

Reviews

DOI: 10.1017/S01446861001008172

Linda Bauld, John Chesterman, Bleddyn Davies, Ken Judge and Roshi Mangalor, *Caring for Older People: an Assessment of Community Care in the 1990s*. Ashgate, Aldershot, 2000, 410 pp. £49.95 hbk ISBN 0 7546 1280 5.

Since 1974, the Personal Social Services Research Unit has been researching the provision of community care to older people in Britain. The book reviewed here is one of the latest in a prolific output of publications utilising the ‘production of welfare approach’ in which a detailed statistical analysis is carried out of needs, resources and outcomes for people in a variety of situations.

The focus of the book is on the effects of the changes in community care policy implemented in 1993 in which Local Authorities provide care management to assess the needs of people living in their areas and purchasing appropriate resources for them. The PSSRU had already carried out a pre-reform survey in the mid-80s and their work on ‘case managed’ projects had informed the later reforms, so they were well placed to carry out a follow-up study. This later survey took place in the same ten Local Authority areas as the earlier one. It involved interviews with users, carers and care managers, soon after their referral for community care services in 1995, along with follow-up interviews for all those who were still in their own homes six months later. The result is a mass of quantitative material, covered in 159 statistical tables, with much more data included in the text.

The first chapter provides a useful discussion of the reports and policies which led up to the reforms implemented in 1993. It might be noted that the scope here is rather greater than in the empirical chapters of the book, since ‘community care’ is taken to include residential care, and Britain includes Scotland, on which no data are subsequently presented.

Chapter 2 explores the origins of the survey, looking at earlier work within the PSSRU but also at other sources of data. It pays meticulous attention to the definition of different categories of user and to identifying different interval needs, cognitive impairment and the existence of ‘principal informal carer’ which are used in the later analysis. This provides an essential underpinning to understanding the later chapters.

The major results chapters can be dipped into for information relevant to the reader and need not be read sequentially. Chapter 3 deals with the needs of users, both in terms of functional impairment and of depression and cognitive impairment. Chapters 4 and 7 both deal with carers and provide invaluable information about their characteristics, needs and the tasks done. Their presentation in two chapters means, however, that there are no data on the relationship between the characteristics of carers (such as co-residence)

and the tasks carried out. If this had been done, it could have contributed considerably to the current debate on different types of carers.

Policy makers may be particularly interested in Chapters 5, on the process of care management, and 8 on the provision and costs of formal services. Although focused on social services, this also provides useful material, from a user's perspective, on health services and voluntary organisations. These chapters should be read in conjunction with the discussion of 'inconsistencies' in Chapter 6 which examines the different perspectives of users, carers and care managers on needs and resources and which raises important questions about assessment processes at the heart of care management. This is technically, perhaps, the most significant chapter but, in places, it is more demanding than the rest of the book as it requires an understanding of statistical modelling techniques.

The later chapters look at outcomes, in terms of functional abilities, satisfaction and problems for users and carers, and should be of interest to everyone. They highlight how the targeting of resources on people with complex needs appears to have benefitted the users, but not always their informal carers who face more stress and do more instrumental tasks. The needs of less dependent people (especially those with cognitive impairment) are less likely to be met. It is rather frustrating that those people who moved into residential care between time 1 and time 2 were not followed up but simply treated as 'lost' to community care. The empirical material was collected towards the end of the Conservative administration but the conclusion relates the findings to the contemporary debate on the policies of the Labour government.

This book provides a mass of invaluable data for researchers, policy makers and specialist students in this field. It is unfortunate that the price might deter some individual purchasers but it should be seen as an essential item on library shelves.

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DOI: 10.1017/S01446861001008182

A. Walker and G. Naegele (eds) (1999), *The Politics of Old Age in Europe*. 230 pp. Buckingham: Open University Press. £16.99, pbk
ISBN 0 3352 0007 9.

The politics of old age have entered a new and critical phase, according to the editors of this volume. We have until recently been one-dimensionally occupied with older people as targets of politics rather than as actual or potential actors. The political consequences of population ageing have attracted little interest, and the purpose of the book is therefore to explore the nature of political participation and representation of older people. It may be an overstatement to present this as a first-time effort as the editors claim, but '*The Politics of Ageing in Europe*' is at any rate a timely and much needed volume. The book is published by the Open University Press, and adds to the list of valuable publications in their Rethinking Ageing Series.

