As anyone who has sat through a first, stumbling presentation by a graduate student in the neurosciences or in gerontology is likely to agree, there is a compelling need for a comprehensive, but digestible, review of how the brain works and how it changes with age. This need has now largely been met with Neurogerontology, a recently arrived book by James F. Willott, Distinguished Research Professor at Northern Illinois University.

Its 13 chapters provide an overview of research methods, basic neuroanatomy and neurobiology, and a more detailed consideration of information processing, the autonomic nervous system, sensory and motor control, cognition, and neurohormonal regulation. It is written in simple descriptive language ("Behind the pons, at the base of the skull, is the cerebellum, looking like an appended mini-brain ...") and is organized in a way that allows a comprehensive approach to the daunting task facing people who need to know how it all works.

An early chapter, on the basics of neuroanatomy and neurobiology, begins with the peripheral and autonomic nervous systems, and "a quick tour of the brain." It then details change in the brain with aging, and, like the later chapters, amply references human and animal experimental and observational data.

Chapter and section headings are often pithily descriptive (e.g., "When does neuron death occur during aging?" "The size of neurons may reflect cellular physiology" "Many circuit components are topographically organized"). Illustrations include photomicrographs, line drawings, and experimental data. All are well titled and well described.

I have a few quibbles. Even for a book intending to provide only a brief overview, the outline of present theories about aging and their implications for brain research needs a little more comprehensive treatment. Although the author considers this "beyond the scope of this book," I would have appreciated such a review, akin to what he has provided on research methods for gerontology, which are covered with admirable brevity but not at the expense of clarity.

There is no systematic treatment of hallucinations, delusions, delirium, or stroke, although each is mentioned. Admirably, although paratonia is included as a variety of hypertonus, it is described as gegenhalten, and considered a reflection of frontal lobe pathology. I recognize that the last complaint is idiosyncratic, but it strikes me as a cautionary tale that such a readily observed sign has received so little attention that most practicing health care professionals regard it as an irritating failure.
of patients to cooperate by relaxing their limbs, rather than as a sign of diffuse cortical disinhibition and an aging brain.

But quibbles are all these complaints amount to, and they are more than surpassed by the book’s readability. Apart from its evident other strengths, mention should be made of the clear authorial voice to be found throughout the book. For example, having attempted to convey the complexity of the 100 billion neurons packed into each of our skulls by use of an analogy to a room “chest-high with kernels of corn,” the author notes that it is “a compelling metaphor, as I write in DeKalb, Illinois.” The book has the feel of someone trying to tell you something important, someone who recognizes that the challenge requires work on your part, and who even allows a little irony to creep in. Perhaps it is because this approach to textbook writing is so rare, in comparison with the usual, dry, decalogist approach, that it so stands out, but I found it compelling.

I ran across this book at our university bookstore, and upon reading it my immediate reaction was to order a few copies for present graduate students, extended-role nurses, and trainees in health care of elderly people and geriatric medicine. At just over Cdn $100, it is not cheap, but I hope that this will become a widely used book that will help to educate, stimulate, and even organize those needing a systematic understanding of brain function and brain failure in old age.

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ANNUAL REVIEW OF GERONTOLOGY AND GERIATRICS. VOL. 19:
PSPHYARMACOLOGIC INTERVENTIONS IN LATE LIFE
Ira Katz and David Oslin (Eds.).

In their preface, the editors noted that their guiding principle was to translate basic research into meaningful treatment recommendations for late-life mental disorders. I don’t think they succeeded; partly because there isn’t much basic, or any other, research that aids treatment for those mental disorders.

Another problem I had with this book was determining its audience. Anyone interested enough in the topic to buy it already knows 95% of its contents and anyone who only knows 10% of its contents, and may “need” the book, would have no interest in buying it. Overall this volume does not present clinically useful information or make it accessible. Instead it trots out research of little profundity with even less bearing on clinical treatment.

The first part discourses on methodologic issues for 117 pages without providing genuine solutions to the methodologic problems in research. For exam-
ple, it “explains” in about 600 words (p. 76) how to get informed consent, but the only meaningful evaluation of the subject’s understanding was a question “What would it mean of [sic, ‘if’] the chance of receiving a placebo control is 50% instead of 33%?” Well, I’d like to know the answer myself and I doubt anyone, including a statistician, but especially elderly patients can answer that question sensibly in fewer than 200 words (and a statistician would take 1,200 words). But the chief flaw with Part 1 is that having read it, few would be better equipped to conduct quality research.

Part 2 (a review of selected diseases and syndromes in 140 pages) also assumes that readers have 4 to 20 hours of time to spend reading this book from cover to cover. The disorders embraced are Alzheimer’s disease, depression, substance use disorders, psychosis, and electroconvulsive therapy. There are few clinical trials mentioned (naturally, few have been performed in the elderly) so there is little evidence specific to the elderly. Each section comprises generalizations gleaned from a drug’s use in younger adults and then banalities, e.g., elderly patients may need lower doses.

Instead of concise, useful information, this book substitutes half-page paragraphs that ramble on and on, and the point (if there is one) is at the end of a paralyzing 1,000 words. Typically there are 5 citations for quite banal points in the apparent belief that a chapter with 200 citations has encapsulated the elements of a subject. More editing could have helped.

Even worse, the main stumbling block for Part 2 is that reading it would not change clinicians’ treatment; it has only commonplace insights. I spent 4 hours on this book; be thankful you don’t need to.

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AGING AND MALE SEXUALITY
Raul C. Schiavi.

This book represents an extremely well-researched text. The historical review is meticulous and it is very well referenced. The book should be considered for academic libraries, particularly when there is a local interest in psychiatry or urology. It could be said that the referencing is almost too comprehensive, which results in the text being less enjoyable. Sadly, the book became historical almost as it was published. Sildenafil (Viagra) has subsequently revolutionized the treatment of male sexual dysfunction. Despite this, the book should be considered for purchase as a reference item.

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