beyond the textbook anecdotes and simple chronologies, a necessarily more detailed and vastly more complex picture of science emerges. These complexities and details often stand out even more clearly because of their conceptual and temporal distance from our own world. Such revisionist views are sometimes seen, especially by scientists, as being anti-science or as undermining the status of science in contemporary life. This sort of reaction is ironic, of course, since science purports to be based on empirical justifications, grounded in observation and experiment, and it is just this sort of recourse to evidence that has allowed much of the recent, in depth, analysis of past episodes in science.

Textbooks of microbiology, almost without exception for over a century, have devoted significant space to the microscope and Leeuwenhoek. The story of Leeuwenhoek told in these texts, however, is clearly not a story of his role in his own time. Almost invariable it is a story of the “premature discovery of microbes,” of a man “ahead of his time” and so on. What is the message?

It is an interesting question why we seem to have need for icons, celebratory events, and what might be called “founder myths.” Do these serve to define our identity? Do they reassure us that we are part of a legitimate human activity? Do they reinforce the authority that we require in order to have our work and ideas taken seriously? Do they depict idealized heroes for our students to emulate?

And finally, How are we using History? What obligations fall to those of us who venture into the past in an attempt to understand our roots as well as our future?

PRACTICAL GUIDE TO THE CARE OF THE GERIATRIC PATIENT, 2ND EDITION. By Fred Ferri, Marsha Fretwell and Tom Wachtel. St. Louis, Missouri, Mosby, 1997. 653 pp. $29.95.

Part of Mosby's Practical Guides, this pocket-size, spiral bound manual focuses on the care of the geriatric patient. According to the World Health Organization (WHO), an elderly patient is between 65 and 75, whereas an “old” patient is between 76 and 90. Anyone over the age of 90 is “very old.” Beginning with these definitions, the manual addresses the biology, epidemiology and demographics of aging. The next chapters describe comprehensive geriatric assessment, health maintenance of the elderly, cognitive dysfunctions, selected functional and organ system abnormalities, pharmacotherapy, long-term care, rehabilitation, socioeconomic and legal issues, and alcohol abuse in the elderly. The manual also provides two chapters on drug formulary and comparison tables on popular drugs. The appendices contain clinical formulae and other useful scales and assessment instruments (e.g., the Folstein Mini-Mental State Examination and the Katz Index of Activities of Daily Living).

For the most part the manual is written in outline style for quick access to information. The presentation of issues is thorough and clear. Although each chapter in the manual is further subdivided into sections written by contributing authors, there are only minor deviations in styles so the compilation avoids being a hodge-podge of notes. A couple of entries depart from the outline format into full prose text, but the departures seem warranted and minor. The manual includes numerous tables and charts to help organize the information into a readily understandable format. There are four color plates depicting four different dermatological problems that the authors believe are important to recognize in geriatric patients. The manual also provides standard questions to ask during evaluation of various conditions such as hearing loss and prostate hypertrophy.

The care of the geriatric patient differs from the care of other adult patients and this manual stands as testimony to that. Mosby's Practical Guide gives a brief overview of the comprehensive geriatric assessment, which the authors are quick to show allows for an
interdisciplinary approach to the care of the geriatric patient. This approach is useful since the older patient population often suffers from multiple organ dysfunction. These medical and cognitive problems underlie functional problems such as mobility or urinary continence that may complicate the patient's hospital course and limit participation in activities of daily life. The manual thoroughly presents the problems of dementia and delirium, emphasizing their multiple etiologies and their diagnostic criteria. Likewise, in Chapter 5: "Selected Functional Syndromes," the authors emphasize recurring problems in the older population — weight loss, falls, depression, anxiety, mobility, and pressure ulcers.

Despite the wealth of information, however, the manual does not give, explicitly, an overall picture of what caring for the geriatric population is like — i.e., how it may differ from regular adult patient care. Fretwell provides a vignette in her section on "Cooperation with Care Plan" in Chapter 5. Here, she briefly reviews triad of relationships in geriatrics in terms of patient compliance. Unlike the traditional dyadic relationship between doctor and patient, most geriatric relationships involve three groups: the patient, the doctor and a caretaker (hence, the need for power of attorney in some cases). As Fretwell notes, the physician must listen both to the patient and to the caretaker when making recommendations. Because the goals of treatment are often more functional than strictly medical, the caretaker is an important person who can monitor and help the patient with his/her problems.

The manual describes the roles of the caretakers and patients well, but it still leaves the question: what do geriatricians deal with most of the time? The answer can be found scattered within Chapters 4 and 5: "Cognitive Dysfunction" and "Selected Functional Syndromes." However, there is no overall introduction to explain why these chapters are broken up this way and separated from Chapter 6 "Selected Organ System Abnormalities." A medical student just starting a rotation in geriatrics may have difficulty understanding why 20 pages are devoted to pressure sores and only three pages to congestive heart failure. The authors do tell us that the development of pressure ulcers quadruples the risk of death, but this statistic needs to be emphasized in order to give the reader a sense of how problems, which are minor in younger adults (e.g., falls and change in environmental temperatures), can be fatal to older adults.

Because the strain from taking care of an elderly family member can lead to stress and other medical problems, the caretaker has often been called the "hidden patient." Support groups have been established to help caretakers cope with such stress, and the manual includes phone numbers of these support groups, focusing on the care of stroke and Alzheimer's patients. However, this information is not stressed or highlighted separately for easy referral. This seeming minor drawback is perhaps more significant in light of reported referral to such groups.

Despite these criticisms, Mosby's Practical Guide generally provides an efficient way to obtain information when on the wards or in the clinic. The manual contains a wealth of information, covering medical, social, legal, and financial aspects of care for the older patient. Overall, the guide is a useful reference for all those involved in geriatrics.

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