

**Case Presentations in Clinical Geriatric Medicine**, edited by G.S. Rai, P.J. Murphy & G. Wright. Pp. vii + 136. Butterworth (Services), London, 1987. £7.95.

Physiological changes, multiple pathology, physical incapacity, concomitant mental disorders and social disadvantage mean that special skills are required in the diagnosis and management of illness in old age. This has been recognized by the inclusion of questions on geriatric medicine in the examinations of the Royal College of Physicians, and the establishment of a Diploma examination in Geriatric Medicine for general practice.

The most effective way of preparing for such ordeals is to read widely and build up plenty of relevant clinical experience. It is sometimes difficult, however, to identify areas of ignorance, and as an aid to this there now is a wide range of books with test questions on relevant topics.

I was particularly impressed by this series of 60 case presentations by London geriatricians. A wide range of acute and chronic, and common and rare disorders is covered. However, in addition to making spot diagnoses the questions encourage the reader to tease out multiple disorders, identify red herrings, and tailor management to the physical and social needs of patients. The cases thus effectively capture the activity and atmosphere of a busy geriatric assessment unit.

The answers to questions in the second half of the book are detailed, accurate and relevant, and are followed by discussions which deal with the main issues from cases in full. There also is a limited number of references to each problem as a guide to further reading. It is inevitable that opinions will differ as to whether the most useful have always been chosen, but most are up to date, and the authors have obviously put a great deal of work into finding them.

This book can be thoroughly recommended for doctors preparing for an MRCP examination. I am less sure about its value for general practitioners preparing for the Diploma in Geriatric Medicine. The questions are moderately testing and relate to diagnosis, investigations and treatment in a hospital environment. As such they may be rather daunting for a doctor equipping himself to care for the elderly in the community.

Another group who could read the book with profit are physicians already established in general and geriatric medicine. I am certain that, like me, they will find many lacunae in their knowledge, and will be encouraged to persevere in remaining up to date with the rapidly advancing field of geriatric medicine.

Professor W.J. MacLennan  
*Department of Geriatric Medicine,  
City Hospital,  
Edinburgh EH10 5SB.*

**Catherine – a Tragic Life**, Maureen Dunbar. Pp. 134, illustrated. Penguin Books, London, 1987. £2.25.

This is a short paperback by the mother of a young girl who died of anorexia nervosa. It is a well written,

compelling, and emotionally charged account of Catherine's tragic life and provides an intriguing window on the lives of the subject's family. But to what purpose? The stated aim of the author is to 'help create a climate of compassion, love and support from the families and friends of those unfortunate enough to be anorectic'. More than this, it is clearly written to the memory of and as a testimonial to the subject Catherine. Royalties will go to the Catherine Dunbar (Anorexia) Trust, which I understand to be a registered and worthy charitable fund.

The proposed readership is uncertain. Inevitably it will be read by the families and friends of sufferers, who will find it a harrowing account which takes a fatalistic view.

The medical practitioner will find an excellent account of the intense fear, misery and social isolation of anorexia nervosa, arousing feelings of anger and frustration. Family therapists will relish the clues in the narrative and regret lost opportunities for taking a systemic view and suggesting alternative interventions focusing on family rather than individual. More than this, the book confronts us with the challenge that psychiatry can suggest little to alter the natural history of those few severe anorexics whose psychopathology drives them inexorably to the depths of emaciation.

S. Gowers  
*Department of Psychiatry,  
St George's Hospital Medical School,  
London SW17 0RE.*

**Cope's Early Diagnosis of the Acute Abdomen**. Revised by William Silen. Pp. xii + 290, illustrated. Oxford University Press, New York, Oxford, 1987. £12.50.

In 1921, a young surgeon at St Mary's Hospital, Zachary Cope, published a slim book that preached early and accurate diagnosis of acute abdominal pain, stressed the importance of meticulous clinical assessment and decried procrastination. The preface stated 'it would appear that there is room for a small book dealing solely with the early diagnosis of such cases, for there is little need to labour the truism that earlier diagnosis means better prognosis'. This book, which now appears in its 17th edition, has been revised since 1980 by Professor William Silen of Boston who has maintained the high standards of Sir Zachary. Literally tens of thousands of house officers and surgical registrars must now have been reared on these clear lessons and one can but guess how much suffering has been averted and, indeed, how many lives have been saved because of the teachings preached in this small volume.

The new edition contains an additional chapter on laboratory and radiological tests but, as Professor Silen points out in his preface, 'I have added a new chapter that attempts to guide the reader in selecting appropriate tests rather than employing every conceivable investigation that comes to mind. At the same time, I am more convinced than ever that over-reliance on these new and costly tests at the expense of the careful clinical evaluation will diminish rather than improve the quality of care of

patients with acute abdominal pain'. Zachary Cope will rest easy in his grave knowing that his classic remains in the safest of hands.

