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

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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.

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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