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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health issues including the latest advances in diagnosis and treatment. This fourth edition of *Office Gynecology*, edited by Robert H. Glass, is a valuable source of such information.

As little attention is given to surgical techniques and gynecologic specialty issues, the audience for this book is clearly the office-based practitioner. At just more than 400 pages, this book is meant to be read rather than be used as a reference text. A well-organized table of contents and a thorough index provide easy access to specific topics.

Common subjects, e.g., sexually transmitted diseases, contraception, urinary tract infections, amenorrhea, and dysfunctional uterine bleeding, are well covered. Newer topics include a brief discussion of human immunodeficiency virus infection in women and a detailed description of Norplant usage. In addition, human papillomavirus infections and colposcopy technique, as well as cryosurgery, carbon dioxide laser, and loop electrosurgical excision procedure (LEEP) treatment modalities, are given ample attention.

Areas of particular interest to the family physician are sex counseling in office practice, including male sexual dysfunction; infertility, including in vitro fertilization technique; and management of the postmenopausal woman, including a discussion of osteoporosis and estrogen usage. An especially useful discussion of premenstrual tension syndrome (PMS) covers biologic and behavioral aspects and addresses various treatment options. Breast diseases and pelvic pain are also useful topics well covered.

Illustrations are used judiciously and add to the clarity of topics. Although several colposcopy photographs appear in the text, the unfortunate limitations of printing in black and white detract somewhat from their usefulness.

Perhaps my only disappointment was the brevity of the discussion of women and AIDS. The intent of this book is to offer breadth with a reasonable amount of depth, however, and the authors have provided us with a readable and informative text that will be a valuable asset to any health provider who cares for women.

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Practice of Geriatrics. Second edition. *Edited by Evan Calkins, Amasa B. Ford, and Paul R. Katz. 632 pp., illustrated. Philadelphia, W.B. Saunders, 1992. $75. ISBN 0-7216-3517-2.*

The size of this book falls between the smaller textbooks of geriatrics and large compendia. Its 55 chapters address most of the major issues in geriatric medicine that are crucial to family physicians, and many chapters are written by noted authors in the field of geriatrics. The book is well edited and contains various tables and figures (fewer than I would like), and its chapters are readable, though use of case materials would make them less dry. As is true in most edited volumes, the quality of the chapters is somewhat uneven. My favorite is an excellent review of musculoskeletal diseases in the elderly by Evan Calkins. I would recommend that chapter as required reading for all family practice residents. At the opposite end of the scale is a chapter on preventive assessment; some of its recommendations do not seem clinically relevant — e.g., is it realistic to recommend no prostate examinations after the age of 75 years?

In comparing this edition with the first, I found some chapters have received more thorough updating than others, and in my opinion one of the better chapters in the first edition, which discussed paranoia, has been dropped. This point is relatively minor, however, for the book remains an excellent one.

The book is really more suitable as a reference than as a text for family practice residents on geriatric rotations. It does not emphasize practical aspects of assessment and treatment sufficiently to be a basic text; however, its comprehensiveness makes it an excellent resource when a resident or faculty member wants an introduction to nearly any topic in geriatrics. The book's many strengths (comprehensiveness, quality of authors, and overall readability) are such that I would recommend it for the library of any family practice residency and, in fact, for the personal library of any family physician who has an interest in geriatric medicine.

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Primary Care. Cancer: Epidemiology, Prevention and Screening. *Clinics in Office Practice, Volume 19, No. 3. Edited by Arthur H. Herold. 237 pp., illustrated. Philadelphia, W.B. Saunders, 1992. $27. ISBN 0095-4543.*

This issue of *Primary Care* is the first of two publications on cancer topics relevant to primary care physicians. Cancer is currently the second leading cause of death in America. It is projected to be the first leading cause of death in the twenty-first century. Understanding the principles of prevention and screening are important, therefore, to every physician.

This book is divided into 14 chapters. The first two chapters review the epidemiology of cancer in the United States and the particular problems of cancer in socioeconomically disadvantaged populations. Geriatric oncology is discussed in a separate chapter. The chapter on principles of screening is well written and organized; however, it lacks any mention of likelihood ratios, receiver operating characteristic curves, or probability theories in screening. Other general chapters include discussion of barriers to and incentives for screening and risk factors for cancer. The importance of nutrition and prevention is addressed in a separate chapter. The remaining portion of the text provides techniques, results of and recommendations for screening skin, breast, cervical, gynecologic, colorectal, and prostate cancers.

The organization of this book allows easy reference to the condition about which the reader wants to

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