

The book's final conclusions are brief and tend to concentrate on the 'market trends', however it does provide a specific source of information and references for the selected compounds. As such it would certainly be a useful reference text for any library and for those researching the area.

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D. Bessesen and R. Kushner. *Evaluation and Management of Obesity*. Philadelphia: Hanley and Belfus, Inc. 2002. £21.99. pp. 190. ISBN 56053-469-9

The authors state that they hope that this book will provide practical, useful strategies and tools for primary-care physicians and health professionals who feel inadequately prepared to care for obese patients. As such, it certainly achieves these aims. This is an excellent textbook which provides readers with an overview of the evaluation and assessment of obesity and is packed full of useful management strategies. Even experienced practitioners will find something new to broaden their repertoire of skills.

Each chapter in the book deals with a specific issue and is written by a different author. Many of the contributing authors come from the Centers for Obesity Research and Education (CORE), so are practising specialists and have a wealth of experience between them. Each chapter is supported with a comprehensive up-to-date bibliography, which provides a useful additional resource. Overall, it addresses many of the questions our patients ask, such as the role of commercial slimming clubs, meal replacements and the use of very-low-energy diets.

I found the chapter on 'Setting up the Office Environment' particularly useful since it addresses one of the most significant obstacles to the management of obesity in the primary care setting, which is that of having sufficient time. It will certainly make me look at my own practice so that I maximise the time I have available. The practical element stresses the provision of an environment that is sensitive to the needs of the obese individual to the level of providing chairs without arms, large blood pressure cuffs, large gowns and privacy when weighing, hence all of the classic pitfalls that hinder the helping relationship. It also highlights the importance of integrating the expertise of various disciplines.

The chapter on 'Non-Prescription Weight Loss Products' provides insight into a growing market in the UK and gives the current evidence base for the efficacy of some of the best-selling products.

There is an extremely useful chapter on the management of childhood obesity in primary care. With the increase in obesity in children and the fact that specialist

paediatric resources are limited, it is appropriate that primary care takes the lead in assessment and management of obesity in children. The information in this chapter should help ease concerns about how to manage childhood obesity safely, efficiently and effectively in primary care.

There is a whole chapter on obesity web resources that provides a valuable back-up for any health professional looking to research deeper into a particular area.

Does the book have any shortcomings? It does have an American focus with all of the authors and many of the examples and references being from the USA. In addition the system of primary care in the USA is organised very differently and the chapter on insurance coverage for obesity treatments is not relevant to the UK – yet!

As a personal preference, I would have preferred the text to be less dense and for there to be more illustrations and diagrams; however this may be a reflection of my increasing age!

Nevertheless, this is not a book that will sit on the bookshelf. It functions as a practical handbook and should be a useful resource to anyone managing obesity in the clinical setting.

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S. Scott and C. J. Duncan. *Demography and Nutrition. Evidence from Historical and Contemporary Populations*. Oxford: Blackwell Publishing 2002. £79.50 (hardback). ISBN 0-632-05983-4

The authors state (p. 1) that this book is ... 'concerned with the interactions between malnutrition and demography'. In the preface the authors state: 'Chronic malnutrition, from which the bulk of the population suffered, acting in a way that is not readily detectable, was the major factor that regulated human demography in historical times. Chronic malnutrition caused this effect mainly via three interacting mechanisms: (i) direct and indirect effects on the mortality of children from infectious diseases, (ii) down-regulating the levels of body fat and, hence reducing women's fertility and, most importantly, (iii) raising the levels of infant mortality because of inadequate nutrition of the foetus during critical periods in pregnancy.' 'Thus, the key to the regulation of human demography, ... , lies in the nutrition of the mother before, during and after pregnancy.'

The case made for the effect of chronic malnutrition on demography as clearly suggested in the preface is made largely from an analysis of historical data, and most comprehensively from one locality in England (Penrith). Obviously with historical data the best that can be achieved is an exploration of the association of trends, and drawing direct causal links is difficult. Inferences are made about

nutrition from infant mortality rates and crude food-supply data. The assertion that body fat regulated fertility in the past is by inference. These inferences may be reasonable, but as a nutritionist reading this book there were times when I felt the authors were over-generalising. The authors are clearly strong and expert in demography and it is clear that they are more secure in their knowledge in this area than in nutrition. At times it was hard going for a non-demographer to read some sections, particularly when the methodology was being described.

