

Calcium Entry Blockers and Tissue Protection, ed. by Theophile Godfraind, Paul M. Vanhoutte, Stefano Govoni, and Rodolfo Paoletti, New York, Raven Press, 1985, 275 pp, \$42.00.

This book contains the contributions of an impressive array of experts. Virtually all are pharmacologists or physiologists, rather than clinical research specialists. Thus, the text deals primarily with basic research involving calcium blockers.

The authors claim that this text will be of interest to "all cardiologists." In the Preface, this book is said to be "of a clear practical application." However, only the four chapters dealing with peripheral vascular disease are likely to be of even mild practical interest to cardiologists. Collectively, these chapters constitute less than one-sixth of the entire work.

The initial chapters deal primarily with the basic mechanisms of action of calcium blockers. Some of these chapters are likely to be difficult to understand and uninteresting for the average cardiologist, but may be of interest to the physiologist who wants to learn more about calcium blockers. Neurologists may want to read the later chapters, which deal with calcium blockers for the treatment of cerebral ischemia, epilepsy, and migraine.

Overall, *Calcium Entry Blockers and Tissue Protection* should appeal to physiologists and pharmacologists interested in calcium blockers, but it does not contain sufficient clinically relevant information for cardiologists or neurologists.

FREDERICK A. HEUPLER, JR., M.D.

Department of Cardiology
The Cleveland Clinic Foundation

Pocket Atlas of Normal CT Anatomy, by James B. Weinstein, Joseph K. T. Lee, and Stuart S. Sagel, New York, Raven Press, 1985, 88 pp, \$9.50.

This is a compact, clear, and well-detailed atlas of the normal cross-sectional anatomy depicted by computed tomography (CT). This work contains 41 high-quality CT images of the neck and larynx, chest, abdomen, and pelvis. The opposing pages provide clear, well-labeled illustrations of the accompanying CT images. Although there are many good, large atlases available containing significantly more detail, the authors have managed to clearly depict all of the significant anatomy found at the various anatomic levels. The portability of the atlas adds to its utility. *Pocket Atlas of Normal CT Anatomy* should prove to be of assistance to clinicians and residents.

GREGORY P. BORKOWSKI, M.D.

Department of Radiology
The Cleveland Clinic Foundation

Symposium on Sports Medicine: The Knee, American Academy of Orthopaedic Surgeons, ed. by Gerald Finerman, St. Louis, C. V. Mosby, 1984, 248 pp, \$49.95.

This is a well-organized and well-written text covering sports injuries to the knee. The book discusses physiologic, epidemiologic, and biomechanic principles involving the knee, then uses these principles to show the effects of injury on the articular cartilage, menisci, and ligaments, as well as the effects and problems of reconstructive surgery.

The first portion of the text is an excellent review, discussing the various problems encountered with sports-related knee injuries, and is for the surgeon treating such injuries. The second portion of the book outlines the evaluation of the acute knee injury, non-operative treatment of acute knee ligament injuries, and operative therapy. The final chapters deal with recent advances in biologic substitution of the cruciate ligament, as well as in prosthetic anterior cruciate ligament repairs.

This is not a text for one who wishes to have a "cookbook" approach to various sports injuries or a "how to" guide involving the handling of various sports injuries.

For now, this text is timely as it reviews some of the current philosophies regarding the research and practical aspects of knee injury. As further research is performed, however, this book will tend to become dated. The American Academy of Orthopaedic Surgeons symposium was held in April 1982.

THOMAS E. ANDERSON, M.D.

Department of Orthopedics
The Cleveland Clinic Foundation

The Aging Process: Therapeutic Implications, ed. by Robert N. Butler and Alexander G. Bearn, New York, Raven Press, 1984, 275 pp, \$45.00.

Geriatric medicine has finally, after many years of neglect, become recognized as an important and bona fide subsection of health care. As is emphasized in several portions of *The Aging Process*, while those more than 65 years old constitute 11% of the American population, this group accounts for more than 30% of all prescription drug use. Previous views that the elderly are simply "older adults" when considering drug treatment are still prevalent in some areas and should be discarded; this view is no more correct than considering children to be "younger adults." Although not yet comprehensively evaluated in an organized manner, it is clear, as pointed out in this volume, that the elderly do possess multiple factors which result in altered drug disposition. In addition, for reasons that are incompletely understood, the elderly suffer a disproportionate number of drug reactions and interac-

tions. The implication is clear: efforts must be directed at an improved understanding of multiple areas appropriate to optimal drug use by the aged.

The Aging Process is a compilation of papers presented at a conference held on June 25 and 26, 1984, in Spain and consists of presentations by many internationally known experts in clinical pharmacology. A broad range of topics is covered, some in more depth than others, and includes such focused items from age-related reduced activity of cytochrome P450 reductase in experimental animals to demographic characteristics. The book contains brief reviews of special problems in the treatment of geriatric patients with antihypertensives, nonsteroidal anti-inflammatory drugs, and antibiotics. Ideas, current knowledge, and questions for the future are also included. Of special interest are discussions of problems perceived in performing research on drugs in the elderly—an area fraught with multiple, unresolved, sometimes emotionally charged issues. Many of the individual presentations are followed by a round-table discussion which emphasizes certain points made by the presenter or offers alternative viewpoints and explanations. Reflecting the international flavor of this conference, each chapter summary is given in six languages.

Symposia publications tend to suffer from inconsistent editorial style. Yet the editors have done a good job coordinating diverse styles. As is true for most

symposia, this text is not a comprehensive treatise, nor was it intended to be. Another problem with symposia is the timeliness of the subsequent publication. In this volume, the material is not yet one year old and the editors and publishers should be commended for such rapid publication. Overall, the book is of high quality, although there is an error in the Table of Contents regarding page numbers in the latter part of the text.

Methods of educating physicians in the problems of adverse drug interactions (problems of particular importance to the elderly) have, to date, been relatively ineffective. The traditional tabulation approach, as discussed in this text, is not extremely helpful. For example, rather than trying to remember what drugs do and do not interact with antacids, a simpler and more practical approach would be to simply avoid taking medications within an hour before or after taking an antacid, obviating the need to memorize long lists.

I would recommend *The Aging Process* to internists, geriatricians, or clinical pharmacologists whose interest might be piqued by the questions raised in the presentations and discussions.

PETER H. SLUGG, M.D.

Department of Internal Medicine
The Cleveland Clinic Foundation