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Populations are ageing in almost every country, and this book begins to fill a large void in the literature of health in the elderly. There are 45 chapters with an impressive list of contributors. Two thirds are from the UK and the rest from eight different countries. Many are established authorities on their chosen subject. As Margot Jefferys says in her editorial preface, this should become a standard reference book.

Chapter subjects range well beyond consideration of individual diseases, to encompass, for example, health economics, community care, migration and ethnicity, and ageotropism. Its scope aims (and generally succeeds) in being truly international. The editors have succeeded in keeping contributors to a uniform chapter length of about nine pages. They have been less successful in achieving a universal standard of up to date¬ness. However, given the explosion of knowledge in the past decade, and the ease with which it can be retrieved, this is a serious point. There are dangers ahead too—volumes like this age quickly in matters of detail.

Nevertheless, Epidemiology in Old Age is a splendid achievement. The price is steep for individuals, but medical libraries will find it of great value. It is extremely well produced with a vivid purple cover. Specialists will find their particular concerns examined in more detail elsewhere, but for those who want to venture into new aspects of geriatric epidemiology, their search begins here.

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BOOK REVIEWS


Responding to the needs of older people probably remains the biggest challenge facing health and social care, to quote the author himself. This report examines the process of joint commissioning of services by health and local authorities in five contrasting local areas. Much of the work of the project has been recorded in a series of previous King’s Fund papers; the present report draws out the key lessons.

Monitoring the process of service development is a slippery task, especially when a multiplicity of agencies is involved. As the report acknowledges, significant changes will take time, often longer than an individual researcher is able to follow them. So here we have an account of work in process, rather than neatly defined historical episodes.

Poxtom presents grounds for modest optimism. Achievements differ in the various localities, but rigorous evaluation of planning initiatives is seldom easy, and short term perspectives may be misleading. The qualities of vision and passion, here identified as essential, are particularly difficult to pin down.

One complication to the success of joint commissioning which the report neglects relatively is that of the different occupational settings of the participants. GPS often point out that social services departments have high staff turnover; their own positions are relatively stable, while allowing them considerable scope in deciding the margins of their job. In a primary care led NHS, their contribution to processes like joint commissioning will be increasingly influential.

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