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Reviews

Robert Perks and Alistair Thomson (eds), *The Oral History Reader*, Routledge, London, 1998, 479 pp., £16.99, ISBN 0415133521.

The scope and style of this book render it an invaluable resource for anyone with even a cursory interest in oral history. *The Oral History Reader* unfolds to reveal a broad canvas of issues and topics, which highlight the vibrancy of oral history as both an academic and political endeavour. Careful selection and judicious editing have produced a series of brief articles characterised by an accessible, jargon-free style, which makes the book suitable for both the novice and the experienced researcher. The inclusion of a select bibliography of oral history sources and the provision of addresses for international oral history contacts, also serve to make *The Oral History Reader* a comprehensive resource.

In terms of content, the book is divided into five sections which consider theoretical and epistemological positions, methodology and research design, interpretation and analysis of data and the presentation and preservation of oral sources. The articles which are international in scope, are written primarily by academics but also include inputs from professionals who employ oral history techniques in community, adult education, development and therapeutic contexts.

The thirty-nine chapters in the book consider a huge diversity of topics including Italian workers' experiences of fascism, the cultural construction of leprosy in India, lesbian histories in the US, an Australian soldier's memories of World War II, and testimonies from survivors of the Holocaust and from victims of persecution in contemporary Central America. The potential of oral history as a tool in projects which have a particular change orientation is well documented in Bornat's chapter on reminiscence work with older people in England, and in Cross and Barker's contribution on Sahelian men and women's reflections on social change in their African community. Such work demonstrates the way in which personal narratives can inform policy development and planning. Accounts of the many innovative ways in which the fruits of oral history work can be prepared for wider consumption, are provided by Green, Nethercott and Leighton, Read and Flick, and Goodall. These innovations include the design of a museum exhibition, the staging of a play, and the creative use of CD ROM and multimedia.

Despite the diversity of the contributions to the book, two themes appear to surface, namely the celebration of the unique contribution of oral history as a research approach, and the complementary acknowledgement of the multiple tensions and difficulties which characterise its use. The subjective nature of memory as expressed in oral testimony and its function as a representation of ideology and culture is highlighted by many contributors. Some insightful suggestions are provided as to ways in which interviewers can facilitate the willingness of informants to explore their subjectivity; for example, by

guarding against disciplinary training and cultural conventions about not prying, which may render the researcher slow to accommodate such explorations of consciousness. The status of oral history as a shared process between researcher and informant is also considered. The issue of power differences between researcher and informants and the dilemmas these may pose regarding interpretation and indeed ownership of narratives, are discussed in many articles. Concerns about how the research experience can be rendered beneficial for informants are also expressed and debated in the context of particular research situations. Such honest and reflective appraisal of the dilemmas which often surround oral history work, is strongly affirming for anyone whose own research endeavours have fallen foul of the idealised text book scenario. It also underlines the absolute necessity of considering process as well as product, in any presentation of research work.

One issue related to the process of oral history work which is given scant attention in the Reader, is that of the interviewee's perception and experiences of involvement in the research process. This contrasts sharply with the many useful accounts of researchers' experiences which are threaded through various articles in the book. It would be valuable to know if participants who volunteered their stories found the experience to be enjoyable, empowering, affirming, challenging, compromising or distressing etc. Wigginton's account of the enjoyment and affirmation which older people gained from furnishing local teenagers with oral narratives for inclusion in a school magazine, is a notable exception.

A related issue which also appears to be neglected, is that of the danger of an interviewee becoming distressed while recounting past experiences, or being questioned about the meaning or significance of the same. This can be an issue of grave concern in work with groups who generate research attention because their realities have been concealed and denied through repression or persecution, but who may experience distress in the process of active remembering. Thomson makes some practical suggestions as to how to respond to such situations in his work on the memories of Australian soldiers. There is a need for much greater consideration of this issue. The relative absence of contributions which reflect the perspective of informants in the research process, may reflect the unavailability of such work and as such may indicate an area for future research.

