

less fortunate. Differentiation starts early and is irreversible.

Now more than ever before the need for doctors to communicate with their colleagues in the sciences is recognised and accepted. When they seek to do this through the literature most are soon out of their depth. They have no knowledge of the range of subjects covered by one journal or another, or of the best sources of information on work which touches the margins of their own. The *Index of Human Ecology* may be the key that they need. Taken with the medical library it is the means whereby an enquirer can look over the edge of his discipline and see where what is done in the others is set down.

The first part of the *Index of Human Ecology* describes the present need to understand man's place in the biosphere and for understanding to come from cross-disciplinary exchanges of knowledge. The list of disciplines is formidable. Medicine is one only in a list of 30, from agriculture and anthropology to technology and theology. To have indexed literature resources across so many is no mean achievement and the value of the work is in direct proportion to its range. The index is in three parts indexing and describing sources by subjects, giving where appropriate details of publishers, services and even costs. The third part comprises a consolidated index which leads the reader into the rest of the book from whatever direction he approaches it.

The detail which the book contains is at once an advantage and a disadvantage, the latter because much of it is time-sensitive. Addresses may change, prices inevitably alter. A work of this kind must of its very nature be partly obsolescent on its publication day. No doubt the authors realised that they would have to face a continuous updating process if second and subsequent editions of their work are to remain as valuable as the first. They would be justified, it can be argued, in omitting some of the most ephemeral material from future editions and this could be done at no great loss. It is enough for most enquirers to find the source for which they seek. It is up to them to make their own enquiries after that.

Those in medicine, particularly the generalists, should not be put off by the "Ecology" in the title. They, as much as any others are concerned with man in his environment, an environment which they themselves may share. At first leaf through the medical reader will be reminded of the many influences to which his patients are exposed. He will find himself referring to the book when he wishes to explore them further.

R. J. F. H. PINSENT

Teaching and Learning in Medical School (1960).

Miller, G. E. Editor *et al.* pp. 290. Cambridge Massachusetts: Harvard University Press.

In many ways this book can be regarded as one of the standard texts of the modern view of the educational theory that should be used in medical

schools. It is a sign of the extent of the educational revolution that a book that is written as an almost defensive apology for the new radical approach in 1975 reads like the old orthodoxy. Such is progress! Nevertheless for those who want to know what is going on in medical education, or rather what many of the advanced thinkers consider ought to be going on, here is a clear and readable account. The main message is that educators have an overriding responsibility to formulate precisely their educational objectives, that they should share these with their students, and that students must be treated as far as possible as individual learners. The educationalist's responsibility to assess his results is firmly underlined and there is an interesting chapter on different methods of assessment.

Many of the other books that are being suggested on teachers' courses are about educational theory in general and it is refreshing to have a book specifically written with medicine in mind by a group of authors who have tested their theories in practice.

This book can be strongly recommended as reading material for trainers, course organisers, and members of staff in departments of general practice. It would also be useful to everyone intending to go on The Royal College of General Practitioners' Nuffield Course for course organisers.

D. J. PEREIRA GRAY

Social work in general practice (1972). GOLDBERG, E. MATILDA & NEILL, JUNE, E. Pp. 189. London: George Allen & Unwin. Price: £3.85.

Social work in general practice is the current "in-thing." The recent growth of interest in the subject has been phenomenal. In 1972 there were 17 whole-time equivalent social workers from the local authority social services departments attached to general practitioners, of which only eight were on full-time secondment. One year later a meeting held in Manchester for social workers interested in this field attracted an attendance of 55, while a further 35 were unable to participate. The collaboration of social workers and general practitioners is growing rapidly and the appearance of this book describing the experimental attachment of a social worker to a group practice team in Camden is extremely welcome.

This study took place between 1965 and 1970, before the Seebohm re-organisation, when social work agencies were still fragmented. The social worker joined a group practice caring for 9,000 patients, consisting of four general practitioners, an attached nurse and health visitor. Later a second health visitor joined the team. The practice was also active in teaching.

The value of this book lies in its clear description of what the social worker contributed to the total care of patients and how her identification

with the doctors enabled patients from all walks of life to accept help with their social problems. It demonstrates clearly that patients do consult their doctors with problems that frequently have a major social component, for 1,000 patients were referred to the social worker during a four-year period and this figure by no means represents the total need. A considerable proportion of these 1,000 patients was not known to the local social work agencies.

