great disadvantage. But there is no need for introductions to several chapters about the epidemiological aspects of diabetes when there is a special chapter on epidemiology. It is also disturbing when different chapters describe clearly differing classifications of diabetic neuropathy. There are indeed different opinions on classification, but the editor had better discuss this problem in a special section rather than just present different opinions without commentary.

Some chapters lose their logical path and digress from the main topic. The chapter on clinical management of diabetic neuropathy is for example useful for the clinician and provides much practical advice. But it gets confusing when many differential diagnoses are listed, including some very rare disorders and some that have little to do with diabetic neuropathy. There are rarely reasons to consider diseases such as acute intermittent porphyria, the Riley-Day syndrome, primary myopathies and myasthenia gravis when a diabetic patient has neuropathy. Such list is more bewildering than useful for the practising nonspecialist. Remember that common disorders are more common than rare disorders and unusual presentations of common disorders are more common than typical presentations of rare disorders (this latter wisdom borrowed from the preface of another valuable textbook).

The above critical comments are however of minor importance. In general this book is a worthwhile source of information for many readers.

Jan Fagius, MD
Uppsala, Sweden