Overall however, *The Oral History Reader*, is an indispensable contribution to the oral history literature and should prove to be an invaluable resource for educationalists and students, and for any professional or individual, who has an interest in the field.

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David Hamerman M.D. (Ed.) *Osteoarthritis: Public Health Implications for an Aging Population*, The Johns Hopkins University Press, Baltimore and London UK, 1997, 251 pp., £37.00 hbk, ISBN 0 8018 5561 6.

The equation which links osteoarthritis as the major cause of disability in older people to the continuing expansion in the numbers of older people, is taking

a long time to hit the top of the policy makers' priority list. Cancer, BSE and the completion of the genetic encyclopaedia, remain more dazzling topics for research and investment. So it is good to receive a book with a title like this one.

It is a curious book though. Like a meal of small shared dishes, the pleasure of tasting lots of different things is tempered by the sense of losing out on the main course. The lack of a clearly argued overview, which pulls the strands of the different chapters together, is a major drawback for the general reader, but the book as a whole seems to have no sense of who its readership might actually be. The non-clinician is likely to find the early appearance in the book of unexplained phrases such as 'sclerosis of the sub-chondral joint' and 'diarthrodial joints', fairly indigestible. Nowhere is there a simple exposition of what osteoarthritis is. Similarly the clinical reader may find the repetition of diagrams of disability models in three consecutive chapters a little overwhelming, and will certainly feel that the art of categorising disablement has become tortuous to the point of absurdity.

Yet I happily own up to having enjoyed this uneven collection of topics. It ranges widely, from chemical markers of osteoarthritis and hi-tech scanning of joints, through very medical approaches to the treatment of osteoarthritis, to more philosophical chapters on the ageing process and its relationship to joint disease and disablement. Although there is no obvious rhyme or reason to the particular choice or focus of the topics, a lot of ground is covered, and it would be an unusual and ungrateful reader who did not learn something new or have a thought provoked by dipping into the mixture.

Yet the lack of a broad overview leaves a real gap, in that the public health perspective on osteoarthritis is missing. Much space in earlier chapters is spent worrying away at the relationship between osteoarthritis and ageing, and at whether disabling osteoarthritis will have an expanding or diminishing impact as our fatal diseases decline. The biologically ageing cartilage may or may not provide the seed bed for osteoarthritic change in the joint, but two facts stand out. First, among older people, including those aged over 80, only a minority will develop disabling hip osteoarthritis and only a minority will develop disabling knee osteoarthritis, even if most will end up with some evidence of osteoarthritis somewhere in their body. This means that these conditions are preventable, since at any one joint site in the body, most older people manage to avoid osteoarthritis. Second, most studies indicate that some 40 percent of people in the population who have clear and definite evidence of osteoarthritis at the knee or the hip on radiographs, have no associated pain or disability. Functional limitation, as the writers on disablement in the book tease out interestingly, is dependent on much more than pathological change in the joint. In certain individuals it may well be that their pain and disability are best treated by drugs or by operation, but preventing disability in the expanding older population presents a far broader target for action.

It is the book's attention to the potential for prevention, for example the chapters on exercise, which starts to give a hint of the broader public health agenda. There is a growing body of evidence, well reviewed here, that modest exercise can reduce the impact of osteoarthritis and improve physical and psychological functioning. How to implement exercise policies is another issue, but there are broad benefits to human-kind of a shift to daily walking and

cycling, for example, and away from excessive car use. It might even be that declining prevalence of osteoarthritis in the older population in years to come may be a marker for our ability to promote a sensible level of physical activity in our culture. Obesity emerges as the risk factor with the greatest potential impact on knee osteoarthritis, and once again improved levels of physical activity might prove to be the best public health approach to weight control. As so often in contemplating prevention of problems at older ages, one emerges with the sense that public health must focus on how everyone lives, if people are going to enter their older years with a low risk for developing joint disease and disablement.

