

tough problems they face. As such, I would not recommend this book as anything more than an occasional reference for family physicians and primary care pediatricians.

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## Essentials of Clinical Geriatrics

3rd ed, Robert L. Kane, Joseph G. Ouslander, Itamar B. Abrass, 542 pp, \$32, ISBN 0-07-033473-0, New York, NY, McGraw-Hill International Book Co, 1994.

Today there is an ever-increasing number of excellent textbooks on geriatric medicine, from large reference works to simple handbooks. Such was not the case in 1984, when the first edition of *Essentials of Clinical Geriatrics* was initially published. Kane, Ouslander, and Abrass were among the first to realize the need for a practical, easy to use, and inexpensive paperback that focused almost exclusively on those issues that make the care of the elderly different, if not unique. Unlike many early books containing the word "geriatrics" in the title, this text has always avoided the trap of becoming a truncated internal medical treatise on problems seen more commonly in the elderly population. Rather, virtually the entire volume is devoted to aspects of clinical care unique to older patients— aspects that are poorly discussed or omitted entirely in standard texts.

The second edition, published in 1989, saw a substantial expansion and update of the authors' first effort, with the addition of multiple illustrative figures as well as new chapters on ethics and nursing home care. The current third edition builds more modestly on previous work, with an update of therapeutic strategies, statistical data, and references through 1993. What has not changed is the wonderfully readable and succinct prose style, coupled with nearly 300 superb il-

lustrations, diagrams, charts, and tables. In fact, the tables and figures are such an impressive and important part of this volume that they receive their own Table of Contents.

The authors intend the book as "a practical guide for primary care physicians and other practitioners who provide care to elderly persons." Because it is a book of "essentials," the text "presupposes a basic knowledge of medicine." Practical information is included in deference to research issues, although a fine list of references and suggested readings at the end of each chapter is available for the more interested reader.

The volume is divided into three parts. Part 1 (pages 1 to 82) addresses epidemiology, demographics, clinical implications of the aging process, and geriatric assessment. A wealth of geriatric assessment instruments and forms are included in a 52-page appendix at the back of the book. Part 2 (pages 83 to 338) discusses the differential diagnosis and management of common and unique problems. Entire chapters are devoted to confusion, depression, incontinence, instability and falls, immobility, sensory impairment, and temperature dysregulation, while all common cardiovascular disorders are presented in a single chapter. The last chapter in this section is entitled "Decreased Vitality." It is essentially a potpourri of oddly grouped topics—endocrine disease, anemia, nutrition, exercise, and infections. Part 3 (pages 339 to 478) presents general management strategies with discussions of iatrogenesis, drug therapy, long-term care, nursing home care, prevention, terminal care, and ethics.

The strengths of this book are also weaknesses at times. Because the authors do not try to cover comprehensively the laundry list of internal medicine diseases in depth, their necessarily brief reviews of specific diseases tend to suffer. While the brief discussions of Parkinson's disease and osteoporosis were well done, those on atrial fibrillation, coronary artery disease, and diabetes mellitus are too brief to be of any use. Conversely, the long chapters on incontinence, depression, and cognitive loss are superb.

The Table of Contents is excellent and lifesaving because the index is too brief and too general to be of significant use. For example, a brief discussion of polymyalgia rheumatica and temporal arteritis is not referenced but could ultimately be found under the index heading "Sedimentation Rate."

Although one is always hard-pressed to decide what exactly should be included in a book of essentials, information on geriatric sexuality, skin disorders, and peripheral vascular disease would be welcome.

Despite these minor shortcomings, *The Essentials of Clinical Geriatrics* remains near the forefront of texts positioned between pocket handbooks and reference works. It seems extremely well suited for student and resident education and is likewise invaluable for the more seasoned nongeriatrician who wants a superb overview of current geriatric issues and approaches. It is not as well suited to the more advanced practitioner who seeks detailed discussions of disease mechanisms and treatment strategies.

Other excellent books in the same niche include *Ambulatory Geriatric Care*, by Thomas Yoshikawa, Elizabeth Cobbs, and Kenneth Brummel-Smith (St Louis, Mo: Mosby-Year Book, 1993), and *Primary Care Geriatrics: A Case-Based Approach*, second edition, by Richard Ham and Philip Sloan (St Louis, Mo: Mosby-Year Book, 1992). The former is a somewhat less readable and much less well-illustrated text that has a more comprehensive discussion of disease topics and an excellent index. The latter text is an easily readable volume with disease discussions whose details fall between those of the books previously mentioned. However, *Primary Care Geriatrics: A Case-Based Approach* uses written goals and objectives, multiple-choice questions preceding and following each chapter, many patient vignettes and case studies, and even a skin atlas to enhance its usability to student and resident learners.

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