Professor H. Ellis  
*Surgical Unit,  
Westminster Hospital,  
London SW1 2AP.*

**Diagnostic Picture Tests in Infectious Diseases**, R.T.D. Emond and H.A.K. Rowland. Pp. 187, illustrated. Wolfe Medical Publications, London, 1987. £6.50.

This is an intriguing book combining several sciences in pictorial form with the constant frustrating challenge of question and answer. It is in the form of a mini atlas of infectious diseases compiled by experienced teachers of tropical medicine and integrates the clinical world with the basic laboratory sciences.

Several basic questions are asked of each of 200 illustrations and unambiguous answers can be found at the end of the book. A small index gives the reader an idea of the spectrum of disease covered. The colour photography and reproducibility of the slides is excellent and the student will have no cause to complain.

The topics covered are diverse and include common and unusual syndromes. The student will be tested on Gram stains, biopsies, dark ground microscopy, peripheral blood films, stool concentrates, chest X-rays, electron micrographs, and ultrasounds. He/she will be challenged by skin rashes, spots, nodules, local and systemic lesions and rightly frustrated by the fact that the questions are not set by order or system. This attractive feature negates success by chance.

This attractive, sensibly priced pocket sized manual will find a ready market for medical students, newly qualified practitioners studying infectious diseases and those looking for an easy route to their first postgraduate examinations.

Professor A.M. Emmerson  
*Department of Microbiology and Immunology,  
The Queen's University of Belfast,  
Belfast BT12 6BN.*

**Doctors in Science and Society. Essays of a Clinical Scientist**, Christopher C. Booth. Pp. xv+318. British Medical Association, London, 1987. £14.95 (Abroad £19.50, USA \$30.00 including postage).

For those who have seen Sir Christopher Booth only as Director of the Medical Research Council Clinical Research Centre at Northwick Park, this volume of essays will come as a delightful surprise, revealing his considerable talents as a medical historian. All chapters are based on previously published articles or lectures and each is therefore complete in itself; there is no attempt to impose any artificial continuity but in fact many of the biographical chapters relate to medical men of the eighteenth and early nineteenth century who had their

origin in the Yorkshire Dales for which Sir Christopher has had a considerable affection since the days of his youth. Samuel Garth, the poet physician who rivalled Alexander Pope in satirical verse, is the first of these, unquestionably a doctor in Society rather than in Science. Dr Hillary who studied with Boerhaave, practised in Bermuda and ultimately achieved fame from his classical description of tropical sprue, Dr Fothergill who first recognised the link between coronary artery occlusion and angina pectoris and Dr Willan who first applied Linnaeus to skin disorders, thus fathering the specialty of dermatology are others. There were of course many incentives for these Yorkshiremen to forsake their native dales and to depart from the Quaker Society of Friends which nurtured so many but it is remarkable how much they contributed to medical knowledge and practice.

Medical history is often criticised as being more concerned with the lives than the times of our predecessors but the biographical vignettes which are presented here give us a lively appreciation of the ambience of practice at the beginning of the last century.

Later chapters are concerned with more nearly contemporary affairs recording for instance the remarkable contribution of the Royal Postgraduate Medical School to medical science. Naturally Sir Christopher springs to the defence of the principle on which the Clinical Research Centre was set up by the MRC in a non-teaching general hospital with the minimum of special departments, the principle which has been the subject of much recent discussion and criticism. It might perhaps be fair to say that he exposes the fundamental dilemma without propounding a satisfactory solution. A clinical scientist with a strong base in laboratory research is likely to find that his line of investigation is relevant to diseases of many different systems of the body: an example given relates to collagen studies initially in dermatological conditions which prove valuable in the elucidation of the pathology of berry aneurysms in the cerebral circulation. The inference drawn is that clinical scientists must be generalists free from the confines of specialist departments. However, although we may admire Renaissance men capable of spanning the whole field of medicine there are very few of them about, while by contrast considerable advances have been made by those who concentrated their attention in smaller areas. Moreover the clinical service upon which the research must be based needs to gain the confidence of patients and of the profession that treatment will be expert, effective and uninfluenced by experimentation. The hospital in which clinical science is to thrive must therefore have its departmental structure and its specialist practitioners who can recognise and treat the problems in their own spheres of interest but by contrast with the ordinary general hospital the specialists must themselves have a background in research and rigorous science. They must have time free from the routine to continue their own lines of investigation and they must operate within an academic community where informal discussion as well as organised seminars cover the broad field of medical advance. In such a community the particular and the esoteric can be related to the general and the familiar; the laboratory scientists can be made aware of opportunities which are revealed only by the intensive study of