of health education the most useful; both give insight into the current state of health-visitor training and practice. The latter is a short but workmanlike account of the field of health education, a field which may still be something of a mystery to those not directly involved in it.

Some of the other chapters, however, have an unconvincing ring. To quote: "Health visitors have special responsibility as they have the most constant contact with families before any need [for help] emerges." And, ". . . Health visitors . . . are the only regular visitors to homes where there are children of all age groups and others such as the elderly." With a known average contact rate for general practitioners and their patients of between four and five per person per year (and therefore more per family) these statements may have an air of unreality for general-practitioner readers. Such overbidding of the health visitor's hand does little to help the case for acceptance by general practitioners of the contribution that health visitors can make to the work of their practices when good communication is established, by attachment or other means.

An account is given of current trends in health visitor training, which now includes sociology and normal psychology, previously the realms of the psychiatric social worker, medical social worker and family case-worker. But here again, one has the impression of a somewhat naive assumption that every health visitor can be made a good case-worker by taking an appropriate training course. Those who have worked with them may feel that some health visitors have the aptitude and liking for it, whilst some have neither (and yet are able health visitors in other spheres). Little is said about selection for case-work training.

Health visitor attachment to general practices is described and approved. But a disturbing feature when considering medico-social work is the insistence on health visitors reporting to senior officers, who will usually be at the local authority health department. If health visitors and general practitioners are going to work closely together on family problems, involving as they do important confidences from their patients, any suspicion that material is to be recorded and passed to other persons not in direct contact with the patient as a matter of routine is likely, to put it mildly, to be inhibiting, and indeed destructive to future work. The health visitor's professional independence must surely extend to discretion in such matters; and as a rule, the less repeated or reported the better. One has the impression on reading this book that these points have not been appreciated in depth in discussing the future role of health visitor-general-practitioner teamwork in medicosocial care. It would be sad if the advancing stream of general-practitioner–health-visitor integration was jeopardized by a too rigid hierarchical system, with too little responsibility for patients in the hands of the actual worker. One of the great objects of integration is the reduction of the number of different people looking after any one family, and the integration of those who do. The usefulness and strength of the general practitioner's position is closely linked with his independence from higher clinical authority and this must be particularly so in matters of personal confidences on patients. If health visitors are to take up medicosocial work in general practice they will need to be in a similar professional position. And careful selection for aptitude for this sort of work will be essential.

Views of medical education and medical care. Edited by J. H. KNOWLES, M.D. Cambridge, Massachusetts. Harvard University Press. London. Oxford University Press. 1968. Pp. xiv+173. Price £2 5s. 6d.

Here is a delightful book. Wise, challenging, readable essays by a formidable crew of American educators. "Between picking up buoys and drinking martinis, we talked about medical education . . . (on) a relaxed week of cruising".

Men, wise enough to have learnt that relaxation represented by a change of

mental stimulus in pleasurable surroundings is the art of civilization, have much to offer the reader. In the series of Lowell lectures which they gave in Boston in 1966 they covered the wide field of the book's title with wisdom, humanity and humour.

Jerrold R. Zacharias, leading physicist and, one suspects, a superb man with whom to talk and listen, points the basic similarities in the problems of education in all fields. Programmes should be "predicated on bits of educational psychology which are perhaps obvious to anyone who has had experience of working with people".

"I believe that any subject can be taught in a great variety of ways. I think for instance, that I could teach a rip-roaring physics course with an internal combustion engine and a tail light." His thesis, re-echoed by others, is that by better teaching, by learning our trade, we should be able to shorten medical education without losing quality. And so we should.

Other essays deal with the accepted "Need for behavioural science in medicine" and the "Politician views medical education". The president of Western Reserve, John S. Millis, strikes a keynote as one might expect him to do. "But most importantly and particularly in this hospital (Massachusetts General) and in my university, there is concern. There are people who wish to face and who wish to solve problems". Medical education and medical care have to be fitted into the wider university with similar difficulties in Western Reserve, in Boston, or in Manchester.

In the field of medical care the marked differences in the American and British patterns seem to be narrowing but still wide. John H. Knowles can ask a question which is yet appropriate here—"Are the three major enemies of organized medicine—the hospitals, the medical schools and the government—really the enemies, or has the profession met itself? It is not too late for the profession to acquire a broader view based on certain changes in its educational process and thereby to assume new responsibilities? The question remains, will it?"

Will it indeed Dr Knowles? Drop the martinis, start the engines and prepare to repel boarders. But make room for me. There is nothing like the relaxation of a good fight in a good cause.

The dean of Harvard Medical School, Robert H. Ebert, sketches the development of this world-famous institution and its thinking and strikes at the heart of the medical schools' problem. "It must redesign the training of the physician . . . on the basis of function in the modern world and not wishful thinking about the past." Boarders off the port bow now, but Todd is coming in support.

In the final report of a summer conference at M.I.T. Dr Oliver Cope rings his challenge—" our society is in trouble. It is bewildered . . . The world is sick and needs help. So-called culture has failed so far. Medicine perhaps can give the help; if we plan well. The times are urgent. Let's get on with the job". And that, Dr Cope, goes for the U.K. as well. What more can one say. Read for yourself and then we can all "get on with the job".

Diseases of man acquired from his pets. B. BISSERU, M.SC., PH.D., M.B., M.R.C.P., D.T.M. & H., D.Obst.R.C.O.G. London. William Heinemann Medical Books Limited. 1967. Pp. xiv + 482. Price £4 4s.

The author has held appointments in London, South Africa and Malaya. His detailed and informative book is aimed at practitioners and students of both human and veterinary medicine. Many of the diseases discussed are not likely to be seen in Britain but the variety of infections which pets may be incubating or suffering from will grow rather than diminish, with increasing travel by air.