There remains the place of treatment, including the rather curious chapter here on new drug developments. This chapter observes that drug companies are at long last taking a real interest in drugs which might protect the joints against progressive osteoarthritis. How curious this is that, just as health purchasers begin to turn their attention to the growing size and importance of the osteoarthritis problem, drug companies get their Research and Development programmes moving in the same direction. Yet to suppose that drugs can contribute any sort of public health answer to osteoarthritis is patently absurd. It is vital that the central arguments about locomotor disablement, well rehearsed in this book, are hammered home, namely that going into your later decades with a good level of physical and psychological functioning, is the strongest predictor of future freedom from locomotor disability. There will continue to be a small and well-defined role for the good operations that we have, and perhaps for the drugs that are predicted to appear, but social and cultural changes will have the greater part to play.

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Cindy S. Bergeman, *Aging: Genetic and Environmental Influences*, Sage Publications, Thousand Oaks, 1997, 144 pp., £17.50 pbk. ISBN 0 8039 7378 0.

This book is interesting from several viewpoints. The author has attempted to bring together aspects of biological, psychological and sociological ageing through genetics. In the first chapter entitled 'Aging Differently' Bergeman outlines some of the most awkward questions that gerontologists of any persuasion have to face:

> Why do some individuals live longer than others do?
> Is intellectual ability heritable in adulthood and old age?
> How do some ageing individuals preserve a network of social support, whereas others suffer from social isolation?

Bergeman outlines the theoretical and methodological features of quantitative genetics and explains how they may be used to tackle these questions. These particular genetic methods are useful in identifying individual differences in characteristics, but are of little use in the study of average differences between groups. Current thinking is that there are no single genes responsible for behaviour (well at least so far!). Genes are involved in the production of

proteins that are the general currency of the cell in all living organisms. However, behavioural characteristics, or phenotypes, are so complex it is difficult to imagine that a single gene product could be responsible. Genetic effects on behaviour are most likely to be manifest indirectly through a variety of physiological processes, and hence the result of the effects of many different genes.

The application of quantitative genetics produces a descriptive statistic termed heritability, which can be further broken down to 'additive' or 'non-additive' genetic variance. 'Additive' genetic variance relates to the extent to which genotypic values add up linearly in their effect on the phenotype. 'Non-additive' genetic variance represents genetic influences due to dominance, as well as other genetic interactions. Bergeman goes on to explain that the theory can also describe environmental (non-genetic) sources of variation. This component can be further sub-divided into 'shared' and 'non-shared' environmental influences. A 'shared' environmental influence contributes to phenotypic similarities among family members, whereas 'non-shared' influences contribute to differences.

Several experimental designs can be used to assess genetic effects including family, adoption and twin studies. Family studies enable the investigator to determine the extent to which differences between individuals are due to familial factors, either genetic or environmental. Unfortunately, this type of design cannot completely separate the contributions of shared genes and shared environment to familial resemblance. Adoption studies enable the experimenter to distinguish between heredity and shared environment. If genetically related individuals are adopted and brought up in separate environments, they will resemble each other only because of their genetic background. On the other hand, non-genetically related individuals adopted together into the same family will only resemble each other for reasons of shared environments. A number of limitations exist in both these designs. It is generally accepted that the most powerful of the designs is the twin study, using either genetically identical (monozygotic) twins, or fraternal (dizygotic) twins. Behavioural geneticists can use these relationships to estimate heritability. This chapter also introduces a number of methods for estimating genetic and environmental influences and is important to a proper understanding of other examples in the book. Biological gerontology has had periodic flirtations with genetic theories about ageing, and it is accepted that genetic influences can affect ageing and lifespan, but the genetic component will be moulded by environmental factors. Certain diseases like hypertension and diabetes do have high heritability, but genetic factors are more important in specific diseases than on general ageing.

In the field of psychobiology strong evidence exists for a genetic influence on individual differences in intelligence and specific cognitive functions in later life. This is greater than found in younger age groups. Moderate heritability also has been found in most measures of personality. In the area of familial forms of Alzheimer's disease, the genetic approach has been particularly productive over the past decade. Genes associated with early, or late, onset familial forms of Alzheimer's disease have been located to different chromosomes, and prospective genetic markers of the disease have been

identified like ApoE4 and presenilin. Cognitive studies of older people ignore these findings at their peril.

