

are: ‘Biological theories’; ‘Erikson’s life cycle’; ‘Disengagement theory’; ‘Activity theory’; ‘Continuity theory’; ‘Life course theory’; ‘Structured dependency theory’; and ‘Identity management theory’. A case study activity is then provided to allow readers to apply and evaluate the usefulness of the theories outlined. The authors’ own commentary on this activity in the final chapter in which they say that ‘there are no “off the peg” practice implications that can be read off from theory’ (p. 218), illustrates their overall approach. It is an approach which encourages engagement with theory, but the theory should fit the older person and not the other way round.

If there is a dimension that is obviously missing, it is in the area of abuse and the protection of vulnerable adults. By any criterion today, this is a critical area for those working with older people. The authors include a section on ‘Risk and protection’, but justify the omission of a more detailed discussion of abuse and related practice and policy issues by signposting the reader to the companion volume, *Working with Vulnerable Adults* (Penhale and Parker 2007). Whether an editorial or the authors’ decision, I think it slightly detracts from the overall authority and completeness of the text. *Social Work with Older People* deserves to be on reading lists on social work courses because it successfully combines discussion of relevant theory, legislation, policy and practice issues in ways that are accessible without being simplistic. It also presents a view of social work that is in touch with the real world of resource constraints, bureaucracy and conflicting agendas. Above all it enables the reader to be reasonably positive about what can be achieved by working *with* older people.

References

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David Hamerman, *Geriatric Bioscience: The Link between Aging and Disease*, Johns Hopkins University Press, Baltimore, Maryland, 2007, 316 pp., hbk £30.00, ISBN 13: 978 0 8018 8692 8.

Dr Hamerman is one of a handful of physicians trained in another field who took on the daunting task of developing geriatric medicine in the United States during the 1980s. He stood out as a leader who stressed the importance of maintaining a scientific basis to the emerging field of geriatrics if it was going to succeed in gaining the respect of physicians in other fields. This book represents his personal view of how much science exists for the basis of geriatric clinical practice. As he states in the preface ‘there is no intension of “completeness”, but rather

“selectivity” based on my own interests and intensive reading’. This book is aimed at geriatricians and to read easily requires some background of scientific knowledge.

The topics covered include cytokines and their role in ageing, genetics and caloric restriction in extending lifespan, the metabolic syndrome, osteoporosis, osteoarthritis, frailty, cancer and dementia (written by Peter Davies). I found the pieces on osteoporosis and osteoarthritis extremely useful. Similarly the cytokine section was an excellent review of this area. A particularly challenging and enjoyable section of the book was the chapter on ‘Interactive therapies significant for an aging population’. While I did not agree with all the author’s conclusions, this section certainly provides a blueprint for how geriatricians should approach the understanding and management of complex ageing syndromes. As a geriatrician, I found his eulogy for statins a bit unsettling. The section on thiazolidinediones was written before the accumulating evidence of potential cardiovascular damage produced by rosiglitazone. My personal bias would have had a more positive view of anabolic steroids, particularly as we watch the exciting development of selective androgen receptor molecules.

This book aims to provide geriatricians with insights into the basic science of ageing and disease. It certainly should result in geriatricians wanting to read more about the topics. A major problem with the book is a lack of editing. There are multiple instances where reviews or articles for further information should have either been footnoted or placed in an annotated bibliography at the end of the text. The section on ‘An introduction to concepts of molecular biology’ (by E. Richard Stanley) failed to address ageing, was difficult to follow, and added nothing to the text. Similarly, the reproduction of the figures in both black and white and colour added nothing and almost certainly increased the cost of the book. Overall, I found much of interest in the collection. To benefit from this book, however, a reader needs a strong science background and a broad knowledge of the clinical problems encountered in geriatrics.

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Robert Clark, Naohiro Ogawa and Andrew Mason (eds), *Population Aging, Intergenerational Transfers and the Macroeconomy*, Edward Elgar, Cheltenham, Gloucestershire, 2007, 320 pp., hbk £69.95, ISBN 13: 978 1 84720 099 0.

This book builds from a conference held in Tokyo in June 2006 that was organised by the editors. It has three parts: ‘Population aging and labour markets’; ‘Saving and wealth’; and ‘Policy’. A first observation is that the title is somewhat misleading – it suggests that the only link between population ageing and the macro-economy that is covered by this book consists of intergenerational transfers, which is not the case. Only three of the 10 chapters are specifically on intergenerational transfers while the others focus on different aspects of population