



tient's headache frequency rarely exceeds two attacks a month?

Despite these defects, this is a useful little book for busy physicians who are trying to decide which drug to use. They may be dismayed to find that there are few choices or that it may not make much difference which drug they prescribe. Their choice may, in the end, depend on the drugs' side effects and affordability.

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Epidemiology in Old Age

Edited by Shah Ebrahim and Alex Kalache. 436 pp. Illust. BMJ Publishing Group, London. 1996. Distributed in Canada by the Canadian Medical Association, Ottawa. \$174.95 (\$145.95 CMA members). ISBN 0-7279-0948-7

- Overall rating:** Excellent
- Strengths:** International perspective and societal viewpoint on diseases
- Weaknesses:** Some chapters lack up-to-date references for interventions
- Audience:** Health policy planners, students in health care professions and anyone interested in societal effect of aging

This is a "must read" for everyone interested in the societal impact of aging, particularly from an international perspective. Health policy planners and undergraduates in all health care professions should also delve into this eminently readable book. Considering the large number of distinguished international authors, the style is remarkably consistent and reflects the capable skills of the editors, Shah Ebrahim, a professor of primary care and population

science, and Alex Kalache, director of aging and health programs at the World Health Organization.

The book is organized into three sections. The first, on aging and health care, considers basic mechanisms of aging, principles and pitfalls of studying aging populations and evaluation of health services, including prevention. The international perspective is brought into sharp focus. According to the book, "by the year 2020 three-quarters of the planet's 650 million elderly will be in developing regions." The resource implications are profound, and Brazil provides a useful case study.

The second section deals with risk factors and health status. Chapters on nutrition, exercise, gender, migration and social supports bring together information scattered throughout the literature. The importance of involving elderly people in their own health planning is emphasized. I found the chapter on gender differences in mortality particularly fascinating. However, I was disappointed that the discussion of cardiovascular risk factors omitted the recent information on homocysteine. I believe that a stronger case for the treatment of hypertension could have been made, although this was remedied in a subsequent chapter.

Unlike many medical textbooks, this book emphasizes the societal viewpoint. Each chapter takes in the definition and magnitude of the problem, variations and determinants, interventions and health policy implications. The specific diseases are generally well presented, although I was disappointed that valuable data from the Canadian Study of Health and Aging on the epidemiologic and risk factors of Alzheimer disease were missing. Mention of the possible protective role of estrogens would also have been welcome. The section on treatment of osteoporosis could have included more recent information on bisphosphonates.

The central tenet of the book is to disturb the current complacency about aging. By helping those who allocate or control resources to understand risks and their magnitude, causal pathways and interventions, this book can help them set new and realistic objectives. The foreword states that "the view of aging as a crisis must be rejected: aging has a lead time of decades and provides society with the opportunity to prepare appropriate policies and programs." At nearly \$150 for CMA members, this book is not for everyone; but for those who are interested in the way that an aging population influences health care, it represents excellent value for money.

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Major Incident Medical Management and Support: the Practical Approach

Tim Hodgetts and Kevin Mackway-Jones. 205 pp. Illust. BMJ Publishing Group, London. 1995. Distributed in Canada by the Canadian Medical Association, Ottawa. \$67.95 (\$55.95 CMA members). ISBN 0-7279-0928-2

- Overall rating:** Very good
- Strengths:** Focus on prehospital setting, good organization
- Weaknesses:** Terms and references to health care system specific to the United Kingdom
- Audience:** Paramedical personnel, nurses, support staff, physicians and hospital administrators involved in management of major incidents

This book provides a basic overview of the approach to medical management and support in major incidents. It is very effective as an educational tool for paramedical per-



sonnel, nurses, support staff, physicians at the undergraduate, postgraduate and faculty level, and hospital administrators. The book's focus on the prehospital care setting is comprehensive. The book is well organized and follows good educational principles.

The format makes use of shaded bold type to emphasize chapter objectives, key learning points and summaries. Mnemonic devices, algorithms, models, boxes and tables are well done. The lists are informative and useful.

The book was written in the United Kingdom, with input from military sources. Therefore, the terms used to describe positions may not be familiar to Canadian providers. However, the concept, structure and process can be generalized to Canada. The chapters pertaining to the emergency department and hospital management are basic and brief, which is understandable since the focus is on prehospital care.

In most major incidents, many victims are rescued by themselves or by bystanders, overloading hospitals and minimizing use of prehospital care providers. One chapter mentions this inevitable situation; however, it should have been elaborated upon. A disaster rarely involves prolonged extrication and delayed transport to hospital of enough casualties to warrant a staged scene, as the book describes. However, should this prolonged disaster be the case, the model and process outlined in this book are easy to follow, credible and reflect current disaster-management principles.

A bibliography or reference list would have been a useful addition to this book. The training appendix provided could be expanded. Disaster planning and preparedness require extensive and current exercises to maintain providers' skills.

This is an interesting book that is

easy to read and informative. It is a good resource for prehospital and emergency department personnel.

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Living with Epilepsy: A Guide to Taking Control

Peter Fenwick and Elizabeth Fenwick. 216 pp.
Bloomsbury, London. 1996. \$17. ISBN 0-7475-2340-1

Overall rating:	Fair
Strengths:	A good sampling of practical and self-help advice to patients
Weaknesses:	Not enough on information on pathophysiologic factors, weak section on drugs, too much emphasis on alternative therapies and not enough illustrations
Audience:	Lay public, patients with epilepsy and their families

This small book, intended for the public, patients with epilepsy and their families, attempts to fill a gap in the educational material available. It is written by a British psychiatrist with an international reputation as an expert on epilepsy and his wife, a professional writer.

The authors first define epilepsy and describe and classify seizures and then discuss diagnosis, including the use of electroencephalography, neuroimaging techniques, drug therapy and surgical therapy. In the rest of the book they deal with the social aspects of epilepsy and offer practical advice to help patients manage their seizures. These sections are particularly useful for patients and their families; practical problems are rarely dealt with at length in such publications.

As the title suggests, the book em-

phasizes alternative therapies and psychological or mental ways of preventing or stopping seizures. The patient's ability to terminate seizures through mental effort and changing of thought patterns as well as sensory input has long been an interest of Dr. Peter Fenwick. Because of his special interest in such areas, the sections on alternative methods of control such as aromatherapy, yoga, biofeedback and diet occupy 35 pages, whereas drug therapy is covered in only 21 pages. I would have liked to have seen a much more comprehensive discussion of antiepileptic drugs and their use, and especially of their effects, which are often of great concern to patients and their families.

A fuller discussion of pregnancy and epilepsy, epilepsy in elderly people and the pathophysiologic aspects of epilepsy would have been welcome.

There are some idiosyncrasies in the text; for example, the definition of epilepsy includes "two fits within 2 years." Many would disagree with putting this time constraint on the definition. Lamotrigine is included under "state-of-the-art drugs," whereas gabapentin and vigabatrin are included under "second-line drugs." The book is bereft of illustrations, diagrams and tables. It would have benefited immensely from examples of computed tomography and magnetic resonance imaging scans as well as electroencephalograms. The material is directed toward a British audience. For example, the term "fits" is used throughout. Drugs are mentioned by their brand names, which may be different from those in North America. This could be confusing to North American patients reading the text. Some statements are false, including the one that "complex partial seizures always begin with an aura."

Although this book has some material of interest to its intended audi-