I found it surprising that there was any work on social ageing involving behavioural genetic theory. However, the genetic component previously identified in certain aspects of personality is carried forward into aspects of social support, familial relationships, experience of life events and socio-economic status. Therefore, many measures of the environment are indirect measures of the behaviour of individuals, and it is possible that people choose or create circumstances for themselves, consonant with their personalities. The final chapter reviews the interface between biology, psychology and social ageing. Although the number of studies carried out are relatively small, the data on the average estimates for heritability of biological, psychological and social age are interesting. This is a developing field and will likely be very important, certainly in the biology and psychological areas, although I am less convinced about its usefulness in social gerontology.

The book is important for researchers, but it does require background knowledge about genetics. The section on biological aspects of ageing is dated and does not properly reflect current thinking. Nonetheless, the book is a brave entry into a complex field and if you have an interest in this topic you should buy it.

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David Gutmann, *The Human Elder in Nature, Culture and Society*, Westview Press, Oxford, £44.50 hbk, £16.00 pbk, 1997. ISBN 0 8133 2974 4.

Place this on the shelf next to Erik Erikson's books; it has much in common with them. Both authors have focussed on life-span development, have rooted their theories in cross-cultural research, have built them around the dynamics of psychoanalytic concepts, have consolidated their ideas through clinical experience and, indeed, have communicated a good deal with each other. Both are enjoyably readable. Erikson made the major foundational contribution to psychogerontology. This adds to it. Gutmann is alert to the positive opportunities of longevity but the overall thrust of his book is to focus critical thinking upon social, technological and economic phenomena which encourage psychological pathology among older people.

David Gutmann is Director of the Older Adult Program and Professor of Education of the North Western University. He is now old enough 'to enjoy the liberation which is one of the incidental gifts of ageing'. No longer having to focus on building a career he can, with a light humour, 'afford the luxury of being honest about personal matters'. His confessions of fears and biases lighten the text, especially of the retrospective prefaces to each chapter.

The book consists of twelve of Gutmann's favourite published papers. Their dates range from 1969 to 1990. This is a significant time-span in the development of psychogerontology. It covers the rising crescendo of interest in

ageing but also the fall in the status of elders in many traditional cultures, bringing them down to the low levels of their peers in developed economies.

Gutmann's anthropological studies were carried out among a variety of largely pre-literate societies of agriculturists; the Navajo, the Mayan Indians of Yucatan and Chiapas, and the Druze of Galilee and the Golan heights, using Thematic Apperception Test cards and interviews to research the attitudes of older adults. Findings were compared with those from studies of white urban males of Kansas City. From this work there emerged the core theme of Gutmann's theory; that with ageing there is a passage through a phase of Active-Mastery behaviour, into a Passive-Mastery mode and finally, countering the fears and threats of elderly years, by the defensive adoption of a Magical-Mastery perception. The driving, competitive, aggressive tendencies expressed in the Active-Mastery behaviour are subdued in the Passive-Mastery phase. In the Magical-Mastery mode primitive defence mechanisms distort thinking and perception to protect the ego from the realities of old age and mortality. A significant finding was that this developmental sequence was common to the traditional cultures in all their variation, as well as to the urban American men.

There are interesting findings relating to the growth with age of orality, of interest in eating, and of the relationship between passivity and somatic illness. Navajo elderly who force themselves, in a counter-passive effort, to keep on working to demonstrate their continued independence, better maintained their health. Exercise and the relationship between passivity and the consumption of alcohol were probably crucial factors.

The study of the Galilean and Golan Druze is especially interesting in that, although orality blooms among the elderly Druze, the religious imperatives of their culture deny the elders a passive existence. In late middle-age religious duties and responsibilities increase; formal and punctilious behaviour is demanded. Nevertheless the projective data gained from these active practitioners indicate that their inner, subjective changes accord with the typical perceptions of Magical-Mastery.