General practitioners are acutely aware of the social problems associated with bad housing, psychiatric illness, poverty, loneliness, old age and terminal illness. It was precisely in these difficult areas of practice that the social worker was able to demonstrate her skills in assessing need: offering information, advice, practical help, and providing essential therapy in the form of short- and long-term casework. The book provides an excellent description of the social worker's role and methods of working which will be particularly valuable to doctors unfamiliar with the subject.

The book shows how after the resolution of initial difficulties over the respective roles of the social worker and the health visitor, the interdisciplinary group settled down to work as a closely knit team. In her introduction, Dame Eileen Younghusband says "The quality of the casework and the ability to work as a member of a team are more important than previous experience in a particular setting." In the final analysis it is the quality of the interpersonal relationships in any group practice team that will determine the effectiveness of care provided.

The authors show that a social worker has a valuable contribution to make to a general-practice team and that general practice is a very acceptable setting for social work. They recognise however that formal attachment may not be the only way in which social workers and general practitioners may collaborate. It may be that many patients could be adequately helped at the area office of the local social services department. One of their most important conclusions is that, "Whether clients have to knock at one or more doors to receive the medical and social help they need is perhaps less important than that the rooms they enter should interconnect."

This book is clearly written and is immensely readable, it is particularly recommended to vocational trainees and their teachers and to all general practitioners wishing to keep abreast of this important and rapidly expanding field of practice.

L. RATOFF

A Sociology of Medical Practice. Cox, Caroline and Mead, Adrienne, pp. 318. London: Collier Macmillan. Price: £2.75.

My undergraduate education contained no mention or recognition of the existence of sociology. In my middle age, sociology seems to be not only important, but a subject whose importance to me as a practising doctor grows.

The foreword, written by Margot Jefferys, is dated November 1972, and most of the papers which it contains, were published in the 1960s. Very few of them, one of the exceptions being Julian Tudor Hart's *The Inverse Care Law*, were familiar to me before I read this book. Most of them I found extremely stimulating and readable. I. K. Zola on *Medicine as an Institution of Social Control*, not only antedates Illich, but is more balanced, and at least as eloquent. Ernest Becker on *Socialisation, command of performance and mental illness*, has made me aware of the value of being articulate. In most civilised societies this results in articulateness being positively correlated with leadership: a correlation which may not be desirable.

E. Th. Cassee is excellent on *Therapeutic behaviour, hospital culture and communication*. Erving Goffman on *The inmate world*, paints a picture which is as frightening as anything I have ever read.

In the space of a brief review, it is not possible to draw attention to all the good things in this book. Perhaps I can best give an idea of its flavour by quoting a little at length from Zola: "This paper is not an attack on medicine so much as on a situation in which we find ourselves in the latter part of the twentieth century; for the medical area is the arena or the example *par excellence* of today's identity crisis—what is or will become of man. It is the battleground, not because there are visible threats and oppressors, but because they are almost invisible; not because the perspective, tools and practitioners of medicine and the other helping professions are evil, but because they are not. It is so frightening because there are elements here of the banality of evil so uncomfortably written about by Hannah Arendt. But here the danger is greater, for not only is the process masked as a technical, scientific, objective one, but one done for our own good. A few years ago a physician (G. S. Myers) speculated on what, based on current knowledge, would be the composite picture of an individual with a low risk of developing atherosclerosis or coronary-artery disease. He would be:

... an effeminate municipal worker or embalmer completely lacking in physical or mental alertness and without drive, ambition or competitive spirit; who has never attempted to meet a deadline of any kind, a man with poor appetite, subsisting on fruits and vegetables laced with corn and whale oil, detesting tobacco, spurning ownership of radio, television, or motorcar, with a full head of hair, but scrawny and unathletic appearance, yet constantly straining his puny muscles by exercise. Low in income, blood pressure, blood sugar, uric acid and cholesterol, he has been taking nicotinic acid, pyridoxine, and long term anti-coagulant therapy ever since his prophylactic castration.

This I fear with Freidson: "A profession and a society which are so concerned with physical and functional wellbeing as to sacrifice civil liberty and moral integrity must inevitably press for a