Connie W. Bales (ed.)
Mineral Homeostasis in the Elderly
Current Topics in Nutrition and Diseases, vol. 21 Liss, New York 1989 X + 264 pp.; US$49.50
ISBN 0-8451-1620-7
This book gathers together papers by various authors who presented their work at a conference sponsored jointly by the Duke University Centre for the Study of Aging and Human Development, the National Institute on Aging, and the National Institute of Diabetes, Digestive and Kidney Diseases. Editing such a book with multiple authors is not easy and in this instance much of the book is repetitious. I have no doubt the book could have been made much slimmer (and more readable) by good editorial pruning but I suppose such worthwhile activity delays publication.
Six of the fourteen chapters are concerned with calcium metabolism but are found scattered throughout the book. It would have been useful to group these contributions together, which would have resulted in those on other minerals also being found together. However this would have further emphasized the repetitious nature of the book. One particular contribution is so general and ‘folksy’ that I think the book would have been better off without it.
One good feature is the conclusion each contributor makes about areas for future research which highlights those areas where there is most ignorance. Whilst much of what appears about manganese is somewhat limited, the comment in one chapter about tea rather presumes the reader knows tea is exceptionally high in manganese.
Some comments on packaging of books perhaps should occasionally be included in reviews. In this case the haste to achieve publication has led to an annoying form of presentation. The typeface varies from chapter to chapter, the headings and subheadings do not show uniformity and sometimes the captions to figures do not stand out from the text. One chapter picks out key words in heavy italics, some of which seem unnecessary.
This volume highlights a need for typographical and stylistic conformity between contributors, which should not be too difficult to achieve in these times of sophisticated word processors. An ironic contrast is that the book itself is well made with binding that lies nicely open for the reader.
I would not recommend individuals purchasing this volume but it is a useful source of information on a library shelf.
Harold T. Davenport (ed.) Anaesthesia and the Aged Patient
This compendium of 17 monographs by eminent specialists, brought together by Dr. Davenport, should be on the shelves of all hospital libraries, and read by all medical and surgical staff involved in the perioperative care of the aged patient. Maybe the book should more properly be called ‘The Aged Patient with Special Reference to Anaesthesia’ as its span moves well outside the interests of most practicing anaesthetists. References are up-to-date and extensive. There are few pages without something of interest to the reader. One does, I suppose, get a little tired of
reading statistics; I believe we all have got the message that there are now, and will be in the future,

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more old people about. A mild criticism may be that emotional and psychological aspects have too much emphasis in a book of this type. Ten-point questionnaires, including queries into the sex-life of the aged patient, have little relevance in normal anaesthesia practice. In another chapter, Mr. Vowles has a rather cavalier attitude to the patient with evidence of recent myocardial infarction, which would be at variance with the opinion of most practicing anaesthetists. It is good to hear that full monitoring and testing of the viable old person is now more commonly used. As Dr. Hopkinson points out, ‘there can be little logic in limiting the use of monitoring techniques if they are indicated.’ Dr. Davenport is to be congratulated on getting together an impressive mix of contributors from academia and clinical practice to produce this excellent book.

Khalid Iqbal, Henryk M. Wisniewski, Bengt Winblad (eds) Alzheimer’s Disease and Related Disorders
Progress in Clinical and Biological Research, vol. 317
XXI + 1338 pp.; US$295.00

These are proceedings of the 1st International Conference on Alzheimer’s Disease and Related Disorders held at Las Vegas on September 5-9, 1988. It represents a review of all our knowledge at the time of that congress and covers the whole subject from medical history and clinical descriptions to molecular biology of Alzheimer’s disease. Although some of the most important issues should be mentioned, it might be unfair to pick out just a few of them. The clinical course of Alzheimer’s disease seems to be fairly regular, and seven stages can be distinguished, each of them lasting a few months to a few years. More information is available on the production of amyloid β-protein and its precursor and it has been shown that this protein is coded for not only on chromosome 21 but also chromosome 9. Furthermore, hitherto unknown types of senile plaques have been discovered. Trials of cholinergic drugs have been applied more critically. New links between cytoskeletal neuropathology and heat shock proteins are found. Proteases and their inhibitors play an important role.

Last but not least therapeutic strategies have become more rational. These topics and quite a few more are covered by a total of some 120 contributions, each 2-10 pages long and informing concisely on the work of the authors and the state of the art. For workers in the field it is an important work of reference and for beginners it can be recommended, because each contribution is easily understood and not too long. Unfortunately the price makes it affordable to libraries and institutes only.

J. Ulrich, Basel

Teruo Omoe, Alberto Zanchetti (eds) How Should Elderly Hypertensive Patients Be Treated?
ISBN 3-540-70040-4

Superficially this title gives hope that some answers may be forthcoming as to the appropriate way forward in the management of the elderly hypertensive. Those who have closely followed
the research work that led up to the European Working Party Report on the benefits of treatment of hypertension in the elderly and are up-to-date with the literature will know that increasingly opinion in the speciality of geriatric medicine is swinging towards careful and selective treatment of hypertension in elderly people regardless of their calendar age but taking account of their physical age.

This symposium report begins with an excellent long-term prospective study report from Hisayama, a Japanese community, on the morbidity and mortality of elderly hypertensives, where they achieved something like an 85% postmortem rate. The study indicated that despite the rarity of myocardial infarction in Japan, there was a striking correlation with the presence of systolic hypertension. Subsequent papers from Europe including Great Britain indicated the fact that elderly patients responded similarly to middle aged ones to most of the commonly used hypotensive agents but because of the frequency with which they suffered from recurrent illnesses, careful selection of medication and careful titration were vital.

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Excellent references followed many of the papers which included reports on research using noninvasive techniques of cerebral blood flow, indicating that medication can be successful without undue risk. The discussions at the summary of the conference were particularly useful highlighting the general agreement that systolic blood pressure was a major risk factor but pointing out that at the moment it was more a matter of opinion than fact that treating solitary systemic hypertension would reduce mortality and morbidity.

It seemed that the experts who took part in the conference concluded that the newly developed drugs such as ACE inhibitors and calcium antagonists increased the likelihood that we would be able to safely treat hypertension in the elderly with significant benefit. However, more longitudinal and detailed research was required to prove which patients would be most beneficially treated and how best to do it. More questions were raised by this conference than were answered but it is a useful summary of current research and opinion.