The book is organised in two parts. Part 1 is a 'European overview' in the

form of three cross-national chapters from a theoretical, legal and empirical perspective, respectively. They provide the context for the national case studies in Part 2, which constitute the core of the book. The main focus is on EU-Europe, which is represented by seven countries (Austria, France, Germany, Italy, the Netherlands, Sweden and the UK). Hungary and the USA are included as contrasting and comparative cases. A concluding and synthesising chapter by the two editors rounds up the book, and could have been presented as a third part. Although the focus is on political behaviour and representation of (and by) older people, policies *for* older people are also included. The book would in my view have profited from a more strict concentration on political participation and representation.

Alan Walker introduces concepts and challenges in Chapter 2 – contrasting today's realities with outdated structures and ideas that are left-overs from the early post-war period. Social and political exclusion of elders is embedded in policies, in attitudes, and in age-discriminatory stereotypes where older people are portrayed as passive and dependent. Gerontology has contributed to this image by ideology production, with disengagement theory named as the typical case. Although Walker may be correct in the general trend, it seems unfair to take disengagement theory as an indicator of the position of gerontology. The disengagement paradigm did in fact not attract much support within the field. Gerontologists were more inclined to support activity theory and the associated ideas of social exclusion as an explanatory factor for social retreat.

Part 1 also contains a chapter by Bernd Schulte about the legal and institutional infrastructure of senior representation, and a comparative empirical study by Adalbert Evers and Jürgen Wolf of five European countries, four of which are also represented as separate cases in Part 2. A somewhat surprising conclusion of Evers and Wolf is the observed trend from single-issue organising towards organisations which cover a broader range of identities and questions. This particular finding seems to be in contrast with conclusions from other and more general studies on the character of social movements in the present era.

The editors see the emerging political activism by seniors in a dual perspective. On the one hand there is the bottom-up reaction among elders themselves against welfare cuts and the associated images of the burdens of ageing. Improved representation of elders on the other hand is also promoted from top down. Neither of the efforts, however, seem to have made a great deal of difference.

The possibilities and barriers of senior power are still very differently structured in different countries. A group of scholars were therefore invited to present their national case stories from the field. The authors outlined recent trends in the political behaviour and organisation of seniors, the barriers to senior representation, and the challenges for the future. The cases are rather differently styled, partly reflecting the different national realities and partly the different temperaments and inclinations of the authors. Some are mainly descriptive; others – like Germany (Naegele), the Netherlands (Schuyt, García and Knipscheer), and France (Argoud and Guillemard) – suggest theoretical perspectives, which add a dimension to their presentations.

It is interesting to note how the national traditions are reflected in the structure of senior participation. State-dominated France has given comparably little room for civil society, including senior citizen representation. The UK has its dual tradition of charities *for* elders on the one hand, and union-linked organisation *by* elders on the other – a duality we find in quite a few countries. The consensus culture of Austrian politics is reflected in the political representation of senior citizens, which has been integrated to form separate sections into the established political parties. Such integration is in Scandinavian countries and in the Netherlands related to the institutions of the welfare state rather than the political parties. But while the Dutch have their three worlds of protestant, catholic and union organisations, the Scandinavian solution is more one-dimensionally linked to the local governments.

Political parties for seniors have attracted little interest so far, except in the Netherlands, where they managed to have candidates elected to the Parliament. Senior representation in local governments and councils are more widespread, but on an ad hoc basis. Senior citizens' councils are emerging in several countries as advisory bodies at the local, regional and/or national levels, although only in Denmark and Norway (not Sweden as indicated in the book) as statutory arrangements. Whether this is a blind alley for senior power, or represents a road to real influence, remains to be seen.

The concluding chapter summarises the lessons to be learned, and has a section for each of what the editors see as the three dimensions of the politics of old age: (1) policies *for* older people, (2) political behaviour *of* older people, and (3) political representation *by* elders.

As for the first, Naegele and Walker conclude that we need a new and broader conception of the role of older people, and a new and broader image of old age policy – beyond the traditional limitation to social issues and the corresponding role of elders as clients and burdens.