The other significant theory developed by Gutmann, is that later life is the stage for a significant evolution towards a sexually bi-polar or androgynous condition. He argues that parenthood determines the dominance of masculine and feminine traits respectively in fathers and mothers during the Active-Mastery phase. As the nests empty so the need for the dominance of these traits weakens and the feminine tendencies within the masculine, and the masculine within the feminine are released within the personality. Androgyny reigns during the later years of the life-cycle.

Gutmann's clinical experience offers evidence that some males cannot cope with the pressures upon their self-image generated by the appearance of tender, nurturing, less aggressive traits and need help with their adjustments. Gutmann muses, in a fascinating chapter, on the suicide of Ernest Hemingway, whose upbringing did not prepare him for later-life androgyny.

The chapter on the hippie culture, 'The Premature Gerontocracy', published in 1972, is recommended as a starting point for student discussion. Gutmann focusses upon the similarities between hippies of the counter-culture and elders. He points to their unisex tendencies, their narcissism, religiosity,

Magical-Mastery, resignation, their secret welcoming of death and the need for an enemy. Gutmann admits his bias against the counter-culture and his fear of it since it represents a kind of death of the ego.

The later chapters tackle the eroding of the peculiar and traditional power of the elder with the transformation of economic life by new technology. This favours younger learners and severely relegates the value and wisdom of life-span experience. Gutmann, now centred in his clinic, faces the effects of these social forces upon the mental health of his patients.

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Anne Jamieson, Sarah Harper and Christina Victor (eds), *Critical Approaches to Ageing and Later Life*, Open University Press, Buckingham, 1997, 195 pp., £45.00 hbk, ISBN 0 335 19726, £14.99 pbk, ISBN 0 335 19725 6.

The 1980's and 1990's have seen increasing efforts within gerontology to move this still young discipline beyond mainstream approaches and toward the embracing of more critical and reflective 'ways of thinking' about ageing and growing old. Terms like 'critical gerontology' have been employed by some in reference to the development of a broad political economy of ageing framework. For others, the identical term has been used to evoke what Harry Moody (1988) describes as a 'humanistic orientation' that critiques the ever more technical and 'instrumental' tendencies of academic gerontology, within which 'the problems of later life are treated with scientific and managerial efficiency, but with no grasp of their larger political or existential significance. The last stage of life is progressively drained of meaning.' Finally, still other scholars have employed the term 'critical gerontology' in reference to critical theory and postmodernism as these perspectives may inform our understanding of individual and societal ageing.

Efforts to move gerontology beyond the mainstream and to encourage what Chris Phillipson and Alan Walker describe as 'a constant reappraisal of concepts and ideas' (1987) have made important contributions. Yet to date, with a few notable exceptions (see for example Cole *et al.*, 1993), the tendency of critical gerontology to reflect *either* a humanities orientation *or* political economy *or* critical theory has distinctly limited its possibilities. *Critical Approaches to Ageing and Later Life* is one of a small number of books that represent the movement to a second generation of thought and study in critical gerontology, in which disparate approaches are valued and interwoven. A thoughtful, well organized and lively volume, it begins where many such collections end, with an incisive look at the state of the art of gerontology, and at new avenues for growth that the field might profitably tread. The book then dares to follow a number of these new paths, offering the reader exciting glimpses into what a more robust and multi-faceted 'critical gerontology' might look like.

Bill Bytheway provides a creative introduction to the diverse ways in which

'ordinary people' and those who study ageing theorize age, and he advocates a conceptual base which could free disciplinary study from the 'restrictive and often ageist assumptions of contemporary culture'. Taking up his challenge, subsequent chapters, by some of the top scholars in the field, then make the case for the more thoughtful interweaving of: feminist theories; ways of thinking about culture and ethnicity that go beyond minority group status; the use (and misuse) of literature; historical research; and life history methods; in expanding and enriching our understanding of ageing.

