
The second edition of *Principles and Practice of Geriatric Medicine* weighs in at 6 lb, 1,207 pages, one editor, 101 contributors from 12 countries (a quarter from the USA), five parts, 70 chapters and a comprehensive index covering 79 pages. As such it reflects a tremendous effort by Professor Pathy for which he should be congratulated.

At £125 the book is not cheap, but if you are establishing a research and teaching section in geriatric medicine or are encouraging scholarship by junior doctors I think you will find that it is worth the expense. You will get 70 review articles: nine on scientific aspects of ageing; four on ageing and society; four on ageing and function; 46 on medicine in old age; and seven on the delivery of health care. Each explores a subject in depth up to 1988. So you or your juniors can easily complement an *Index Medicus* five year search by using this book.

The knowledge is there but the sections vary in quality. The choice of authors reflects the choice of the team leader. Putting together a 100-contributor book is no mean task and the standing of the contributors varies. Some are acknowledged world experts in their field whilst others are practising clinicians with an interest in a subject. So the quality varies, as does the choice by the authors of the number of references they include.

Neurology is an important part of medicine in old age and the chapter on neurological disorders by Professor Pathy and the late Amos Griffiths is a book within a book: 80 pages of text, 38 pages of references. Most of the other sections are between 10 and 20 pages long but more attention is given to age and gastrointestinal disease – 70 pages – mainly due to excellent radiographs; the haemopoietic system – 76 pages; the cardiovascular system – 52 pages; psychiatry of the elderly – 38 pages; the endocrine system – 62 pages. The chapters are all well written and the proof checking is near perfect, but I was left wondering whether the size of the chapters reflected the author’s rather than the editor’s choice.

The book is not a reference text for the establishment of a department of geriatric medicine or for the treatment of individual patients. Also you will not find in its pages answers to topics such as ‘backward leaning’, ‘grabbing grannies’, ‘the Jekyll and Hyde syndrome’ or ‘the Diogenes syndrome’.

In book reviews as in rehabilitating the elderly patients, it is so easy to comment on what is not there, or what the patient cannot do, rather than focusing on what the book does or the patient can do. My criticisms are minor.

This book is a monument to the considerable contribution that Professor Pathy has made to the improvement of the clinical care of the older patient and I wish it well.

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This is the latest in a series of five volumes of the same title published over the last 15 years. The majority of the authors are UK respiratory physicians and there are also contributions from North America, South Africa and France. Seventeen chapters cover most of the common respiratory conditions and some of the less common; an omission is lung cancer but perhaps this is because there is nothing new to say.

Volumes like these should summarize recent research and place it in context for those of us feeling guilty at our failure to keep up with the literature. Often they reassure us that not so much has changed after all! They need to keep a balance between giving enough background to make sense of new material and provide enough detail about recent research to be helpful clinically without further extensive reading.

In general, this book succeeds admirably on both accounts. I particularly enjoyed learning more about domiciliary ventilation and becoming a little less ignorant on the mechanisms of asthma. The topic of asthma care delivery is unusual but fits in well with current initiatives on health promotion which focus on asthma. AIDS has two chapters; the one on the relationship with tuberculosis shows that, while things may be bad in this country, they are irredeemable in developing countries. The chapter on interstitial lung disease is helpful but I would have welcomed more on the role of high-resolution computerized tomography in the differential diagnosis.

Other topics covered are the adult respiratory distress syndrome, chronic obstructive lung disease, pulmonary embolism, pneumonia, sarcoidosis, cystic fibrosis and occupational lung disease. The book ends with a mini-symposium on lung transplantation. I found details of patient selection very helpful although I would have welcomed more details on counselling patients considering transplant.

In summary, this is a valuable book which respiratory physicians will want on their shelves.

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When I was invited to review *Roundsmanship* I agreed enthusiastically. Its title suggested the verbal jousting which goes on between chiefs, registrars, research fellows and housemen every day on staff rounds in British hospitals. In this process the ‘best buy’ for the patient emerges and every member of the team is involved in an education process. It was with some disappointment therefore that I discovered, when I received *Roundsmanship*, that it was no more than a disguised ‘annual review’ of selected papers with additional editorial comments and some interspersed ‘pearls of wisdom’.

The topics are grouped under five main chapters:
Recent Advances in Respiratory Medicine

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