As far as political behaviour is concerned, the national cases confirm that older people are active voters, but they are poorly represented where decisions are taken. Common age does not seem to be a sound basis for political organising, partly because elders seem to have great trust in the established order, and partly because there are conflicting interests and preferences within the group. Even cuts in pensions and services have not generated support for pensioners' parties, the editors conclude, which is correct. On the other hand, such policies have provoked grassroots activism and stimulated senior organisations in quite a few countries. The position as clients (pensioners) of the welfare state has in fact given seniors a common cause to fight for and a target for their fight. Senior citizens' organisations are products of the welfare state, not the other way around. When fragmentation in welfare state policies grows, the common interest base erodes. We should, however, not forget that political motivation also may find energy in common identifications, norms and values, which in some cases may bridge between differences in interests.

Naegele and Walker add a section about solidarity between generations towards the very end, and then raise some vital questions and dilemmas relating to the balance between self-interest and the common good. A growing number of pressure groups lobbying for their specific interests is a challenge to

the institutions and arrangements that shall balance between needs and promote the common good. There is a risk of growing conflicts between groups – for example between generations – if the advantage of one group is another group's disadvantage. The editors warn us against myopia, and remind us that older people are not the only group in need.

Let me add that in a full citizenship of seniors lie not only rights, but also duties, and then something more than the consumer identity that organisations like the AARP may provide. The book illustrates that we need a clearer theoretical conception of the role of senior citizens as consumers, clients – and citizens.

The strength of the book is twofold, and lies both in the descriptive cases in Part 2 and the preliminary conceptualisations by the editors in the introductory and concluding chapters. A discussion of the different sources and forms of power is missing. Nor is there any explicit discussion about the various principles of distributional justice. A longer historical perspective would also have been interesting, as would a reference to gerontological role theory and modernization theory.

It may be unfair to criticise the editors for what they did not include instead of praising them for what is in fact there. This is a valuable and recommendable book. The purpose was to introduce and explore these issues, and so they have done. The next step is for them or others to delve deeper into the matter.

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DOI: 10.1017/S01446861001008194

Annette Boaz, Carol Hayden and Miriam Bernard. *Attitudes and Aspirations of Older People: a Review of the Literature*. Report 101, Department of Social Security, 1999, 202 pp. £34.00 pbk 1 84123 144 4

Carol Hayden, Annette Boaz and Francesca Taylor. *Attitudes and Aspirations of Older People: a Qualitative Study*. Report 102, Department of Social Security, 1999, 130 pp. £29.00 pbk 1 84123 158 4

These two research reports from the Department of Social Security are based on research carried out by the Local Government Centre based in the Warwick Business School, Warwick University. The initiative for the research came from the Interministerial Group on Older People to inform their work and, at their behest, concentrates on three principle themes:

- active ageing;
- health and social care; and
- consultation and involvement.

The first, by Boaz, Hayden and Bernard, reviews the literature on the attitudes and aspirations of older people. The second uses qualitative methods to examine themes and issues developed from this literature review. Each report starts with a summary that very efficiently condenses the main report into seven and nine pages respectively. These summaries are available without charge at websites:

<http://www.dss.gov.uk/asd/asd5/102summ.html>

<http://www.dss.gov.uk/asd/asd5/101summ.html>

The reports are characterised by a clear concise written style and are well laid out and produced. Indeed they are set out with short paragraphs, logical numbering, marginal notations, and summaries at chapter ends and as front matter; ideal for rapid digestion by busy and distracted ministers. One certainly hopes that they have taken notice of the attitudes and aspirations of older people so effectively presented by the authors.

Report 101 has five chapters. The first sets out the background to the research together with a description of what was done and how it was done. The following three chapters are based on the three principle themes. Each chapter outlines the findings, identifies gaps in the current literature and concludes with a summary. The final chapter develops cross-cutting themes which are then taken up in the second report. The bulk of the report is taken up with a set of proformas in which the contents of the 68 items of literature are in turn classified and noted. Finally, there is a full set of references.

The literature surveyed comes from a wide range of sources, government departments, local authorities, universities and voluntary organisations, much of it is unpublished or with a restricted circulation. This latter literature they identify, apparently without irony, as 'grey literature'. The Centre for Policy on Ageing's library resources were a key source of material, journals were search by CD-ROM and by sight, and the team also approached known researchers in the field for sources. They established criteria for inclusion, and identified 68 items of UK literature published from 1988 to 1998 which form the basis of the study. The references themselves make up a useful resource directing interested researchers to key works. The review overall produces a succinct yet systematic and precise picture of the attitudes and aspirations of older people that can be gleaned from the existing literature.

