but I think it lacks the depth of information contained within its two main competitors.  

**Alison Diack**

**Consultant’s view**

Why do we need textbooks? I appear to be addicted to them, having all editions of the major textbooks of geriatric medicine on my shelves. Perhaps these volumes have two main functions: firstly, they reflect current organization of knowledge and practice within the specialty establishing its own identity; secondly, it is reassuring to have a repository of knowledge on the shelf, somehow empowering in the same way as a framed certificate. A textbook’s explicit reason for existence is to make knowledge available and transfer it in useable form. Rapidly in this function they are being overtaken by information technology which gives one more instant access to contemporary work.

I found the *Oxford Textbook of Geriatric Medicine* a handsome book. The editorial policy had obviously been tight, most contributions being succinct, well written and well referenced. The book was clearly laid out and the index functions well. The book is the most conservative of the three major textbooks; the layout by and large is system-by-system and forms a close mirror of a standard textbook of medicine. The problem-orientated section is significant the last and only contains six topics. Some of these, such as “driving and mobility” by Des O’Neill and “failure to thrive” by Lynn Beattie and Jason Francouer, are amongst the best in the book and were essays well worth reading in their own right.

Although there are 12 new sections in the book, the overall shape and feel of the book is very similar to the first edition, and indeed a number of authors have been retained even though they are now retired from active practice. I suspect the book would have been improved by more new blood.

One of the weaknesses of geriatrics is that it is more loosely tied to the basic sciences than more system based specialties and, although this is addressed at the beginning of the book with sections on demography and social aspects of ageing as well as excellent contributions by Tom Kirkwood on the biological origins of ageing and by George Martin on the mechanisms of ageing, would someone who is new to the subject be able to grasp the essence of geriatric medicine from this book? I somehow think that the Martian given this task would have difficulty differentiating this book from a textbook of general medicine, a criticism which would be more difficult to sustain against its rivals.

For me some of the highlights of this book were Rose-Anne Kenny’s section on falls and syncope, the excellent review of dysphasia by Pam Enderby, the chapter on autonomic dysfunction by Christopher Mathias, the section on hypothermia by Peter Murphy, along with sections on cognition by Peter Rabins and dementia by Robert Friedland and Gordon Wilcox. Although it is invidious to select out of 175 contributors, obviously in reviewing a book of this size, one has to sample and all of these were excellent examples which reflected both up-to-date science and practice.

Overall, I think this book achieves its aim of providing a good reference bank. It aims to offer clear guidance on management based on evidence but, while it achieves this often, one has to work quite hard to obtain the specific guidance. Although the book is clearly laid out it is short on educational aids such as bullet-point summaries, flow charts and algorithms, all of which are becoming essential in the promotion of learning. Nevertheless, I am very reassured that this book is now firmly ensconced on my shelf, and in the short time that I have had access to it have found it useful.

I think for its next edition it needs a very strong infusion of rehabilitation and a broader and deeper engagement in the ethics of decision-making in managing elderly patients. Saying this is not a criticism but an endorsement that the *Oxford Textbook of Geriatric Medicine* will continue to develop and thrive. The health of the specialty will be reflected by the strengths of the publications in the field, and I think it is a positive sign that we now have three competing major textbooks, all of which have such distinctive styles.

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**Quality of Life in Parkinson’s Disease**

Edited Pablo Martinez Martin and William Koller

Du Pont Pharmaceuticals/Mason S.A., 1999

Despite recent bad press, most doctors are motivated by the desire to improve their patient’s quality of life. As clinicians, we are aware that patients with seemingly identical impairments vary enormously in terms of their handicap. Yet in research we have only recently acknowledged the validity of outcome measures which capture the patient’s subjective view.

This new ‘quality of life’ era has brought with it a confusing array of new terminology, such as criterion validity, construct validity and Cronbach’s $\alpha$ statistic for internal consistency. This book is therefore timely, and takes the reader through the evolution of current concepts as well as the principles and pitfalls of designing and using quality of life measures. My only criticism relates to the common problem of repetition and overlap of information which so often occurs with multi-author books. The first two chapters, in particular, could have been usefully combined.

