Kingdom. It requires a great deal of energy and individual commitment by the consultant psychiatrists, who supervise it. At present many Departments of Psychiatry feel quite beleaguered and find it difficult enough to cope with their regular undergraduate and postgraduate teaching loads (and certainly do not wish to embark on extra-labour intense teaching).

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600 MCQs in Anaesthesia: Basic Sciences, P.J. Simpson and N.W. Goodman. Pp. xi + 244. Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £7.95.

This book should have a ready market for students who relish the thought of obtaining a glimpse of the mysteries of an unknown examination. The introduction is admirable with sensible advice on strategic planning for playing the MCQ game. The book consists of 10 examination papers of 60 questions equally divided between physiology, pharmacology and physics and clinical measurement. It is a pity that the format has been designed for the old Primary instead of aiming for the new three part examination. Although the sub-title is labelled 'Basic Sciences' the book suffers from having too many irrelevant clinical questions.

Many of the questions are ambiguous and explanations to some of the answers are fatuous. It does not compare for clarity and explanatory comments with the Multiple Choice Questions in Physiology from University College (Edward Arnold). The authors correctly point out nuances of language in distinguishing between 'similar' and 'same' but use 'induce' when they mean 'produce'. Morphine is said to be contraindicated in myotonia when presumably they had in mind the respiratory depressant effects of morphine in patients with *dystrophia myotonica*. Morphine is not believed to aggravate the myotonic element of the disease. Decamethonium is considered to have an autonomic ganglion blocking effect whereas 'Goodman and Gilman' question this and grudgingly admit that if it does occur it is rare. Perhaps pentamethonium or hexamethonium was intended? 'An overdose of lignocaine' has two answers and you only obtain full marks if you give the clinical answer!

I suspect the authors will be happier in the companion volume on clinical practice which is in preparation. The present volume on basic science deserves to go to a future edition with drastic and skilful pruning. At the moment errors limit its value as a source of revision. Ideally any book on multiple choice questions should be based on existing texts prepared by the same authors and if such a task were feasible, it would not only be commendable but be of enormous benefit to examination candidates in anaesthesia.

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Prevention of Disease in the Elderly, edited by J.A. Muir Gray. Medicine in Old Age Series. Pp. ix + 227, illustrated.

Churchill Livingstone, Edinburgh, London, Melbourne, New York, 1985. £22.00.

Preventive medicine even in young subjects has never been particularly popular. In old age it is a still less glamorous activity and most people tend to regard it rather like flogging a dead horse. This lively and well presented volume should do much to dispel such ideas. Not only is preventive medicine in the elderly often possible but it is certainly worthwhile and rewarding.

The title of this book could perhaps have been 'Prevention of Disability in the Elderly' as age changes are so inextricably bound up with disease processes in these subjects that it is usually impossible to tell where one ends and the other begins. Indeed one might broaden the scope even further by using the more subtle term 'dependency' (either physical or psychological), tellingly described in a chapter by Jeffrey Garland. The object of all preventive measures in the elderly, including screening and case finding, is not to prolong life, but to help people live well. A chapter on the philosophy and practicality of such procedures effectively disposes of the mutually contradictory objections often made against screening in the elderly that, 'nothing worthwhile is ever discovered, so why bother to look?' and, 'what on earth are we going to do about all the problems we didn't realise were there?' Problems of cost effectiveness are not dealt with at great length but there is a useful discussion on the possible ethical problems raised if one attempts to impose unwanted remedies on unwilling elders.

Prevention may take several forms. Firstly, there are conditions which are truly preventable, for example pressure sores and iatrogenic disease. Secondly, there are conditions where it is more a question of case finding at an early stage and limiting the progress of disease or its resultant handicap. Osteoporosis, nutritional problems, stroke illness, falls and depression are all dealt with in this way and even in those areas where knowledge is scanty and facts are hard to come by the contributors have largely succeeded in bringing together a comprehensive review of the available research findings to date and have offered clear summaries of causation (when known), practical advice for action and suggestions for further study. Thirdly, in some cases prevention may require changes in diet or life style long before the subject can be regarded as elderly. Here the facts are even less clear both as regards primary causation, natural history and the likelihood of successful preventive measures. These difficulties have not been glossed over but are tackled realistically and recommendations are, as before, straightforward and concise. There is also a useful chapter on the prevention of family breakdown and frequent mention is made of possible contributions of the elderly themselves in preventing disability.

Throughout this volume the approach is positive, practical and commonsense, reflecting no doubt the guiding influence of the editor and principal contributor, Muir Gray. References are copious and it is easy to read. The medical and lay public need this book not merely to learn all that should be done by or for the elderly but to get us all over the first step of realising that so much *can* be done.

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