volume no evidence that intervention causes a fall in mortality or a fall in the incidence of thick melanomas is given: it is, rather, suggested that the benefit is self evident or that population based evidence is too difficult to collect. Hopefully in a later volume measures of outcome will be investigated.

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The Beer Sheva Experiment: An interim assessment. Eds: Shimon Glick, Lechaim Naggan, Moshe Prywes (Pp 173; \$15) Jerusalem: Israel Journal of Medical Sciences (vol 23, nos 9–10, Sept–Oct 1987).

Across the world the seventies was a decade of new medical schools and for all but the English pair their battle cry was “relevance”. Training was to be relevant to the needs of their populations and the new medicine was to bridge the gap between technology and the community and its medical care. Some of the new schools offered revolutionary changes and were very relevant indeed. Maastricht in Holland, for example, and some Latin American schools, and Beer Sheva in the Israeli Negev undoubtedly led the way. However the traditionalist counter revolution, when it came, was tough and the Director of the Maastricht school was sacked after only a year. He was said to be too innovative. The Newcastle (Australia) experiment and MacMaster in Canada both weathered the storm and Beer Sheva, under its masterly Dean Moshe Prywes was, if not untouched, then relatively unchanged.

This report, after 13 years of the Beer Sheva Experiment, claims to be an evaluation rather than a celebration though, being written mainly by the able and multidisciplinary team who planned and executed the experiment, it has a forgivable bias. What is less forgivable perhaps is that nowhere in these formidable educational and humanistic insights, this wealth and richness of ideas and altruism, is there mention of the Arabs in the Occupied Territories. Gaza is a stone's throw away from the school but it is in another world.

There is a lot that is good about the Beer Sheva Experiment: the Dean of the Faculty of Health Sciences is head of Health Services for the Region, the students have more time to study and learn by doing and by problem solving and less by lectures; there are schools for all manner of health professionals working together; there is early clinical contact; hospital clinicians have community responsibilities; the curriculum is informed by learning theory and is up to date; and so on. Above all is passion and commitment

and a head on tackling of the universal problems of curative versus preventive, hospital versus community, university versus health services, and basic sciences versus the clinicians. A justifiable smugness results. They are sure that they are right—and they probably are.

Some 34 papers describe the school and its philosophies. They are divided into Educational Issues and Health Services Issues. The six completed intakes form a cohort already subjected to a host of evaluations. Some of these are well described, as are Student Selection Methods (“fine people are not any more frequent among brilliant candidates”), teacher training, student participation (always a sensitive area, for students are not expert teachers, as so many believe, but expert only at being students), and the teaching of the vital background subjects of Biochemistry, Epidemiology, and the Behavioural Sciences.

If the quality of health care means anything to educators we should all know about the Beer Sheva Experiment. One way of finding out is to read this somewhat idealised account. It is valuable, readable and interesting. It is also challenging.

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Health planning for effective management. Ed: William A Reinke (Pp 288; £19.50) Oxford: Oxford University Press, 1988.

This is a distillate of more than two decades of teaching by the team at Johns Hopkins. In 1972 they combined their notes for their postgraduate classes because they were reluctant to ask students to read the literature, vast even 20 years ago. They found that these course notes contained a digest of the principles of the methods adopted from the various disciplines. The students appreciated them and so they were edited and published in their own volume in 1972, which is now in the 7th printing. However, from their experience in the field in Turkey, Taiwan, Peru, Nigeria and elsewhere they felt that worldwide there are too many impressive planning documents but very few accounts of the difficulties in implementation, and even less on their evaluation. Thus the time is ripe for a new volume concerned with the effectiveness of the methods. Although my old friend Bill Reinke modestly calls himself editor, in fact he is the leader of the Johns Hopkins team of Tim Baker, Carl Taylor, Tom Hall, and others, and is involved in 15 of the 21 chapters. We have “played doubles together” in Rio and Buenos Aires.