In summary, I would recommend it to generalists and movement disorder specialists alike as an excellent
introduction to the topic of health-related quality of life.

DOROTHY ROBERTSON
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Parkinson’s Disease and Movement Disorders: diagnosis and treatment guidelines for the practicing physician
Edited by Charles H. Adler and J. Eric Ahlskog
Evidence over experience is the Zeitgeist, but this multi-author book bucks the trend. This fairly weighty volume consists of 35 didactic chapters arranged in sections comprising basic diagnostic principles, Parkinson’s disease, other akinetic rigid syndromes, hyperkinetic movement disorders and a miscellaneous section that includes a chapter on gait disorders.

The experience tack is robust since the authors are all eminent and respected American neurologists in the field of movement disorders. The approach to each subject is not exhaustive but rather is formulated as a tutorial. There are undoubted strengths in this strategy. Professor Ahlskog’s chapter on the approach to a patient with movement disorder is a clear and logical exposition of such principles. The chapters on akinetic rigid disorders other than Parkinson’s disease provide a sound grounding for further reading in an increasingly complex area.

Conversely, the didactic approach leads to several contentious statements, particularly in management issues. The dopamine agonists versus levodopa in early Parkinson’s disease debate is presented pretty squarely from the levodopa camp and the book does not emphasize the importance of age-associated morbidity as opposed to age itself, when deciding on treatment for an elderly person with Parkinson’s disease. The reader is left somewhat stranded since no references are provided to the recent dopamine agonist monotherapy studies. While this is fairly signposted at the beginning of the book (i.e. no exhaustive references, only ‘selected reading’), it does mean that many statements and some diagnostic criteria in the book go unrefereeced.

Other cavils include the sketchy coverage of the contribution of vascular disease to parkinsonism and imitators in the elderly, as well as insufficient accent on the overlap and heterogeneity of neurodegenerative disease with ageing. All the cited support organizations are exclusively US-based, although some of the websites do have UK/European links.

Notwithstanding these criticisms, I think the good things outweigh the bad in this book. Geriatricians faced with more exotic movement disorders would find a succinct and friendly guide in the later chapters. Contributions such as Jim Maraganore’s incisive and concise approach to epidemiology and genetics of Parkinson’s disease would be a very useful refresher prior to a teaching session, although again providing two references from 1987 and 1992 is somewhat nugatory.

Other commendable chapters which would engage the multidisciplinary team setting out on a movement disorders service include those on sleep problems, cognitive disorders and depression, and general rehabilitation. The book is easy to navigate and it is pleasurable to browse through the self-contained contributions.

The target audience of this volume is broad, covering primary-care physicians, neurologists and gerontologists. I doubt if primary-care physicians in the UK, even those with elderly interests will be enticed, but both specialist parkinsononologists and general geriatricians would find this volume very useful. It represents reasonable value for money in today’s market. Faced with an explosion of textbooks, however, I think it should be viewed as a treasured luxury rather than a must-have ‘bread and butter’ bench book.

GRAEME MACPHEE
Physician, Glasgow, UK

Care of the Elderly
R. B. Shukla
This book aims to provide a wide readership with an outline of current geriatric practice. It is a synopsis of a previous and more detailed publication, which would probably be more suitable for a medical readership. The author has a highly individual style of writing, depending on anecdotes and extensive experience in geriatric medicine. Authorship is shared in several instances, with an outstanding contribution from Elaine Young on “the management of cancer in the elderly”.

The book forms a useful source of addresses for disease-support groups and has a number of simple checklists on subjects such as osteoporosis, falls and Mini Mental State Examination. This is the second edition of this book, which obviously fills a largely unmet niche in communicating basic geriatric practice and care to a more general audience.

MARIANNE JAMES
Clinical Assistant, Royal Liverpool Hospital, Liverpool, UK

Making Sense of the Private Finance Initiative.
Developing public–private partnerships
Courtney A. Smith
Courtney Smith is an academic and professional economist, and an enthusiastic advocate of the Private Finance Initiative (PFI) and public–private partnerships. His book, with co-authors, is written mainly from a financial perspective, and through case studies and checklists aims at “guidance on key aspects of procurement