visual field, and this effort is sorely lacking in illustrations. Overall, an adequate number of illustrations accompany the text; however, in the section describing viral exanthems, not a single photograph, black-and-white or color, of a rash is to be found. The only color illustrations in the entire two volumes are a set of unreferenced plates at the end of the chapter on clinical diagnosis. These plates are inadequate and poorly organized. Two different sets of figures are often listed on the same page without references to the appropriate chapters of the text.

For those who love reference books, belong to large practices, or practice in teaching sites, or for family physicians who have an active dermatologic practice, this book would serve as a useful addition to a library containing several other dermatology texts including atlases and more focused general dermatology texts. Otherwise, the cost, size, and especially the lack of color illustrations make this reference less than ideal for the average family physician.

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The Making of a Doctor: Medical Education in Theory and Practice. *By R.S. Downie, Bruce Charlton, K.G. Calman, and James McCormick. 203 pp. New York, Oxford University Press, 1992. $49.95. ISBN 0-19-262136-X.*

The authors state in the Preface that "the book takes a broad perspective in order to examine the moral, philosophical, and historical underpinnings of medical education. . . . Our overriding objective throughout is to suggest that it is both desirable and possible to put education back into medical training." In the first chapter, they state the following problems of medical education: selecting appropriate individuals to be physicians, helping students to become educated into society rather than being allowed to learn material only for the purpose of passing examinations, improving training at the graduate level to keep physicians from becoming distorted in their view of what the public needs, and improving continuing education to make it more relevant to the educational deficiencies of practicing physicians.

Throughout the book the authors trace historical reasons behind the evolution of present-day medical education, but they write from the perspective of medical education in the United Kingdom, going back to the Society of Apothecaries, which was founded in 1615. They also note the establishment of the Company of Surgeons in 1745, which became the Royal College in 1800. Although some information is of interest, the United States reader would not be particularly concerned about the establishment of the UK General Medical Council or about its problems keeping young physicians in a junior role for a prolonged time before they obtain consultant positions.

Each chapter is introduced with vignettes of imaginary cases that describe some problem to be discussed in ensuing pages. As is usual, the cases are extreme to make the point. At the end of each chapter the authors state their conclusions in enumerated sentences. This style helps to crystallize the points made throughout the chapter. Again, the vignettes and solutions are idiosyncratic to the British educational and health care delivery systems.

Many outcomes described in this book will be familiar to family medicine educators. We want all physicians to practice community-oriented medicine and to utilize the health care team for their patients. We expect our physicians to be educated, not just trained in the skills of surgical procedures. We enthusiastically support choosing applicants for medical school who are patient care oriented rather than interested in medicine for scientific pursuits. All physicians should have high moral and ethical values, and they should continue to be educated throughout their careers for good patient care.

Some difficulties the authors see in the British medical education system are not as evident in the United States. Most US medical schools choose their students after 4 years of university studies; therefore, the applicants have a broad general education that encompasses more than science subjects. Many medical schools in the US have accepted the challenge of developing a more flexible curriculum to cope with information overload. Our graduate programs prepare generalists and specialists to enter the health care system at the completion of their training, so they do not need to assume junior positions in the health care system before taking their definitive role in society. So far our health care system has been able to absorb the numbers of physicians completing their training, but we know our system is providing too many specialists and not enough generalists for accessible health care.

No system of medical education is ideal. Those who want to learn about the problems in the United Kingdom and the authors' suggestions for improving their system will find this book interesting, as many of their problems are relevant to medical education in the United States.

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Office Gynecology. Fourth edition. *Edited by Robert H. Glass. 431 pp., illustrated. Baltimore, Williams & Wilkins, 1993. $75. ISBN 0-683-03546-0.*

Women's health care is emerging as one of the hot topics for medicine in the 1990s. There have been calls for the creation of a new specialist for women's health. For those of us in family medicine, our discipline would appear to offer the greatest breadth and depth to address the multitude of health issues facing women of all ages. To provide this service, the family physician needs a thorough knowledge of women's

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