

patient is to start treatment for toxoplasmosis and resort to a biopsy after a week only if there has been no improvement.

I enjoyed the book but the price seems too much for the chapters in which Dr Cook's experience as a tropical gastroenterologist is well demonstrated. I would have felt more indebted to him had he produced a second edition of his incomparable *Tropical gastroenterology* (1980).

C. J. ELLIS

*Consultant Physician, Department of Communicable and Tropical Diseases, East Birmingham Hospital*

### **Energy metabolism, indirect calorimetry and nutrition.**

By Simon Bursztein, David H. Elwyn, Jeffrey Askanazi and John M. Kinney. Williams & Wilkins, Baltimore, 1990. 266 pp. £32.00.

Since the introduction of parenteral nutrition in 1969, interest in the nutritional needs of patients has increased considerably. Clinicians now can have almost complete and independent control over the prescription of individual nutrients, so they need to know not only how much fluid and electrolytes their patients need, but also what their nutrient requirements are.

The authors of this book have been working in the field of protein/energy metabolism for many years. They successfully provide a rational basis for dealing with the protein and energy needs of the malnourished and of traumatised/septic/burned patients by giving a full account of the derangements in protein/energy metabolism that occur in various clinical states. They analyse the different responses of various groups of patients to increasing protein intake, and how this relates to energy balance. These important aspects of protein metabolism, which have moulded our recommendations of protein needs, are dealt with in a masterly way.

A good historical introduction to indirect calorimetry is followed by a large section on theoretical aspects of energy balance. Emphasis is given to the principles of indirect calorimetry because this is an important means not only for measuring energy expenditure but also for assessing the proportion of administered nutrients that are oxidised for energy production or deposited in storage. This aspect should be of considerable interest to biochemists as well as respiratory specialists, because the quantity and type of fuel oxidised can affect both oxygen consumption and carbon dioxide production. In intensive care units such knowledge may lead to an alteration in management. There is also a section on the different types of indirect calorimeters, with an evaluation of the various portable metabolic rate machines now commercially available.

Finally there is a section on parenteral and enteral nutrition, with the conclusion that it is better to measure energy expenditure than to estimate it. However, since most clinicians do not have the necessary equip-

ment for measuring energy expenditure, they must estimate it and prescribe appropriately. Although there is still no universal agreement on the estimated protein and energy requirements of various groups of patients, the authors provide rational suggestions and the theoretical background for possible alternative choices.

The book is strongly recommended to anyone considering the use of indirect calorimetry in clinical practice, as well as those involved in artificial nutritional support and those interested in the pathophysiological disturbances of protein and energy metabolism in different clinical states.

M. ELIA

*Clinical Scientist, MRC Dunn Clinical Nutrition Centre, Cambridge*

**Geriatric medicine.** By Ann M. Blackburn. Heinemann Medical Books, London, 1989. 204 pp. £9.95.

People aged 65 and over occupy nearly half of all general medical beds in the UK (distinct from acute geriatric medical beds) and the median duration of their stay in hospital is much longer. The proportion of people aged 85 and over, the most frail and dependent section of the elderly population, will dramatically increase in the next 30 years.

This small book contains an immense amount of information. The author has not sought to produce a comprehensive text with respect to the practice of medicine in the elderly but, in dealing with those problems that affect the elderly most commonly, she has provided a very good overview of the subject. It is written in a clear and readable style and contains much information that it is difficult to find in other texts of a similar size on geriatric medicine, such as the discussion on the legal aspects of mental disorder. The appendices also contain valuable advice on training and career opportunities, as well as areas for future research.

This excellent book could also be read with benefit by those studying for the MRCP exam, the Diploma in Geriatric Medicine and the Bachelor of Nursing degree. I hope the title 'Student Reviews' does not attract simply an undergraduate audience.

ANITA THOMAS

*Consultant Physician with Special Responsibility for the Elderly, Plymouth General Hospital*

**The threat and the glory:** collected writings of Peter Medawar. Edited by David Pyke. Oxford University Press. 1990. 288 pp. £15.00

With so many books of Peter Medawar's essays published in his lifetime, I approached this volume with some trepidation. Could his high standards possibly be maintained? Might there have been a temptation to accept writings from the bottom of the barrel—a pale shadow of Medawar at his best? I need not have worried. David Pyke is to be congratulated on putting

together this fascinating collection of essays, book reviews, lectures and radio interviews. Admittedly almost all have previously been published—a couple (The genetic improvement of man; Animal experimentation in a medical research institute) in one of Medawar's own well read books, *The hope of progress*, but most of the others in more obscure books and journals or in the New York or London *Review of books*, none of them readily accessible to the general reader. All remain topical and are a pleasure to read.