The book then moves to applications of these messages, with scholars utilizing autobiographical reflection, the visual arts, feminist theory, ethnomethodology, and social policy, as well as concepts from such neglected disciplines as geography, to provide fresh and contrasting perspectives on a wide range of topics within ageing. The reader is treated to new ways of looking at such topics as caring relationships, the role of citizenship theory in better understanding the place and the politics of later life, representations of old age in the visual arts, and the medicalization of ageing from a feminist perspective. The heterogeneity of the old and of the social, cultural, political and individual meanings attached to old age constitute critical themes that link the chapters in this section and that underscore the need for a great variety of disciplinary and interdisciplinary approaches if we are to better apprehend ageing processes and realities.

Critical Approaches to Ageing and Later Life has many strengths, key among them are its breadth of coverage and the high quality of its contributors, many of whom take real risks in moving beyond their own traditional approaches and terrains. The book's concluding chapter is also a major strength, and readers without grounding in critical theory would be well advised to read this chapter first for its excellent and easy-to-grasp summary of this complex area. The only weakness of the book, in my opinion, is the relative lack of attention it pays to one of the primary paths within critical gerontology, notably that provided by a broad political and moral economy of ageing framework. The voices of such leading scholars as Peter Townsend, Alan Walker, Chris Phillipson, Carroll Estes, Anne Marie Guillemard, Jill Quadagno and Malcolm Johnson, to name a few, are strangely silent in this collection. With that silence, the book fails to offer perspectives that have added a great deal to our understanding of the broad political and social forces that help shape and determine both individual and societal ageing (Minkler and Estes 1998).

Despite this limitation, however, this is a volume not to be missed. Scholars in gerontology and related disciplines will find their horizons broadened and their approaches to the study of ageing enriched through this upbeat reminder of the vast, untapped potential of our field at the dawn of a new century.

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Kathy Charmaz, Glennys Howarth and Allan Kellehear (eds), *The Unknown Country: Death in Australia, Britain and the USA*, MacMillan Press, Hampshire, 1997, 256 pp., hbk £45.00, ISBN 0-333-67041-8.

In the preface to this book the editors point to the preponderance of literature which has looked at death mainly from a medical perspective, and one might add that the literature which examines the impact of death has largely been psychological. This text in contrast looks at death from a sociological point of view and explores cultural variations within the developed, English speaking, world. The eighteen chapters are divided equally between Australian, British and American perspectives, and are written by social scientists who offer their view on the major national meaning of death within their country. In scanning the Contents page, some of the themes seem very narrowly focused – 'Good Girls Die, Bad Girls Don't: the Use of the Dying Virgin in Nineteenth-century Australian Fiction', 'Women, Death and *In Memoriam* Notices in a Local British Newspaper'. However, these very specific topics mesh with the more generic concerns explored in chapters such as 'Death in the Country of Matilda', 'Emotional Reserve and the English Way of Grief', 'Grief and Loss of Self', to provide a fascinating collage of contemporary understandings about death. The title of the final chapter gives an appropriately crisp definition to the book and its contents, 'Diversity in Universality; Dying, Death and Grief'.

The myth which suggests that the Australian experience of death is rooted in and characterised by its British origins is challenged in the first chapter by a very clear account of an Australian perspective on death. Kellehear and Anderson contend that three key elements of Australian life are reflected in the Australian way of death; a patriarchal, gentrified and medicalised culture characterises life and death. Fitzpatrick and Martin pursue the same theme and see how the socially marginalised in a patriarchal society shape the way death is depicted in art and literature. The dominance of a masculine perspective on death is also echoed by Raphael in looking at disasters, and by Fraser in pursuing Australia's concern with suicide.

Howarth in exploring the British perspective, traces the traditions connected with death in England through the historical fortunes of the class system and the impact this has had upon ritual. She concludes that, 'the dominant voice of England and the perceived deathways of the English remain those which emanate from the England of the white middle classes'. Smale is interested in the ritual of the funeral and sees the growth of commercialism as a key factor in shaping meaning and practice at times of death. The popularization of cremation, described by Jupp, shows how religious considerations have

followed the political and commercial requirements for hygienic disposal and limited land use. Walter looks at emotional reserve in the English and sees this combined with increase informality at the time of death, as contributing to private grief; grief which is handled outside of ritualistic and social convention. Small in his chapter looks at the British response to AIDS; the personal agenda of the dying has become a social and political agenda of concern to everyone.

