In the past three years, *Geriatrics & Aging* has reviewed the two major British textbooks of Geriatric Medicine. Dr. Shabbir Alibhai reviewed the 2nd edition of the *Oxford Textbook of Medicine* in our July/August 2000 issue (Vol. 3, No. 6) and Dr. Christopher MacKnight reviewed the 6th edition of *Brocklehurst's Textbook of Geriatric Medicine and Gerontology* in our June 2003 issue (Vol. 6, No. 6). Both reviews are still available on our website (www.geriatricsandaging.ca).

Unlike the more balanced international contributions of the British texts, the contributors for the texts *Geriatric Medicine: An Evidence-based Review* and *Principles of Geriatric Medicine & Gerontology* are overwhelmingly from one country, the United States, and all the editors are American as well. There are several interesting individuals who have contributed to both texts, and one of these is the distinguished Canadian scientist, Paula Rochon. She has co-authored the chapters dealing with drug usage in the elderly for both texts, certainly an indication of her international stature.

Both texts have similar tables of contents, although the order is somewhat different. The opening section of each text is on the basics of gerontology, and both are quite good. *Geriatric Medicine* benefits from an initial chapter on evidence-based medicine and its specific application to geriatrics, written by Rosanne Leipzig.

Dr. Alibhai would be pleased to note that both of these textbooks have substantial sections on cancer in the elderly. Some of the chapters in both texts, however, read as though they were written for a standard textbook of medicine, and thus do not address the difficult issues in the field, including how representative the trials are, whether frailty was factored in somehow, and whether there is evidence of age discrimination. Fortunately, both books have an introduction to the cancer section by Harvey Jay Cohen that addresses some of these issues in general. Professor Cohen has more space in *Principles of Geriatric Medicine & Gerontology*, and thus does a better job there.

The various types of dementia are covered in a rather superficial manner in comparison to the last text I reviewed (*Clinical Neurology of the Older Adult*, July/August 2003, Vol. 6, No. 7, page 65), but this is a more general text. *Geriatric Medicine* does a better job with Alzheimer disease, but I suspect that Dr. MacKnight would not be impressed by the sections on vascular dementia in either text (it should be noted that he is a well regarded investigator in this area). I personally feel that the area of cholinesterase therapy is a perfect area for the contributor to discuss statistical versus clinical significance, but neither text addresses that issue. Both texts have chapters on delirium authored or co-authored by Dr. Sharon Inouye and are well written, with as much evidence presented as possible.

*Principles of Geriatric Medicine & Gerontology* is generally more comprehensive than Cassel’s text for cardiovascular disorders, but neither is very strong on the management of atrial fibrillation. I feel a geriatrics textbook should be exploring the barriers to anticoagulation as well as patients’ perceptions of treatment, and should be including more detail on the exact benefits in various circumstances to better allow the practitioner to counsel her patients. The Hazzard, *et al.* text has a larger section on cardiac pacing than it does on atrial fibrillation in the elderly. I suspect that few readers of this text will be making pace-maker insertion decisions, but many will be providing full care to patients with atrial fibrillation.

In summary, these are both excellent texts, each with its own blend of strengths and weaknesses. Both are well written with excellent use of tables and figures. I find that *Geriatric Medicine: An Evidence-based Review* has an easier typeface to read; however, I would be satisfied with owning either of these two texts.