The Introduction suggests that the most comprehensive national quantitative surveys of older people's attitudes are the Eurobarometer studies (Walker 1993), *Grey Matters* (Sykes and Leather 1997) and the *British Gas Survey* (Midwinter 1991). There are clearly limitations in the range, quality and coverage of the published research on the attitudes and aspirations of older people. For example, there are twice as many references to attitudes of others to older people as there were to attitudes of older people themselves. The authors introduce necessary words of caution first about the diversity of older people – older people's attitudes are varied and are not merely a function of age. Further, attitudes of current older people are not necessarily a guide to the attitudes of future generations of older people. Indeed they are not necessarily either consistent or a guide to behaviour and thus not a clear basis on which to make policy.

Chapter Two deals with active ageing. This chapter proceeds as the others with dense descriptions of a series of topics detailing them with specific extracted findings. They cover for example, work, retirement, leisure and voluntary activity while grandparenting is revealed as the most positive of active roles in the eyes of older people. Chapter Three is on health and social care which covers attitudes to state provision in various forms, lack of co-ordination between them, family care, housing, transport and residential care.

There is far more literature available on health and social care than on consultation and involvement which is covered in their fourth chapter. They suggest that the limited literature on older people's attitudes indicates that they share the disaffection of the wider population with politics and politicians. Older people believe they should stand up for their rights although older respondents in their 70s and 80s are less keen to get involved with older people's issues. People do not feel well informed, and a number of barriers to involvement are identified. The authors suggest that the methods of involvement need to take into account the health status and low self-esteem of many older people. The concluding chapter draws out three themes: (i) participation, how people are consulted and involved in government, particularly how 'difficult-to-reach' groups can be incorporated in such participation; (ii) independence, making a reality of the variety of options and real choices in old age; and (iii) recognition of the diversity of older people. The authors then assess the current state of research and its limitations.

The research in this report is an excellent overview of older people's attitudes and aspirations. However, at £34.00 it is not good value for money and would be best purchased as a bibliographical resource.

Report 102 contains the results of a substantial and valuable piece of qualitative research. It is based on 15 focus groups and 20 in-depth interviews, and examines attitudes and aspirations of a diversity of older people on the themes developed from the literature review. The research team have been particularly careful to explore the range of regional, ethnic and gender diversity amongst older people.

The introduction sets out the background and methodology of the research and repeats some of the important caveats about qualitative attitude research. The substantive chapters follow the same framework as the previous report. There are chapters on active ageing covering work, retirement, leisure and interpersonal relationships and a chapter on health and social care covering independence, advice and information, and public services. Chapter Four covers consultation and involvement, including perceptions of government, consultation and participation. In this chapter I found strong parallels with my own research in politics and old age. This work, together with the material in Chapter Four of Report 101, makes an important addition to the extremely sparse literature on older people's political attitudes. A few sample comments include – 'government as a whole was considered very remote from people of all ages', 'There was a sense of disillusion with government amongst many people. They felt let down by what they described as a "broken contract" with government in relation to the welfare state', and 'Some argued the purpose of consultation should not just be to articulate the concerns of older people, but also draw positively on their experience'. The last chapter reflects on the findings and makes recommendations. The team conclude 'This research has shown that not only are the main themes of active ageing, participation and independence clearly interconnected in the minds of older people, the barriers relevant to each theme are also closely related'. The research makes a good job of identifying those barriers as seen by older people themselves.

There is a series of appendices detailing aspects of the methodology. These

discussions aid our understanding of the authenticity of what is being presented, although the comments concentrate on the practicalities rather than the theory of this kind of research. There is also a useful series of pen portraits of those older people interviewed in depth. Summaries of some of these pen portraits are scattered through the main text. These are excellent, adding humanity and depth to an appreciation of the diversity of attitudes and aspirations expressed by older people. A limitation of this kind of focus group research is that it does only provide a quick snapshot of opinion, and tends to be very dependent on what are presented as issues in the media at the time the focus groups are held. The media agenda tends to become the common currency for discussion in the groups. In this context the pen portraits become an important complement to the summaries of opinion, implicitly emphasising how the opinions relate to a life-time of experience.