The chapter by Leming and Dickinson provide an overview of the American attitudes to death. In a culture where the media makes death very visible but care of the dying is often invisible, death may seem like a fiction and science is a powerful agent of death reversal. Kearl argues that this creates a strong immortalist ethos in American culture. Bendikson, Levy and Amick look at the American health system and consider issues of institutional ethics and advance directives given by patients to shape the decisions which will be made about treatment and its withdrawal. Similar issues of choice in one's own mortality are raised in looking at projects where drug addicts manage constant exposure to HIV infection. A final chapter by Irish looks at examples of cultural diversity within American society.

This book articulates the different death perspectives between Australia, Britain and the USA, but presents themes which clearly give a universal and contemporary coherence to the varied contributions. The struggle between private grief and public mourning is not so much shaped by religious or existential considerations, but more by political and economic realities which determine what is possible and what is socially acceptable. With the growth of AIDS and risk taking activity like smoking, drugs and travel, the focus is on mortality in the young and middle-aged; the concern for older people is caught up with ethical considerations about the right to choose the manner of their dying.

This is an important book which offers a comprehensive social definition of the meaning of death in contemporary Australian, British and American society. It will be of interest to a wide readership.

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Howard M. Fillit and Gloria Picariello, *Practical Geriatric Assessment*, Greenwich Medical Media Ltd., London, 1998, 199 pp., pbk £14.95, ISBN 1 900 151 901.

This book is intended as an introductory guide to comprehensive geriatric assessment for primary care physicians and their teams. It has been compiled by a doctor and a nurse working in the American managed care health system. It largely comprises a series of diagnostic, severity of disease and assessment instruments which cover the common health problems of older people – depression, cognitive impairment, incontinence, functional disability and so on. In healthcare systems where reimbursement is dependent on rigid protocols, this book may have a helpful place. What about countries such as the U.K. where, in primary care, geriatric assessment is expected to be done

(the annual over-75 health checks) and where there are hospital-based geriatric medicine and old age psychiatry services almost everywhere?

It just so happened that I read this book just after I had attended a meeting with staff in the hospital where I work at which we had discussed 'Collaborative Care Planning'. As part of this process we had included within the patient documentation file a number of standardised assessment scales, such as those found in this book. These instruments were supposed to be collected routinely on all patients admitted to both our acute and our rehabilitation geriatric units. Audit revealed that some assessments were completed more comprehensively than others. Group discussion of these findings revealed common themes: the time needed for completion, who should administer which scale, what to do with the result, the validity of scales assessing mood and morale, the training needs in administering the scales, and whether in fact these scales were relevant to the actual clinical situation. With these experiences in mind I hoped that the book would have helped me and my colleagues resolve some of the problems we had found. Unfortunately, it did not.

It all seems so simple. If one takes, for example, the screening question for possible alcohol abuse 'Does the patient or care-giver give a history of use of alcohol on a regular basis?' It is suggested that if the answer is yes, then the 25-item MAST-G questionnaire should be administered. If the patient scores 5 or more than an alcohol problem exists. Referral to a range of agencies is then recommended. The difficulties with this rather cook-book approach to medicine are substantial. The single screening question does not sit easily with the public health message that moderate regular alcohol ingestion might be cardio-protective. The research base underpinning the recommendations for intervention are not given. The traditional skills of history and examination are not given sufficient weight. The same constraints apply to many of the other conditions included in the book.

The instruments themselves include some that are widely accepted and validated, some that have been adapted (we are not told to what extent they vary from the original) and some that the authors have themselves devised. To be fair, they have acknowledged that some of the scales may not have scientifically proven validity.

Practitioners just wishing to have a compendium of scales covering the common conditions found in older people will be satisfied with this book. However, comprehensive geriatric assessment is much more. Those wishing to incorporate the type of instrument included in this book into their routine clinical practice would be well advised not to do so without a more detailed understanding of their utility and drawbacks that can be provided by this book.

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