depressing economic growth and wealth distribution across income segments.

The need to build relevant institutions (micro-finance, commercial banks, and co-operatives), sound infrastructure, and a quality education system requires little additional emphasis to raise the income earning potential of the rural population and to stem the massive rural-urban migration today that has strained the services in the cities beyond what was ever envisaged. NFE must begin to play a much bigger role in policy planning for the sake of social and political stability and economic progress.

M. Aminul Karim revisits a contentious and often smouldering issue: the relationship between Bangladesh and India that has resulted in growing and serious misunderstanding and mistrust between the two nations.

Being the heaviest "weight" in the South Asian neighbourhood, India's signals to its neighbours -- often of indifference, ambivalence, uncertainty, or even a seeming lack of self-confidence in dealing with them -- seems to be at the root of the problem that requires deeper understanding.

Its vacillating positions from being the benevolent "big brother" now and a mean-spirited neighbour the next or a partner who wants to resolve conflict to being a party that is unreciprocating or even scheming for advantage are unreliable signals that do not build trust and confidence.

Syed S. Andaleeb seeks to compare the quality of services provided by public and private hospitals in Bangladesh (Dhaka) with the services of foreign hospitals. The author's contention is that by improving quality of services, it would be possible to better serve the health needs of the people of Bangladesh, stem the huge outflow of foreign exchange to neighbouring countries, and even reverse the flows to some extent.

Lack of service quality in the nation's hospitals is something that is reinforced almost daily in media reports. Even the most egregious of service misfortunes (misdiagnosis, malpractice, supply of tainted blood, amputating the wrong limb, etc) seem to find no redress.

The consequence is devastating: the patient's sense of justice is shattered on a daily basis and their expectations of decent service are constantly negated. In addition, when their costs of obtaining health service continue to skyrocket, what faith can they place on the healthcare system?

And, aptly, as the ratings in the study suggest, foreign health service providers are preferred, not to mention that most of them happen to be Asian if not South Asians. If other Asians can serve us so well, why can't our very own? Can a champion emerge who can fix health care, working with modern concepts such as competition, incentives, continuous quality improvement (CQI) or six sigma?

It really depends on who is at the helm: some inconsequential political appointee who receives a favour for services rendered to the party in power or a true champion whose head and heart are well-honed and aligned with the need to serve the suffering multitude!

Some contributors, in their quest to publish or perish, may also opt for less rigorous outlets for their research. JBS, however, publishes the very best research available on Bangladesh.

Rahman et al. review the evolution of the education system, especially secondary education, since the British period and chronicle the twists and turns that the system has experienced over the years, responding to different policy prerogatives aimed at creating a certain type of society at different junctures.

For those who want to understand how the education system evolved to where it is today, the article is invaluable. It provides a long-term perspective that lends itself to the analysis of what is needed today to meet the needs of a 21st century environment in which Bangladesh and its people must fit.

Syed Saad Andaleeb, Ph.D., Black School of Business, Penn State University, is Editor, Journal of Bangladesh Studies. JBS can be found on-line at: http://www.bdlusa.org/publications/jbs.shtml.