These research reports are impressive. They are clearly written and present important results covering a significant range of opinions from older people. I hope that the Interministerial Group appreciated them as much as I did.

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DOI: 10.1017/S01446861001008200

Jeffrey Michael Clair and Richard M. Allman, *The Gerontological Prism: Developing Interdisciplinary Bridges*. Baywood Publishing Company, Inc, Amityville, New York, 2000, 338 pp., hbk \$48.95, ISBN 0 89503 201 5

This book comprises 15 papers which were originally part of an interdisciplinary meeting on ageing. Nearly all the contributors are from the U.S.A. and many are at the University of Alabama where the meeting was held in 1996. Any volume of this kind, because of its provenance, is bound to have an eclectic flavour. The editors have divided the papers between three sections. Chapters 1 to 4 cover 'core disciplinary perspectives'. The chapters look at:

- aging and social change: towards an interdisciplinary research agenda;
- psychology's contributions to gerontology;
- a social psychology of the life cycle: interdisciplinary social policies, perceptions and prospects;
- clinical and health services delivery research.

Section II has papers on diversity as a catalyst for change, intergenerational relationships and aging: families, cohorts and social change, interdisciplinary health care in the 21st Century: fantasy or fundamental?, organizing chronic (long term) care: the value of organization theory to gerontology, and nursing homes and the long term care market. Section III covers patient care concerns – progress and priorities for age-related cancers, issues of verbal communication and social interaction in caring for Alzheimer’s disease patients, the geriatric medical encounter, treatment of urinary incontinence and mobility impairment. A closing comment examines barriers to, and potential for, an interdisciplinary research agenda in ageing.

The editors are respectively a medical sociologist and a geriatrician. They feel strongly that there is a great need for inter-disciplinary endeavour; indeed they have a positively missionary zeal about it: ‘The prism represents a perspective generated from a variety of sources all weaved together, casting light, and drawing light from each other. In academia, gerontological boundaries are usually demarcated Like the color spectrum of a prism, these boundaries should blend and merge with the agenda and concerns of race, ethnicity, gender, socio-economic status, social support, religion, personal preferences, aspirations and co-morbid health trajectories. Even the fluctuant quality of the life course itself relates to the metaphorical prism Viewing our lives like a prism makes us recognize that we do not exist in a homogeneous world These examples, to identify another reason for our cooperation here, to generate integrative efforts, to focus on becoming leaders toward helping our institutions grow into seamless organizations, molding and merging seemingly isolated gerontological research agendas.’ (p. iv)

The book poses two distinct challenges. One is whether the papers succeed in their objective of being genuinely interdisciplinary. The other is whether it is salient for a European audience. On the first challenge, the papers tend to be dominated by one discipline, with another contributing, rather than being genuinely inter-disciplinary. For example, the excellent chapter on inter-generational relationships and ageing, which brings together concepts and analysis, and a host of useful references on this salient topic, is written entirely by sociologists! On the second, all the papers are written in the United States context – their significance for a European audience is therefore very varied and depends both on the topic and on the way in which it is handled. So, for example, you would want to be particularly interested – for whatever reason – in nursing home finance in the United States to get much from the chapter on nursing homes and the long-term care market, whereas, if your interest is dementia care, you might find the relevant chapter of general interest.

This is therefore a book for the library rather than for the individual’s bookshelf, particularly given its price, but within its covers, depending upon your research interests, are some useful and interesting contributions.

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DOI: 10.1017/S01446861001008212

Julia Lawton, *The Dying Process: Patients' Experiences of Palliative Care*,
Routledge, London, 2000, 229 pp., £14.99 pbk, ISBN 0415 226791.

This is an important and tough-minded book, and one that despite its grim subject matter fizzles with ideas. Lawton brings a wide range of literature to bear on the subject of death and dying in the hospice, and the light that she sheds on these topics and their wider implications is of importance for sociologists and social policy analysts alike. I heartily recommend it academically. But don't read it if you are dying.