The authors make a number of statements about nutrition that are incorrect, or at least misleading. Some examples: on p. 6, '... animal fat is a critical source of essential fatty acids and fat-soluble vitamins'. 'Plant foods used alone generally cannot sustain human life, primarily because of a deficiency in essential amino acids.' 'Humans are not perfectly adapted to either dairy products or grains in their diet, witness lactose intolerance in Southern Europeans, allergies to cow's milk in children and celiac disease caused by intolerance to the proteins in wheat and some other grains ...'. On p. 7 they state: 'Rice is remarkably deficient in protein and inhibits the activity of vitamin A, even if it is available through other food sources ...'. The review on nutritional factors affecting body composition and regulation of fertility was superficial, particularly the section on leptin.

The argument in Chapter 1 as to which diet man was programmed to exist on is, in my opinion, a diversion from the main thesis of this book. As it is presented it is too superficial to be helpful. The main thesis of this book, supported by data mainly from England from the 16th century onwards, is that among agriculturalists who generally ate a poor diet, and based on few foods, this poor diet affected fertility and mortality and therefore had a profound effect on the demography of the country. Whether these populations were programmed to this or any other diet cannot be judged, nor is it important, in my opinion, for the thesis being presented. The discussion of these issues, although brief, distracts from the strength of the overall argument presented in this book, that chronic sub-optimal diet has profound effects on health. There are important lessons today: although acute famines are devastating in sub-sections of the population, the net impact is small compared with the massive, but less visible effects of subclinical micronutrient deficiencies related to poor people simply not having enough good quality food to eat, even though it is theoretically available. The authors rightly highlight that famine only becomes a big devastating issue when compounded by disruptions to the wider economic, social and political environment.

An important part of this book, and the major source of data presented is derived from data collected in Penrith from various sources from the 16th to the 19th centuries. Data from this population are presented in chapters 5, 6, 9, 10, and 13. Chapter 10 shows that oscillations in grain prices, and subsequent availability of food interacting with employment opportunities and transport, had profound effects on the population of Penrith. Chapter 5 presents a detailed description of the long-term demographic effects of various Penrith famines from

1587 to 1623. The authors conclude 'that outright famine had limited demographic effects in England, whereas malnutrition had serious subliminal and diverse consequences over many centuries'. The worst-off group were most adversely affected, although there appeared to be a complex interaction between poor nutrition and low fertility which kept the population growth rate down. Until the middle of the 17th century 25 % of infants died during the first year of life. As the infant mortality rate declined during the 18th century, the 1–4-year mortality rose. From 1557 to 1812 the percentage death rate in 0–14-year-olds was stable at around 40 % until after about 1750 when it fell to 32 %. A sustained period of low mortality after 1750 caused a population boom. It would have been a lot easier to read and integrate the complex threads of the interesting data from Penrith if the data had been presented more coherently.

The review of nutrition and pregnancy is excellent (Chapter 7), as are related chapters on iodine deficiency (12), infectious diseases (15) and diseases and malnutrition in the 19th century (16).

In the concluding chapter (18) the authors state (p. 331): 'The thesis developed in this book is that the change to an agricultural lifestyle imposed on mankind a diet that was not completely satisfactory and, for the great bulk of the population, superimposed on this were regular and seasonal periods of malnutrition. This persistent, subadequate nutrition was the major factor that determined the levels of fertility and infant mortality and so had a profound ... effect on human demography.' Further, 'by analysing the wonderful parish data series of England ... , and comparing the results with the seminal work of the group at Southampton that the key to the demographic control of human population emerges'.

Overall, the authors are to be congratulated on this book. Any criticisms should not detract from the important contribution that this book makes, and I felt the way they drew together and tried to understand a complex literature on nutrition in pregnancy and how it linked with historical and demographic data was excellent. Their synthesis of the evidence related to the fetal origins of adult diseases was excellent, as well argued as any I have read. This book provides important signposts for the future that we would do well to pay attention to.

Who will benefit from reading this book and what was the authors' target audience? The preface hopes that this book (together with two others they have written) will be of value to readers from a variety of disciplines. I am not sure what they mean by value; I am sure that demographers and anthropologists will enjoy this book. I think it asks a lot of nutritionists, but the effort is worth it.

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