

The II Genoa Meeting on Hypertension, Diabetes, and Renal Diseases*, organized by Giacomo Deferrari, will be held February 28–March 1, 2003, in Genoa, Italy. The deadline for abstract submission is December 15, 2002. For further information, contact: Roberto Pontremoli, M.D., Department of Internal Medicine, Section of Nephrology, University of Genoa, Italy. Fax: 39-010-353-8959; E-mail: rpontrem@medicina.unige.it; Web site: <http://www.aristea.com/diredi03>

The Eighth International Conference on Continuous Renal Replacement Therapies will be held March 6–8, 2003, at the Hotel del Coronado in Coronado (San Diego), California. The deadline for abstract submission is December 6, 2002. For further information, contact: Shirley Kolkey, Complete Conference Management, 1660 Hotel Circle North, #220, San Diego, CA 92108. Telephone: (619) 299-6673; Fax: (619) 299-6675; E-mail: c-c-m@worldnet.att.net; CRRT Web site: <http://www.crrtonline.com>

BOOKS RECEIVED

Optimal Treatment Strategies in End-Stage Renal Failure, edited by Claude Jacobs. New York: Oxford University Press, 2002. ISBN: 0-19-262971-9. In the Preface to this 11-chapter text, the editor comments that 40 years ago, when he was a young nephrologist in training, he had to learn “how to ensure patients with terminal uremia a peaceful, painless death within a few weeks’ time. At present, he enjoys meeting some of his patients who are alive and well several decades after having started some form of renal replacement therapy, while more than a million patients world-wide are currently benefiting from these life-saving procedures.” The content of this text, written by 18 contributors from throughout the world

who have actively participated in the development of replacement therapies, ranges from extracorporeal renal replacement therapies to treatment strategies for end-stage renal failure in developing countries. Each chapter is well-written and is accompanied by tables and illustrations. In addition, each chapter includes an exhaustive list of references and there is a comprehensive subject index at the end of the text. The price of this text is \$139.50.

Myths and Shibboleths in Nephrology, edited by Eli A. Friedman and Iram Anees. Dordrecht, The Netherlands: Kluwer Academic Publishers, 2002. ISBN (hardback): 1-4020-0615-2; ISBN (paperback): 1-4020-0616-0. This 74-page text succinctly dissects 26 myths and shibboleths that relate to the study of nephrology. In their Preface, the editors define the term “myths,” using Webster’s New Collegiate Dictionary, as a “traditional story, popular belief or notion of explaining a practice or natural phenomenon that may be unfounded or false.” “A shibboleth is a commonplace idea or saying (from the Hebrew meaning *torrent of water*), whose accuracy in pronunciation was originally employed to distinguish one tribe from another (Judges 12:4–6), and today signifies a custom or practice that has gained acceptable usage.” The 26 myths in this text range from urinary tract disease leading to end-stage renal disease to hemofiltration being superior to hemodialysis in the treatment of certain poisonings and/or drug overdoses. Each myth is analyzed by one of the 19 contributors who cite both the pros and cons of the myth and then offer a conclusion as to its validity. Each contribution also includes selected references. The price of the hardback copy of this text is \$62.00 US, 69 Eur, and 44 GBP.

THE ALBERT LASKER AWARD FOR CLINICAL MEDICAL RESEARCH

Presented to **Willem J. Kolff** and **Belding H. Scribner**

For the development of renal hemodialysis, which changed kidney failure from a fatal to a treatable disease, prolonging the useful lives of millions of patients.

This year’s **Lasker Clinical Medical Research Award** honors two scientists who changed kidney failure from a fatal to a treatable disease. By developing the artificial kidney and devising a system for repeating hemodialysis over a period of months and even years, **Willem J. Kolff** and **Belding H. Scribner**, respectively, have prolonged the useful lives of millions of people.

The fate of kidney patients has undergone a revolution in the last half century, due in large part to Kolff’s and Scribner’s seminal contributions. The kidney filters metabolic byproducts from the blood, and when it fails, patients suffer from a variety of symptoms, including weight loss, nausea and vomiting, gastrointestinal hemorrhaging, itching, lethargy, convulsions, and coma. Without treatment, death ensues. Hemodialyzers replace the cleansing capabilities of the kidney, and although the organ performs other physiological tasks as well, the machine’s ability to extract impurities bestows vitality upon formerly doomed individuals.

In the late 1930s, Kolff decided to devise a contraption that would clean tainted blood from acutely ill patients, thereby ushering them through brief periods of time in which their kidneys failed to function. Today, a variety of