At the core of Lawton's account is the sense that the process of dying tells us much about current Western concepts of selfhood. For modern selfhood to be maintained, she argues, certain specific bodily capacities must remain. The first is the ability to act as an agent of one's own embodied intentions – to be able to move about, to effect actions, to act as an expression of one's own will. And she notes how the progressive loss of the ability to act in the world results in a retreat from social relations and even from their embodiment in objects of personal significance – thus incidentally addressing the mysterious process whereby the dead end up with so few personal possessions. The second essential feature of modern personhood is the possession of a bounded body. Modern society rests on expectations that the bodies of people will remain bounded, contained, individual. Sickness, incontinence, smell all threaten this clearly-bounded, clean, modern body; and these were the features of dying that people often found most difficult to manage. It was at the point of bodily disintegration that many patients and their relatives finally capitulated to the illness and asked for permanent hospitalisation and sometimes for drugs that would render them comatose.

Lawler's book contains a critique of certain hospice ideals. The open acknowledgement of death that is central of hospice practice at times appeared to be pursued to the distress of patients. Curtains on the ward were deliberately left open so that patients could share in the final dying process. This was seen as part of facing death and seeing that there was nothing to be afraid of in it. But sometimes there was something to be afraid of. The processes were sometimes distressing. Suffering and sickness, once known, can reduce and demean a person and offer a depressing picture of one's own future. Lawton argues that such display represents a process in which the dying body is made into a version of Foucault's docile body, one that emits signs and embodies meanings. This hospice body is a body on display, located in communal space in order to enact the ideal of the open confrontation with death. Not all patients wanted this.

Lawton is also sceptical of the hospice aspiration to push back the point of social death to that of physical death, offering people the hope of living fully up to the point of death. She detects at times in popular modern accounts of death a belief that the process can be fully transformed, so that it can be made a final frontier of individual being and self expression. But the realities of bodily disintegration constantly undermine such hopes. The hospice movement has been extremely successful in its aspiration to control pain, and most patients now die free from serious pain. But pain is not the only form of

suffering, and bodily decline and disintegration bring their own forms of distress, and ones that erode the very basis of selfhood. Bodily failure is a non-negotiable feature of death, and can at times make the ideal of dying with dignity an impossible one.

With her focus on the material reality of the body, Lawton is one of a growing number of writers who have attacked the excesses of post-modern and post-structuralist accounts of the body. By presenting the body as solely constituted in and through discourse, such theorists have ended up denying it any fundamental reality. In their accounts the body itself disappears, becomes oddly vaporous, so that far from providing a critique of mind/body dualism, such theorising perpetuates and reduplicates the split, presenting an account that is unable to engage with the corporeality of the body. Lawler by contrast emphasizes this corporeality. It is strongly – even distressingly – present in her work, and she shows very clearly how the body, and its state, acts as an independent factor defining and shaping the nature of hospice life. To this extent her account is a welcome addition to the literature that seeks to understand the role of the body in social life.

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DOI: 10.1017/S01446861001218224

J. Evans, T. Williams, B. Beattie, J-P. Michel and G. K. Wilcock
(eds) *Oxford Textbook of Geriatric Medicine* (2nd Edition). Oxford
University Press, Oxford, 2000, 1264 pp., hbk £175.00, ISBN 0 192
62830 5, pbk not available.

The Oxford Textbook of Geriatric Medicine (2nd Edition) is a very comprehensive textbook which deals primarily with the presentation and management of disease in elderly people. It emphasises how subtle these presentations are when compared to younger patients. However, it goes beyond the confines of traditional medical textbooks when it dedicates substantial sections to the disorders of senescence, i.e. sight, hearing, memory, syncope, falls and mobility. It provides excellent chapters on the treatment of psychiatric illness in elderly subjects with afflictions such as dementia, depression and alcoholism, including a chapter on the management of elderly people exhibiting disturbing behaviour.

Throughout the text the emphasis is on a multidisciplinary approach to assessment and treatment of these patients. This approach is clearly evident in the chapters detailing pressure sore management and mobility, and in the chapters on nutrition, vitamins, anorexia of ageing and dentition. A highly relevant section is devoted to discussing the benefits of the following services: stroke units, memory clinics, day hospitals as well as home care issues and innovations. The chapters on driving ability, elder abuse and legal and ethical issues are very informative. A further section is devoted to the social and demographic aspects of ageing in developed countries.

Each chapter contains helpful lists of differential diagnoses, often with

clinical photographs (black and white) and flow charts to aid investigation and management. The chapters are very well referenced. Although primarily a medical textbook, this book offers a holistic approach to the management of the diverse problems associated with ageing. It is an excellent reference book for any health care professional requiring detailed medical information on elderly subjects, in addition to factors affecting their quality of life and social functioning.

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