With the exception of three items (a previously unpublished 1966 radio interview in which Medawar discourses on what made him tick as a scientist, the unscripted 1963 radio broadcast 'Is the scientific paper a fraud?' and his 1959 Reith lectures 'The future of man') everything in this book was written after his first calamitous brain haemorrhage in 1969—a glowing tribute to his remarkable powers of recovery and the retention of his highly analytical talent for discussing complex issues on a broad front, as well as his flair for writing in a style that arouses the reader's interest.

Peter Medawar has made the art of reviewing scientific books, usually several at a time, very much his own. Take as an example the chapter from which this book derives its title. He was reviewing, for the *New York review of books*, three books on various aspects of genetic engineering which covered both the biological basis and the ethical dilemmas facing those working in this field. First we are treated to 11 pages of Medawar's own thoughts and views on the subject, with references to the 1975 Asilomar conference at which the possible harmful effects of genetic engineering were discussed, the MRC guidelines published in the same year, Michael Roger's book *Biohazard*, a *Nature* editorial, a discussion he once had with Jacques Monod the then Director of the Pasteur Institute, a book by the biochemist Edwin Chargaff, articles by Clifford Grobstein in *Scientific American* and *Science*, and Dr James D. Watson of DNA fame—not to mention a couple of deft allusions to Francis Bacon and H. G. Wells. Only then does he see fit to write: 'Having now taken evidence from various quarters we may turn to the three works specifically under review!' We cannot know whether the three authors felt hard done by, but we were given an essay of absorbing interest. As it happened he was able to praise all three, though with considerable economy (just over 4 pages). His conclusion was that, short of abolishing the profession altogether, no legislation can ever effectively be enforced that will seriously impede the scientist's determination to come to a deeper understanding of the material world.

There is much else in this posthumously published volume to interest physicians—from the role played by Howard Florey in the discovery of the curative powers of penicillin, the puzzling question of fraudulent (as opposed to erroneous) claims in science (he admits to some passive complicity in the case of the 'spotted mice' because he found himself 'lacking in moral courage' in giving voice to his doubts at a time when

he was a scientific consultant to the Sloan-Kettering Institute), to a spirited attack on T. McKeown's book *The role of medicine* that is, at the same time, an equally spirited defence of the medical profession. When Medawar spots a flawed argument he can be ruthless in demolishing it; after quoting a paragraph from McKeown's book he goes on to say: 'Living as I do in a world of medicine and medical research I am happy to confirm that from my own experience what McKeown says is absolute bunk'. You can't be blunter than that!

In the final, short chapter, 'The life instinct and dignity of dying', written 4 years before his death and after several life-threatening episodes, Peter Medawar comes down heavily in favour of prolonging life by all means possible: 'There is no philosophically definable dividing line between treatment that is rated dignified and morally acceptable and treatment that is declared to be an affront to the dignity of man . . . It was as allies, then, that I regarded my physicians and the apparatus of intensive care and not as so many plots to deprive me of my dignity'. This may not be the last word on a complex and vexing question, but there is no doubting the deeply held belief from one who had been through the mill.

I strongly recommend this book to all who take an interest in the interface between science, medicine and ethics, and in Peter Medawar.

L. BRENT

*Emeritus Professor of Immunology,  
St Mary's Hospital Transplant Unit, London*

**Commonsense geriatrics.** By Keith Thompson. Clinical Press, Bristol, 1990. 150 pp. £12.50.

Most problems of the elderly are dealt with by general practitioners, and hospital doctors should recognise that the approach will often be very different from and more difficult than their own. Thus, although the elderly have much to gain from new non-invasive technology, also of great importance are preventive medicine and the recognition of the social implications of an illness. Why are more elderly people not vaccinated against influenza?

This book, written by a general practitioner distinguished in the field of care of the elderly, is not so much a textbook as a discussion on a general practitioner's approach, illustrated from the author's own research and long experience. What emerges is a shrewd, idiosyncratic and readable book, with many gems. Although it is not meant to be comprehensive, there are nevertheless some notable omissions; in particular there is no mention of the Attendance Allowance, and little about the practical use of a hearing aid. I feel that his account of the management of the dying at home—a difficult subject for the newly trained—could well be expanded in future editions.

There are many books that deal exhaustively with the medical problems of old age, often in a turgid style with no real insight into the general practitioner's dif-